Stamp & Signature



Common Application Form - Lumpsum Cum SIP Application Form (Form 1) Application No.

Distributor Code AF								
Distributor Coue Ar	RN-	Sub-Distributor Code	ARN-	Internal Code for Employ			EUIN No.	
We hereby confirm that the dvice by the employee/relationship	EUIN box has been intentionall onship manager/sales person of manager/sales person of the di	y left blank by me/us as this is a of the above distributor or notwith stributor and the distributor has n	n "execution-only" transaction without a standing the advice of in-appropriateness ot charged any advisory fees on this trans	ny interaction or s, if any, provided eaction.	First Holder	Second Hold	ler	Third Holder
		one of the below) (Re						
l am	a first time investor in m	utual funds (₹ 150 will be	deducted) OR	l am	an existing invest	or in mutual funds (₹	100 will be ded	lucted)
applicable for transaction	ns routed through a distrib	utor who has 'opted in' for t	ransaction charges.					
pfront commission sha	III be paid directly by the in	vestor to the AMFI registere	d distributor based on the investor	s' assessment of vario	us factors includin	g service rendered by	y the distributor.	
1. INVESTOR DE	TAILS (Please refer	to the Instruction No	o. A, C, D, S)					
*Date of Birth D D M M Y Y Existing Investor may not fill in Section 4, 5 & 6. *Mandatory for Minor								
FIRST HOLDER D	DETAILS (please ✓)	Individual Non	Individual (please refer instru	ction D for UBO)		PAN/PERN (mandatory)	Pro	
Name							enclo	osea compilarios
You must fill in	Mobile No.		Email ID					
Status	Individual (Indi	an National) 🔲 PIO	Minor (through Guardia	ın) 🗌 HUF 🗌	FII / Sub-acco	unt Sole-pro	prietor	Partnership Firm
	LLP	Company (other than B	ank/FI) Bank	Financial Institut	tion 01	ther Body Corpora	te G	overnment Body
	Charitable / Re	ligious / Non-profit orga	anisation Educational I	nstitution Mu	itual Fund	PF Trust (Gratuity Fund	NPS Trust
		ement / Superannuation		Co-op. Society	Society / AOP/		[Please s	specify]
			Ultimate beneficial Ownersh				Form.	
Residential / Tax	Status Resid	ent Non-r	esident Repatriable (NRE)	Non-resid	dent Non-repatri	able (NRO)		
DETAILS UNDER	FATCA / FOREIGN TA	X LAWS						
Country of birth			Are you	ı a resident in any c	ountry other tha	an India for tax pui	rposes.	Yes No
If yes, please indi	cate all countries in w	hich you are resident fo	or tax purposes and the assoc	ciated Foreign Tax Id	entification Nun	nber below.		
	Country of Tax Residency Tax Identification Number							
1.1								
			ow, even if Country of Tax Ro	esidency is India #				
Form W8 BEN	N-E / Specified declara	ition (Enclosed)						
Form W8 BEN Unable to Pro	N-E / Specified declara ovide [IDFC Mutual Fur	ntion (Enclosed) nd will contact you in du	ue course to confirm your FAT	CA Status]	nable to confirm	FATCA status and w	ill confirm the s	ame in future
Form W8 BEN Unable to Pro *Where no box is tick	N-E / Specified declara ovide [IDFC Mutual Fur cked, the second statem	ntion (Enclosed) nd will contact you in du		CA Status]	nable to confirm	FATCA status and w	ill confirm the s	ame in future.
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Form W8 BEN Unable to Pro "Where no box is tio ADDITIONAL KYC Gross Annual Inc OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP Non-Individual In	N-E / Specified declara vide [IDFC Mutual Fur cked, the second statem C INFORMATION come (Rs.) [Please tic atory for Non-Individu se tick any one and gi Retired SS / profession, indica ed Person (PEP) State I am a re ivestors involved/ pro	intion (Enclosed) and will contact you in duent will be taken as the details) and Rs. Indicate the details of the details o	Lacs	TCA Status] investor currently is u 5	10 Lacs Crore on D D N Governmese specify	10 Lacs - 25 La M Y Y Y ent Service ectors) estruction X)	cs 25	Lacs - 1 Crore der than 1 year)
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Form W8 BEN Unable to Pro "Where no box is tio ADDITIONAL KYC Gross Annual Inc OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP Non-Individual In Foreign Excha	N-E / Specified declara vide [IDFC Mutual Fur cked, the second statem C INFORMATION come (Rs.) [Please tic atory for Non-Individu se tick any one and gi Retired SS / profession, indica ed Person (PEP) State I am a re ivestors involved/ pro ange / Money Change	intion (Enclosed) and will contact you in duent will be taken as the details) and Rs. Indicate the details of the details o	Lacs	TCA Status] investor currently is u 5	10 Lacs Crore on D D N Governm se specify Whole time Dire n of PEP refer in	10 Lacs - 25 La M Y Y Y ent Service ectors) nstruction X)	cs 25 Y (Not old Business	Lacs - 1 Crore der than 1 year)
Form W8 BEN Unable to Pro "Where no box is tic ADDITIONAL KYC Gross Annual Inc OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP Non-Individual In Foreign Excha	N-E / Specified declarativide [IDFC Mutual Furcked, the second statem C INFORMATION come (Rs.) [Please tick attem	intion (Enclosed) and will contact you in duent will be taken as the december of the will be taken as the december of the will be taken as the december of the december of the will be taken as the december of the december o	Lacs	TCA Status] investor currently is u 5	Crore On D D N Governm Se specify Whole time Dire on of PEP refer in	10 Lacs - 25 La M Y Y Y Penent Service Exercise Exercise Non Applica	cs 25 Y (Not old Business	Lacs - 1 Crore der than 1 year)
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SECOND HOLDER	DETAILS	PAN/PERN PAN/PERN KYC Proof Compliance					
Name		(mandatory) ricord compliance					
DETAILS UNDER F Country of birth	FATCA / FOREIGN TAX LAWS Are you a resident in any co	untry other than India for tax purposes. Yes No					
If yes, please indic	ate all countries in which you are resident for tax purposes and the associated Foreign Tax Ide	ntification Number below.					
