TIDFC

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

hereby confirm that	ARN-	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUIN No.	
ce by the employee/relations	the EUIN box has been intentionally elationship manager/sales person of ship manager/sales person of the dis	left blank by me/us as this is a the above distributor or notwith tributor and the distributor has r	an "execution-only" transaction without a Istanding the advice of in-appropriateness Iot charged any advisory fees on this trans	ny interaction or , if any, provided First Holder , action.	Second Holder	Third Holder
RANSACTION	CHARGES (Please 🖌 any	one of the below) (Re	fer Instruction No. T)			
	am a first time investor in mu	itual funds (₹ 150 will be	deducted) OR	I am an existing inve	stor in mutual funds (₹ 100 will be	e deducted)
	ctions routed through a distribu shall be paid directly by the inv		•	s' assessment of various factors includ	ing service rendered by the distrib	utor.
. INVESTOR	DETAILS (Please refer	to the Instruction N	o. A, C, D, S)			
xisting Folio N	lumber		/ *Date	of Birth D D M M Y	Existing Investor may no *Mandatory for Minor	t fill in Section 4, 5 & 6.
FIRST HOLDE	R DETAILS (please ✓)	Individual Non	Individual (please refer instrue	ction D for UBO)		PAN/PERN KYC Proof Compliance
Name					(mandatory)	enclosed Compliance
You must fill ir	n Mobile No.		Email ID			
Status Note for non-iu Residential / T	Charitable / Rel	Company (other than B igious / Non-profit org ement / Superannuatio e attach the mandatory	anisation Educational I	Financial Institution	Other Body Corporate	Partnership Firm Government Body und NPS Trust ease specify]
Country of birt	ER FATCA / FOREIGN TAX h	LAWS	Are you	ı a resident in any country other t	han India for tax purposes.	Yes No
lf yes, please i	ndicate all countries in wh	nich you are resident fo	or tax purposes and the assoc	iated Foreign Tax Identification Nu	umber below.	
		Country of Tax Res	idency		Tax Identification Numb	er
Form W8 I Unable to "Where no box i	BEN-E / Specified declarat Provide [IDFC Mutual Fund s ticked, the second stateme	tion (Enclosed) d will contact you in di	ow, even if Country of Tax Re ue course to confirm your FAT efault implying that the applicant/	-	n FATCA status and will confirm	the same in future.
Form W8 I Unable to "Where no box i ADDITIONAL I Gross Annual	BEN-E / Specified declarat Provide [IDFC Mutual Fund	tion (Enclosed) d will contact you in du int will be taken as the de (Lacs	CA Status] investor currently is unable to confirm	n FATCA status and will confirm	the same in future.
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(mandatory) P1001 enclosed Compliance any country other than India for tax purposes. Yes No any country other than India for tax purposes. Yes No ax Identification Number below. Tax Identification Number Image: Complex comple
iax Identification Number below. Tax Identification Number CS - 10 Lacs 10 Lacs - 25 Lacs 25 Lacs - 1 Crore
iax Identification Number below. Tax Identification Number CS - 10 Lacs 10 Lacs - 25 Lacs 25 Lacs - 1 Crore
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any country other than India for tax purposes. Yes No
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PAN/PERN PAN/PERN KYC
(mandatory) Compliance
any country other than India for tax purposes. Yes No
ax Identification Number below.
ax Identification Number below.

