

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

Distributor Code	ARN- 0906	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIIN No.	E031087
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I/We hereby confirm that the EUIIN 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
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**TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. T)**

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, S)**

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 type="checkbox"/>
You must fill in	Mobile No. <input style="width: 20px;" type="text"/>			Email ID <input style="width: 30px;" type="text"/>
Status	<input type="checkbox"/> Individual (Indian National) <input type="checkbox"/> PIO <input type="checkbox"/> Minor (through Guardian) <input type="checkbox"/> HUF <input type="checkbox"/> FI / 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 along with the Application Form.

Residential / Tax Status  Resident  Non-resident Repatriable (NRE)  Non-resident Non-repatriable (NRO)

**DETAILS UNDER FATCA / FOREIGN TAX LAWS**

Country of birth \_\_\_\_\_ 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

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

Form W8 BEN-E / Specified declaration (Enclosed)  
 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 X)

**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**

Country of birth \_\_\_\_\_ 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

**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 

D	D	M	M	Y	Y	Y	Y
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 (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 X)

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**

Country of birth \_\_\_\_\_ 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

**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 

D	D	M	M	Y	Y	Y	Y
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 (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 X)

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**

Country of birth \_\_\_\_\_ 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

**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**

**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 DDMMYYYY (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 X)

**Mode Of Holding / Operation**

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

**2. INVESTMENT & PAYMENT DETAILS** (Please refer to the Instruction No. E, J, N)

**Type of Investment** (refer to instruction A).  Lumpsum  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')

**Scheme IDFC** \_\_\_\_\_ **Plan** \_\_\_\_\_

**Option**  Growth  Div - Reinvest  Div - Payout  Div - Sweep\* **Div Frequency** \_\_\_\_\_

\*Dividend Sweep Option to (Scheme & Plan Name) IDFC \_\_\_\_\_  Growth  Div - Payout  Div - Reinvest

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.

<b>LUMP SUM</b>	<b>Payment Mode</b> <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Funds Transfer <input type="checkbox"/> SCB Debit Mandate (available on form 2C)	<b>Instrument No.</b> _____
	<b>Amount (₹) (i)</b> _____	<b>Date</b> DDMMYYYY
	<b>DD charges, (₹)(ii)</b> _____	<b>Account No.</b> _____
	<b>Total Amount (₹) (i) + (ii)</b> _____ in figs _____ in words	<b>Bank Name</b> _____ <b>Branch &amp; City</b> _____ <b>Account Type</b> <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR

Initial SIP Installment Amount\* (Rs.) \_\_\_\_\_ Cheque / DD No. \_\_\_\_\_ Date MMYYYY  
 Bank \_\_\_\_\_ Branch \_\_\_\_\_

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

SIP	Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode
	<input type="checkbox"/> <b>Standard</b> DD (any date of the month) <input type="checkbox"/> <b>Default</b> (10th of every month)	<input type="checkbox"/> <b>Standard</b> From MMYYYY To MMYYYY <input type="checkbox"/> <b>Default</b> From MMYYYY To 122099	<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 _____	<input type="checkbox"/> ECS Autosave (Please also fill form 2A) <input type="checkbox"/> Standing Instructions (Please also 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. UNIT HOLDING OPTION** (Switch not allowed for Demat holdings. Redemption through Stock Exchange Platforms/ DPs only)

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.)

<b>DEMAT MODE</b>	<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)	
	_____	_____	_____	

**4. CORRESPONDENCE ADDRESS** (P.O.Box Address may not be sufficient) (Mandatory. If you have completed your KYC Process via KRA, the address of the 1st Applicant as registered with KRA will be automatically updated in our records. Investors residing overseas, please provide your Indian address) (Please fill in Capital Letter)

City \_\_\_\_\_ State \_\_\_\_\_ Pin code / Zip \_\_\_\_\_ **You must fill in**

**Overseas Address for NRIs / PIOs / FIIs** (Mandatory)

Tel Office \_\_\_\_\_ Tel Home \_\_\_\_\_ Fax \_\_\_\_\_

**5. BANK DETAILS** (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account 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 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 (mandatroy for minor)   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](http://www.idfcmf.com)

**8. DECLARATION & SIGNATURES** (Please refer 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 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.

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.

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

## ECS Autosave & Standing Instructions Form for Systematic Investment Plan (SIP) (Form 2)

Application No. \_\_\_\_\_

Distributor Code	ARN- 0906	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUIN No.	E031087
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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
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### A ECS Autosave Debit Mandate for SIP

ECS debit facility for SIP is currently available for Account holders of all banks participating in local clearing at Agra, Ahmendabad, Allahabad, Amristar, Anand, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Japipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nashik, Nellore, Panjim, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimoga, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Tirunaveli, Trivandrum, Tumkur, Udaipur, Udupi, Varanasi, Vijayawada (also covers Guntur, tenali & Mangalgiri), Visakhapatnam.