	Country of Tax Residency	Tax Identification Number					
ADDITIONAL KYC	ama (Da) [Diagos tiple] (1)]						
	ome (Rs.) [Please tick(✓)]						
OR Net-worth (Manda	tory for Non-Individuals) Rs. as o						
•	e tick any one and give brief details): Private Sector Service Public Sector Service	Government Service Business Professional					
Agriculturist		e specify					
In case of busines	s / profession, indicate the details (including nature of goods/ services dealt in)						
Politically Expose	d Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /V	,					
I am PEP		PEP refer instruction X)					
THIRD HOLDER D	ETAILS	PAN/PERN PROOf (mandatory) PAN/PERN COmpliance					
Name		enclosed compliance					
DETAILS UNDER F Country of birth	FATCA / FOREIGN TAX LAWS Are you a resident in any co	untry other than India for tax purposes. Yes No					
If yes, please indic	ate all countries in which you are resident for tax purposes and the associated Foreign Tax Ide:	ntification Number below.					
If yes, please indic	ate all countries in which you are resident for tax purposes and the associated Foreign Tax Ide Country of Tax Residency	ntification Number below. Tax Identification Number					
If yes, please indic							
If yes, please indic							
If yes, please indic							
ADDITIONAL KYC	Country of Tax Residency INFORMATION						
ADDITIONAL KYC	Country of Tax Residency INFORMATION ome (Rs.) [Please tick(✓)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco	Country of Tax Residency INFORMATION ome (Rs.) [Please tick(\(\sigma\)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda	Country of Tax Residency INFORMATION Ome (Rs.) [Please tick(\(\forall \)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas	Country of Tax Residency INFORMATION INFOR	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist	Country of Tax Residency INFORMATION Ome (Rs.) [Please tick(✓)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines	Country of Tax Residency INFORMATION Interpretation (Rs.) [Please tick(✓)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose	Country of Tax Residency INFORMATION Dime (Rs.) [Please tick(✓)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP	Country of Tax Residency INFORMATION Dime (Rs.) [Please tick(✓)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP Guardian/POA/Pro Name	Country of Tax Residency INFORMATION Ome (Rs.) [Please tick(✓)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP Guardian/POA/Pro Name DETAILS UNDER F Country of birth	Country of Tax Residency INFORMATION Ome (Rs.) [Please tick(✓)]	Tax Identification Number D Lacs					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP Guardian/POA/Pro Name DETAILS UNDER F Country of birth	INFORMATION Time (Rs.) [Please tick(*/)]	Tax Identification Number D Lacs					
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ADDITIONAL KYC Gross Annual Inco OR Net-worth (Manda Occupation (pleas Agriculturist In case of busines Politically Expose I am PEP Guardian/POA/Pro Name DETAILS UNDER F Country of birth	INFORMATION Time (Rs.) [Please tick(*/)]	Tax Identification Number D Lacs					

	DITIONAL KYC INFORMATION ss Annual Income (Rs.) [Please tick(✓)]	5 Lacs - 10 La	acs 10 Lacs - 25 Lacs	25 Lacs - 1 Cror	
OR	1 Crore - 5 Crore 5 Crore 5 Crore - 10 Cr			20 2000	
Оссі		as on [blic Sector Service Please sp		(Not older than 1 yea	
Polit	ase of business / profession, indicate the details (including nature of goods/ services de tically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promo I am PEP	ters/Karta/Trustee /Who	le time Directors) finition of PEP refer instruction	X)	
Mod	le Of Holding / Operation				
	Single Anyone or Survivor Joint As per res	colution (Default or	otion is anyone or survior)		
2. INV	VESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E, J, N)				
Туре (of Investment (refer to instruction A). Lumpsum SIP Micro SIP (Ref	er to point J (v) of the instruction	ns) Photo ID No(for Micro	SIP)	
Paym	nent Type (please ✓) : Self Third Party Payment (please fill the 'Third Party	Payment Declaration Form	ı')		
Scher	me IDFC		Pla	n	
Option	n Growth Div - Reinvest Div - Payout Div - Sweep* Di	v Frequency			
*Divid	dend Sweep Option to (Scheme & Plan Name) IDFC		Growth Div -	Payout Div - Reinv	
Divider	nd Sweep Option is available from all Debt Schemes to Equity and Equity to Debt Schemes of IDFC N	Mutual Fund. Please fill in all	details of Sweep.	_	
	Payment Mode Cheque DD RTGS/NEFT Funds Transfer	Instrument No.			
