

Common Application Form - SIP Application Form (Form 1)

Application No.

Distributor Code	ARN- 18053	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	E040403
------------------	------------	----------------------	------	---	--	----------	---------

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First Holder

Second Holder

Third Holder

TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. Q)

☐ I am a first time investor in mutual funds (₹ 150 will be deducted)

OR

☐ I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1. INVESTOR DETAILS (Please refer to the Instruction No. A, C, D, P)

Existing Folio Number

 /

*Date of Birth

Existing Investor may not fill in Section 4, 5 & 6.

*Mandatory for Minor

FIRST HOLDER DETAILS (please ✓) <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual (please refer instruction D for UBO)		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name			<input type="checkbox"/>	<input checked="" type="checkbox"/>
You must fill in	Mobile No.	Email ID		
Status	<input type="checkbox"/> Individual (Indian National) <input type="checkbox"/> PIO <input type="checkbox"/> Minor (through Guardian) <input type="checkbox"/> HUF <input type="checkbox"/> FII / Sub-account <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> LLP <input type="checkbox"/> Company (other than Bank/FI) <input type="checkbox"/> Bank <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other Body Corporate <input type="checkbox"/> Government Body <input type="checkbox"/> Charitable / Religious / Non-profit organisation <input type="checkbox"/> Educational Institution <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF Trust <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> NPS Trust <input type="checkbox"/> Pension / Retirement / Superannuation Fund <input type="checkbox"/> Private Trust <input type="checkbox"/> Co-op. Society <input type="checkbox"/> Society / AOP/ BOI <input type="checkbox"/> Other [Please specify]			

Note for non-individual investor: Please attach the mandatory Ultimate Beneficial Ownership (UBO) Declaration Form available on our website, along with the application form.

Residential / Tax Status

☐ Resident

☐ Non-resident Repatriable (NRE)

☐ Non-resident Non-repatriable (NRO)

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Citizenship/ Nationality Country of birth/ Incorporation/ Formation

Country of residence Are you a resident in any country other than India for tax purposes. ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number

*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.

For Non Individual Investor, Please tick the relevant box below, even if Country of Tax Residency is India

☐ Form W8 BEN-E / Specified declaration (Form available on our website)

☐ Unable to Provide [IDFC Mutual Fund will contact you in due course to confirm your FATCA Status]

*Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick(✓)] ☐ Below 1 Lacs ☐ 1 Lacs - 5 Lacs ☐ 5 Lacs - 10 Lacs ☐ 10 Lacs - 25 Lacs ☐ 25 Lacs - 1 Crore

OR

☐ 1 Crore - 5 Crore ☐ 5 Crore - 10 Crore ☐ above 10 Crore

Net-worth (Mandatory for Non-Individuals) Rs. as on (Not older than 1 year)

Occupation (please tick any one and give brief details): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional

☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others Please specify

In case of business / profession, indicate the details (including nature of goods/ services dealt in)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)

☐ I am PEP ☐ I am a relative / associate of PEP ☐ None of these (for definition of PEP refer instruction U)

Non-Individual Investors involved/ providing any of the mentioned services

☐ Foreign Exchange / Money Changer Services ☐ Gaming/Gambling/Lottery/Casino Services ☐ Money Lending / Pawning ☐ None of these

IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From

Instrument No.	Dated	Amount (Rs.)	Scheme

Stamp & Signature

SECOND HOLDER DETAILS										PAN/PERN (mandatory)		PAN/PERN Proof enclosed	KYC Compliance								
Name												<input type="checkbox"/>	<input type="checkbox"/>								
DETAILS UNDER FATCA / FOREIGN TAX LAWS Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____ Country of residence _____ Are you a resident in any country other than India for tax purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.																					
Country of Tax Residency*										Tax Identification Number											
<small>*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.</small>																					
ADDITIONAL KYC INFORMATION																					
Gross Annual Income (Rs.) [Please tick(✓)] <input type="checkbox"/> Below 1 Lacs <input type="checkbox"/> 1 Lacs - 5 Lacs <input type="checkbox"/> 5 Lacs - 10 Lacs <input type="checkbox"/> 10 Lacs - 25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore OR <input type="checkbox"/> 1 Crore - 5 Crore <input type="checkbox"/> 5 Crore - 10 Crore <input type="checkbox"/> above 10 Crore																					
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)														D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y														
Occupation (please tick any one and give brief details): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____ <small>Please specify</small>																					
In case of business / profession, indicate the details (including nature of goods/ services dealt in) _____																					
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these (for definition of PEP refer instruction U)																					
THIRD HOLDER DETAILS										PAN/PERN (mandatory)		PAN/PERN Proof enclosed	KYC Compliance								
Name												<input type="checkbox"/>	<input type="checkbox"/>								
DETAILS UNDER FATCA / FOREIGN TAX LAWS Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____ Country of residence _____ Are you a resident in any country other than India for tax purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.																					
Country of Tax Residency*										Tax Identification Number											
<small>*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.</small>																					
ADDITIONAL KYC INFORMATION																					
Gross Annual Income (Rs.) [Please tick(✓)] <input type="checkbox"/> Below 1 Lacs <input type="checkbox"/> 1 Lacs - 5 Lacs <input type="checkbox"/> 5 Lacs - 10 Lacs <input type="checkbox"/> 10 Lacs - 25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore OR <input type="checkbox"/> 1 Crore - 5 Crore <input type="checkbox"/> 5 Crore - 10 Crore <input type="checkbox"/> above 10 Crore																					
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)														D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y														
Occupation (please tick any one and give brief details): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others _____ <small>Please specify</small>																					
In case of business / profession, indicate the details (including nature of goods/ services dealt in) _____																					
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these (for definition of PEP refer instruction U)																					
Guardian/POA/Proprietor										PAN/PERN (mandatory)		PAN/PERN Proof enclosed	KYC Compliance								
Name												<input type="checkbox"/>	<input type="checkbox"/>								
DETAILS UNDER FATCA / FOREIGN TAX LAWS Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____ Country of residence _____ Are you a resident in any country other than India for tax purposes. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.																					
Country of Tax Residency*										Tax Identification Number											
<small>*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.</small>																					

Toll free 1-800-2-666688

Available between 8.00 am to 7.00 pm on business days only.