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

	DITIONAL KYC INFORMATION ss Annual Income (Rs.) [Please tick(\checkmark)] \Box Relow 1 Lacs \Box 1 Lacs - 5 Lacs		aa 1 Crara
OR	SS Annual moome (RS.) [Please lick(*)] Below 1 Lacs 1 Lacs - 5 Lacs 1 Crore - 5 Crore 5 Crore 5 Crore - 10 Cr		cs - 1 Crore
	worth (Mandatory for Non-Individuals) Rs.		than 1 year)
			Professional
	Agriculturist Retired Housewife Student Others	Please specify	TUICSSIONAI
	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 I am a relative / associate of PEP None of these	e (for definition of PEP refer instruction X)	
Mod	le Of Holding / Operation		
	Single Anyone or Survivor Joint As per res	resolution (Default option is anyone or survior)	
2. IN	VESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E, J, N)		
Туре	of Investment (refer to instruction A).	(Refer to point J (v) of the instructions) Photo ID No. (for Micro SIP)	
Payn	nent Type (please ✓) : Self I Third Party Payment (please fill the 'Third Party	rty Payment Declaration Form')	
Sche	me IDFC	Plan	
Optio	n Growth Div - Reinvest Div - Payout Div - Sweep* Di	Div Frequency	
*Divi	dend Sweep Option to (Scheme & Plan Name) IDFC	Growth Div - Payout	Div - Reinvest
	nd Sweep Option is available from all Debt Schemes to Equity and Equity to Debt Schemes of IDFC N		
		Instrument No	
	Payment Mode Cheque DD RTGS/NEFT Funds Transfer		
Σ	SCB Debit Mandate (available on form 2C) Amount (₹) (i)	Date D D M M Y Y Account No.	
LUMPSUM	DD charges, (₹)(ii)		
MU	Total Amount (₹) (i) + (ii) in figs		
	in words	Account Type Current Savings NRO NRE	FCNR
	Initial SIP Installment Amount* (Rs.) Cheque / D	DD No Date M M Y	YYYY
	Bank Branch Branch		
	*Subsequent SIP instalment amounts must be equal to this amount. Monthly SIP Date SIP Enrollment Period	SIP Installment Amount (Rs.) Paymer	nt mode
SIP	Standard D D Standard From M M Y Y Y Y To M M		
	(any date of the month)		so fill form 2A)
	Default Default From M M Y Y Y Y To 1 2	2 0 9 9 any other Standing	Instructions
	(10th of every month)		so fill form 2B)
	In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.		
3. UN	IIT HOLDING OPTION (Switch not allowed for Demat holdings. Redemption through Stock Exchar	hange Platforms/ DPs only)	
F	Physical Mode Demat Mode (Investors opting for units in demat form may please fill the	the details below. Nomination provided in Demat Account shall be considered.)	
	NSDL OR CDSL Depository Participant Name		
ODE		DL only) Depository Participant (DP) ID (CDSL only)	
AT MODE	Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL		
DEMAT MODE	Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL		
DEMAT MODE	Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL Image: State of the state of th		
4. CC	RRESPONDENCE ADDRESS (PO.Box Address may not be sufficient) (Mandatory. If you have c	e completed your KYC Process via KRA, the address of the 1st Applicant as register	red with
4. CC		e completed your KYC Process via KRA, the address of the 1st Applicant as register	ered with
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4. CC KRA v City	DRRESPONDENCE ADDRESS (PO.Box Address may not be sufficient) (Mandatory. If you have c vill be automatically updated in our records. Investors residing overseas, please provide your Indian a	e completed your KYC Process via KRA, the address of the 1st Applicant as register an address) (Please fill in Capital Letter)	
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5. BANK DETAILS	(Man	date	ory) Re	demptio	n / Divi	dend /	Refund	l payou	ts will b	e cred	dited in	to this	bank acc	count i	in c	case il	is in t	e cu	rrent li	ist of	banks	with	whom	IDFC	C MF ha	is DC fac	cility (Please	refer to	the Instr	uction N	o. l)