	SCB Debit Mandate (available on form 2C)	Date D D M N	<u> </u>		
LUMPSUM	Amount (₹) (i)	Account No.			
MPS	DD charges, (₹)(ii)				
3	Total Amount (₹) (i) + (ii)in figs	Branch & City			
	in words	Account Type Cu	ırrent Savings NR	0 NRE FCNF	
	Bank Branch	DD No.		Date M M Y Y Y Y	
-	*Subsequent SIP instalment amounts must be equal to this amount. Monthly SIP Date SIP Enrollment Period	SIF	Installment Amount (Rs.)	Payment mode	
SIP	Standard D D Standard From M M Y Y Y Y To M M		000 10,000 25,000	ECS Autosave	
		2 0 9 9 an	0,000 1,00,000 by other	(Please also fill form 2	
	(10th of every month) In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.	dil	nount	(Please also fill form 2	
2 1111	IIT HOLDING OPTION (Switch not allowed for Demat holdings, Redemption through Stock Exchar	aga Platforma/ DDa anki)			
		, ,,			
P	Physical Mode Demat Mode (Investors opting for units in demat form may please fill the	details below. Nomination p	provided in Demat Account Snail De	considered.)	
DEMAT MODE	NSDL OR CDSL Depository Participant Name				
NAT N	Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL	only) Depository	Participant (DP) ID (CDSL only)	
DEN					
	RRESPONDENCE ADDRESS (P.O.Box Address may not be sufficient) (Mandatory. If you have c			oplicant as registered with	
KRA w	vill be automatically updated in our records. Investors residing overseas, please provide your Indian a	(ddress) (Please fill in Capit	al Letter)		
City _	State	Pin c	ode / Zip	You must fill in	
Overs	seas Address for NRIs / PIOs / FIIs (Mandatory)				
Tel Off	fice Tel Home		Fax		

5. BANK DETAILS (Mandatory) Redemption / Divid	end / Refund payouts will be credited into this bank accou	nt in case it is in the current list of banks with whom IDFC	MF has DC facility (Please refer to the Instruction No. I)				
Name of the Bank Branch							
Account Number		City					
Account Type Current	Savings NRO NRE	FCNR Others	(please specify)				
MICR Code	RTGS/NEFT Code						
Note: in case of additional parches, a cheque copy is required in case registered Bank mandate is different than mentioned here. 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 wron 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 i 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 informat	ion. Please select the desired option.) (Read instr	uctions in connection with Nomination given in thi	s KIM)				
Nominee Name Address Nominee Date of Birth (mandatroy for minor) D D M M Y Y Y Y Proof of minor DOB submitted (Optional) Guardian Name (if nominee is a minor)							
Address			Signature of Nominee / Guardian (optional)				
Witness NameAddress	Signature of Witness						
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							
7. EASY TRANSACT (for Resident and NRI Indiv	idual (including minors), Sole Proprietors & HUF)						
All communications will be sent by default to	the registered E-mail ID / Mobile No. In cas	e you wish to receive physical communicat	ion please ✓				
I WISH TO APPLY FOR TRANSACT ONLINE	Yes No						
Note: With this new way of transacting with us - without any redownload account statements online at www.idfcmf.com	equirement of a PIN, you can create your online username an	d password and can transact right-away by activating the lin	k. Access your account 24x7 / purchase / redeem / switch/				
8. DECLARATION & SIGNATURES (Please re	efer to the Instruction No. K)						
Having read and understood the contents of the Scheme Information Documents of the Scheme(s), 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 involved and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the Scheme(s) & I/We have no received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme(s), legally belong to me/us 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 and undertake such other action with such funds that may be required by the Law. 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 amongest which the Scheme is being recommended to me/us. I/We do not have any Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year. For NRIs only: I/We confirm that I am/we are Non Residents of Indian nationality / origin 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. I/We confirm that the details provided by me/us are true and correct.							
First / Sole Applicant / Guardian /							
Authorised Signatory	Second Applicant	Third Applicant	POA Holder				