



1. Existing Folio Number

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 Distributor Code / ARN
Neerav S Parekh
ARN - 36250

Existing Investors: Please fill up 1, 2, 9 and 13 for additional purchase.
(New Investors: Please fill in all the sections 2 to 13)
For SIP please fill up 1, 9, 10, 13 and 14 a/b/c.

APPLICATION FOR ☐ ZERO BALANCE FOLIO ☐ LUMP SUM INVESTMENT ☐ SIP ☐ MICRO SIP

(Total Investment of less than Rs.50,000 in one financial year)

Date of Birth

D	D	M	M	Y	Y
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(Mandatory only in case of minor)

PAN¹ (mandatory) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Enclosed ☐ PAN Proof ☐ KYC Compliance ☐

PAN ¹ (mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	PAN Proof	<input type="checkbox"/>	KYC Compliance	<input type="checkbox"/>
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PAN¹ (mandatory) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Enclosed ☐ PAN Proof ☐ KYC Compliance ☐

PAN* (mandatory) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Enclosed ☐ PAN Proof ☐ KYC Compliance ☐

*PAN Number and PAN Proof are mandatory for all Applicants, irrespective of the amount (other than Micro SIP). Please attach a copy of the PAN card of Investment *Incase of investment by minor, PAN Copy of the guardian should be attached. KYC is mandatory for all non-individual investors/NRI/Channel Investors (including Corporate, Partnership Firms, Trusts, HUF, NRI and other investors coming through Channel distributors). For individual investors, KYC is mandatory if the amount invested is Rs. 50,000/- or more. In the absence of KYC Compliance, the AMC reserves the right to reject the application. Please attach a proof of KYC Compliance.

5a. Address of First / Sole Applicant / Corporate Investor (Mandatory. If you have completed your KYC Process via CVL, the address of the 1st Applicant as registered with CVL will be automatically updated in our records. P.O.Box Address may not be sufficient, Investors residing overseas, please provide your Indian address) (Please fill in Capital Letters)

4. Status of the 1st Applicant		
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/> Bank
HUF	<input type="checkbox"/>	<input type="checkbox"/> Proprietor
On Behalf of Minor	<input type="checkbox"/>	<input type="checkbox"/> Society
FII	<input type="checkbox"/>	<input type="checkbox"/> NRI-NRE
Partnership Firm	<input type="checkbox"/>	<input type="checkbox"/> NRI-NRO
PIO	<input type="checkbox"/>	<input type="checkbox"/> Trust
Company	<input type="checkbox"/>	<input type="checkbox"/> Govt. Entity
Others (Specify)	<input type="checkbox"/>	_____
Mode of Operation		
Anyone or Survivor	<input type="checkbox"/>	
Joint	<input type="checkbox"/>	

(Default option is anyone or survivor)

City _____ State _____ Pin Code / Zip _____

5b. Overseas Address for NRIs (Please fill in Capital Letters)

6. Contact Details of First Holder / Sole Applicant / Contact Person (in case of Non Individual Investor)

(Please provide your contact details even if you have already submitted your KYC Acknowledgement)

[illegible]

Did You Know?

We send regular alerts / updates on your investment status / purchase / redemption on your mobile phone / e-mail.
Please ensure you enter your phone number and email address correctly.

Note: As a part of our "Go Green" initiative, all Account Statements / Annual Reports & other Statutory Information will be sent by e-mail to the above e-mail address. In case you DO NOT wish to receive the above by E-mail please tick the box alongside ☐

Acknowledgement Slip
IDFC Mutual Fund

Scheme:	
Investor Name:	
Instrument No.:	
Rs. (in Figures):	(in words)

Application No. A

Stamp & Sign

7. Easy Transact (for Individual investors)
Access your account 24x7 / purchase / redeem / switch / download account statements online at www.idfcmf.com
☐ Yes ! I would like to activate my online account. Please send me my PIN.

8. Bank Details (Mandatory) - Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Please ensure that the name in this application form and in your bank account are the same.

Name of the Bank														Branch	
Account Number														City	
Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)															
MICR Code														IDFC Mutual Fund directly credits the Redemption / Dividend / Refund payouts into the investor's bank account in case the account is with specific banks (Please refer to the instructions for the current list of banks with DC facility)	
RTGS/NEFT Code															
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 ☐

9. Investment Details (Please attach separate cheques for each investment)							
Scheme Name : _____							
Plan _____	Option	(A) Amount Invested (Rs.)	(B) DD Charges (If applicable)	(A-B) Net Amount (Rs.)	Cheque / DD No.	Date	Bank / Branch / City
<input type="checkbox"/> Growth							
<input type="checkbox"/> Div - Reinvest	<input type="checkbox"/> Div Frequency _____						
<input type="checkbox"/> Div - Payout							
<input type="checkbox"/> Div - Sweep*							
Net Amount (in words)							
*Dividend Sweep Option to (Scheme Name)					<input type="checkbox"/> Growth		
Dividend Sweep Option is available from all Debt Schemes, IDFC-AF, IDFC-APF to all equity schemes of IDFC Mutual Fund. Please fill in all details of Sweep.					<input type="checkbox"/> Div - Payout <input type="checkbox"/> Div - Reinvest		

10. Systematic Investment Options		Please (✓)	<input type="checkbox"/> ECS Autosave \$	<input type="checkbox"/> Differential SIP	%	1st SIP Inst Amt.	Rs.
			<input type="checkbox"/> Standing Instruction \$			Subsequent SIP Inst Amt.	Rs.
Frequency	<input type="checkbox"/> Weekly (Debit date will be 7 th / 14 th / 21 st / 28 th of the month)	<input type="checkbox"/> Fortnightly (Debit date will be 1 st / 16 th of the month)					
Please (✓)	<input type="checkbox"/> Monthly – Please provide the date <input type="text" value="DD"/>	<input type="checkbox"/> Daily*					
Start Date <input type="text" value="DDMMYYYY"/>		End Date <input type="text" value="DDMMYYYY"/>		or Perpetual SIP® <input type="checkbox"/> (SIP End Date will be taken as 31 st December 2099)			

Disclaimer- in case of Weekly / Fortnightly options where the debit dates are specified by the AMC, the SIP will be registered for the first available date after expiry of the initial 30 days required to set up the ECS / standing instruction
\$ Please fill separate mandate form for standing instruction / ECS autosave. * Daily SIP only through ECS mandate. SIP will start after 30 days from the date of submission / time stamp, if opted for all the debits through ECS mandates, this facility is available for existing investors only. Daily SIP will be executed only on business days.
® Please choose the perpetual option – where you specify just the Start Date - and can discontinue your SIP simply by writing to us thereby avoiding the inconvenience of having to send renewal instructions each time the SIP expires
% to be filled in case of differential SIP amount.

11. Nomination Details	12. Declaration
I / We _____ do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.	Having read and understood the contents of the Scheme Information Document 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 involve 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 not 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.
Nominee's Name: _____	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.
Address: _____	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.
In case Nominee is a minor	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.
Name of the Guardian: _____	I / We confirm that the details provided by me / us are true and correct.
Address of the Guardian: _____	
Date of Birth: _____ Signature: _____	

13. First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Third Party Cheque Issuer	POA Holder

The third party cheque signatory should sign in the signature box provided. Please refer to the attached Key Information Memorandum for details of the Scheme(s).