Please note our investor service email id
investormf@idfc.com

www.idfcmf.com

Gross Annual Income (Rs.) [Please tick(✓)] ☐ Below 1 Lacs ☐ 1 Lacs - 5 Lacs ☐ 5 Lacs - 10 Lacs ☐ 10 Lacs - 25 Lacs ☐ 25 Lacs - 1 Crore
OR ☐ 1 Crore - 5 Crore ☐ 5 Crore - 10 Crore ☐ above 10 Crore

Net-worth (Mandatory for Non-Individuals) **Rs.** _____ as on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (Not older than 1 year)

Occupation (please tick any one and give brief details): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional
☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others _____ *Please specify*

In case of business / profession, indicate the details (including nature of goods/ services dealt in) _____

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)
☐ I am PEP ☐ I am a relative / associate of PEP ☐ None of these (for definition of PEP refer instruction U)

☐ Single ☐ Anyone or Survivor ☐ Joint ☐ As per resolution (Default option is anyone or survivor)

Type of Investment (refer to instruction A). ☐ SIP ☐ Micro SIP (Refer to point J (v) of the instructions) Photo ID No. _____ (for Micro SIP)

Payment Type (please ✓) : ☐ Self ☐ Third Party Payment (please fill the 'Third Party Payment Declaration Form')

Option ☐ Growth ☐ Div - Reinvest ☐ Div - Payout ☐ Div - Sweep* **Div Frequency** _____

Dividend Sweep Option is available from all Debt Schemes to Equity and Equity to Debt Schemes of IDFC Mutual Fund. Please fill in all details of Sweep.

Initial SIP Installment Amount* (Rs.) _____	Cheque / DD No. _____	Date	<div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div>
Bank _____	Branch _____		

*Subsequent SIP instalment amounts must be equal to this amount.

Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode
<input type="checkbox"/> Standard <div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> (any date of the month)	<input type="checkbox"/> Standard From <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> To <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div>	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> any other amount <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> ACH Mandate (Please also fill form 2)
<input type="checkbox"/> Default (10th of every month)	<input type="checkbox"/> Default From <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> To <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div>		

In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.

☐ Physical Mode ☐ Demat Mode (Investors opting for units in demat form may please fill the details below. Nomination provided in Demat Account shall be considered.)

DENMAT MODE	<input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL	Depository Participant Name _____	
	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	Depository Participant (DP) ID (CDSL only)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

City

State

Pin code / Zip

You must fill in

Overseas Address for NRIs / PIOs / FIIs (Mandatory)

[illegible]

Name of the Bank		Branch					
Account Number	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	City					
Account Type	<div style="display: flex;"><div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div><div>Current</div></div>	<div style="display: flex;"><div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div>Savings</div>	<div style="display: flex;"><div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div>NRO</div>	<div style="display: flex;"><div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div>NRE</div>	<div style="display: flex;"><div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div>FCNR</div>	<div style="display: flex;"><div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div>Others</div>	(please specify)
MICR Code	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>	RTGS/NEFT Code	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

I / We understand that the instructions to the bank for Direct Credit / NEFT / ECS will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold IDFC Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/ECS.

If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) please tick the box alongside ☐

6. NOMINATION DETAILS (Mandatory information. Please select the desired option.) (Read instructions in connection with Nomination given in this KIM)

Nominee Name _____

Address _____

Nominee Date of Birth (mandatory for minor)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ Proof of minor DOB submitted (Optional)

Guardian Name (if nominee is a minor) _____

Address _____

Witness Name _____

Address _____

☐ I/We do not wish to nominate any person for my investments.**Note :** In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website.Signature of
Nominee / Guardian (optional)

Signature of Witness

Signature of investor

7. EASY TRANSACT (for Resident and NRI Individual (including minors), Sole Proprietors & HUF)All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication please ☒ ☐I WISH TO APPLY FOR TRANSACT ONLINE ☐ Yes ☐ No**Note:** With this new way of transacting with us - without any requirement of a PIN, you can create your online username and password and can transact right-away by activating the link. Access your account 24x7 / purchase / redeem / switch/ download account statements online at www.idfcmf.com**8. DECLARATION & SIGNATURES** (Please refer to the Instruction No. K)

I/We have read and understood the terms and features of the scheme(s) and associated risk factors. Having read and understood the contents of the Statement of Additional Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued till date, I/we hereby apply for the units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to time. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us and I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). I/We further confirm that I am not /we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority.

In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I/ we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption subject to applicable exit load and undertake such other action with such funds that may be required by the Law.

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

The ARN holder has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

For micro-investments only : I/We confirm that I/we do not have any other existing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year.

For NRIs / PIOs / FPIs only : I / We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
X	X		

This is to confirm that the declaration has been carefully read, understood & made by me/us