Name of the Bank																				Br	anch											
Account Number																				Cit	У											
Account Type			Curre	nt		Sa	vings			VR0			NRE				CNR			Ot	ners					()	please	e specif	y)			
MICR Code										R	TGS/I	NEFT	Code																			
Note : in case of a I/We understand tha dividend / refund pro- account for reasons case it is not possible If however the unit	it the ii ceeds. of inco to mal	nstr . In omp ke p	ructions case th lete or baymen	s to the le bank incorre t by DC	bank does ct info /NEFT	for Di not ci rmati /ECS	irect Cr redit m ion, I / 1	redit / I ly /our We wo	NEFT / bank a ould no	ECS ccou t hold	will be unt wit d IDFC	e give h / wi Mutu	n by the thout as al Fund	e Muti ssigni respo	ual ng ons	l Fun g any sible.	d, and reaso Furth	sucl 1 the er th	h inst reof, e Mu	ructi or if tual F	ons w the tra Fund re	ill b insa eser	e adeo ction ves th	quate is de ne rig	elayed ght to i	or not e	effect	ted at a	all or c	redited	into the	, wron
6. NOMINATION D	ETAI	LS	(Mand	atory ir	nforma	tion.	Please	e selec	t the d	esire	d optio	on.) (F	Read in:	struct	tior	ns in	conne	ctio	n witl	h No	minati	on (jiven i	in th	is KIM)						
Nominee Name Address Nominee Date of B Guardian Name (i)	D D	M	M	7	Y Y	Y		Pr	00	of of	minc	r D()B si	ubm	itted	(Op	tiona	l)								
Address																											_	Nomi		gnature Guardia		nal)
Address							-				orm a	vailal	ole wit	h any	<i>y</i> 0	of ou	r ISC	s or	on o	our v	vebsi	te								ure of W		
7. EASY TRANSA	CT (fo	r Re	esident	and N	RI Indi	vidua	l (inclu	iding n	ninors)	, Sol	e Prop	orietor	rs & HU	F)																		
All communication I WISH TO APPLY Note: With this new way of download account staten	FOR	TR actir	ANSA	CT ON s - withc	ILINE out any i		Yes	8	No					-	-													unt 24x	7 / purcł	nase/red	leem / sv	vitch/
8. DECLARATION	& SI(GN/	ATURE	S (Ple	ease r	efer	to the	Instru	uction	No.	K)																					
Having read and ur conditions, rules a and is not designe Laws, Anti Corrupi received nor have I in the event " Know the Scheme(s), in I Law. The ARN holder ha	d for tion L been i Your favou as dis	the aw ndu Cu r of clo	purpo s or ar uced b stome f the ap	ise of y othe y any r" prop oplicar me /	the co er app rebate cess i nt, at t us all	ontra licab e or g s not he ap the d	ventio ble law jifts, d t comp oplical comm	on of a vs ena irectly pleted ble NA nissior	any Ad icted I / or in by m V pre NV pre	t, Ru by the direc / us / ailir the f	ules, e Gov ctly in s to th ng on form	Regu vernm maki e sati the d of tra	lations nent of ng this isfactio ate of s il com	s, Not India inve on of such	tifi a fr str the re	icatio rom men e Mu edem	ons o time t. I / V itual I ption	Dir o tir le co und and	ectione. I ne. I onfir I, I / V I und	ons (/ We m th Ve h erta	of the have at the ereby ke su	pro un fur au ch	ovisio derst ids in thoris other	ons ives se th acti	of the I the c ited in ne Mu ion w	Incorr letails the Sc tual Fu ith suc	ne Ta of th cherr ind, t h fur	ax Act e Sch ne(s), to rede nds th	t, Anti leme(s legall eem th at may	Money s) & I / y belor ne fund y be re	y Laun We ha ng to m Is inves quired	idering ave no ne / us sted ii by the
Mutual Funds from I/We do not have a For NRIs only : I/W funds in my/our N I/We confirm that	iny Mi /e cor on-Re	icro nfir esio	o SIPs m that dent E>	which I am / ternal	toget we ai / Nor	her w re No I-Res	vith thi on Res sident	e curr idents Ordin	ent ap s of In ary / F	plica dian CNR	ation v natio	will re nality	esult in	00		, i i i i i i i i i i i i i i i i i i i					0								oankir	ıg char	nnels o	r fror
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