#### Electronic Debit for the account holders of the following banks

Axis Bank, Union Bank of India, Bank of Baroda, Punjab National Bank, Bank of India, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, State Bank of India, UCO Bank, Allahabad Bank, ING Vysya Bank, Federal Bank.

#### Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit

I/We hereby, authorise IDFC Mutual Fund or their authorised service provider for IDFC Asset Management Company Limited to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP installments.

#### UNIT HOLDER INFORMATION

Existing Folio Number  /

Name of the First Holder

#### SYSTEMATIC INVESTMENT PLAN DETAILS

Name of the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

	Monthly SIP Date (10, if no date is mentioned)	SIP Enrollment Period	SIP Installment Amount (Rs.)
<b>SIP</b>	<input type="checkbox"/> <b>Standard</b> (any date of the month) <input type="text"/> <input type="text"/>	<input type="checkbox"/> <b>Standard</b> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000
	<input type="checkbox"/> <b>Default</b> (10th of every month)	<input type="checkbox"/> <b>Default</b> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000  <input type="checkbox"/> any other amount <input style="width: 50px;" type="text"/>

#### BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit. Enclose a blank cancelled cheque or copy thereof)

Name of the Account Holder \_\_\_\_\_

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account Number  City \_\_\_\_\_

Account Type  Current     Savings     NRO     NRE     FCNR     Others \_\_\_\_\_ (please specify)

MICR Code  (Please enter the 9 digit number that appears after the cheque number)

Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments to pay the installments referred above through participation in ECS / Electronic Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform IDFC Asset Management Company Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

#### SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY)

#### SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	
2nd applicant/ Authorised Signatory	
3rd applicant/ Authorised Signatory	

Sole / 1st applicant/ Guardian Authorised Signatory	
2nd applicant/ Authorised Signatory	
3rd applicant/ Authorised Signatory	

#### FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____	Scheme Code _____
Recorded by _____	Credit Account Number _____
Bank use Mandate Ref. No. _____	Customer Ref. No. _____

**B Standing Instructions/ Auto Debit form for Systematic Investment Plan (SIP)****UNIT HOLDER INFORMATION**Existing Folio Number  /  Name of the First Holder **Debit Mandate for HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank Account Holders Only. Application for Standing Instruction Maintenance for SIP**

To, The Manager,

 HDFC Bank Ltd. /  Standard Chartered Bank /  Kotak Mahindra Bank /  ICICI BankBranch Date **Sub: Request for Maintenance of a Standing Instruction for SIP**I/We 

hereby authorize you to deduct on aMonthly basis (as a Standing Instruction) from my / our following Current/ Savings Account and remit the same to IDFC Mutual Fund as per the details given below.

<b>Nature of Instruction</b>	Standing Instruction		
<b>Purpose of Standing Instruction</b>	Payment of SIP Installment of IDFC Mutual Fund		
<b>Name of the Scheme</b>	<input type="text"/>	Plan	Option
<b>Debit Account no.</b>	<input type="text"/>		
<b>Account Holder's Name</b>	<input type="text"/>		
<b>SIP Amount (Rs.)</b>	<input type="text"/>		
<b>SIP Enrollment Period</b>	<b>Start Date</b>	<input type="text"/>	
	<b>End Date</b>	<input type="text"/>	Default option is perpetual i.e. Dec. 2099.
<b>Frequency &amp; Date</b>	Monthly (Please provide the date)	<input type="text"/>	Default date is 10th of every month.

In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We  (name of unit holder) undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the bank responsible. If the date of debit to my/our account happens to be a non-business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document / SID of the Mutual Fund. HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank shall not be liable for, not be in default by reason of, any failure or delay in completion due to riot, strike, mutiny, revolution, fire flood, fog, war, lightning, earthquake, change of government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank/ Standard Chartered Bank/ Kotak Mahindra Bank/ ICICI Bank .

Yours faithfully,

Account Holder/s Signature

Sign for HDFC Bank/ Standard Chartered Bank/ Kotak Mahindra Bank/ ICICI Bank Auto Debit facility.

**Signature also required in Form 1.****For CPU Use Only**Maintained on: Account Holder's Name: Account No.:  Amount: SIP Start Date:  SIP End Date:  Next SIP Date: Maintained by: **C DEBIT MANDATE (For Standard Chartered Bank account holders only.)****To Branch Manager - Standard Chartered Bank**I/We (Name of the account holder) authorise you to debit my/our Account no.  forRs. (in figures)  Rs. (in words) to pay for the purchase of Scheme .

I/We understand that the above instruction will be conducted on the effective date specified above (or the following business day in the event of a holiday). I/We hereby authorize SCB to make the payment from my/our account and a cheque in support of such debit will not be necessary. I/We hereby also undertake to keep sufficient funds in my / our account to enable you to carry out this instruction.

Date Signature of Applicant(s) /  
Authorised Signatory(ies)

# Systematic Transfer Plan/Systematic Withdrawal Plan (FORM 3)

Application No. \_\_\_\_\_

Distributor Code	ARN - 0906	Sub-Distributor Code	ARN - _____	Internal Code for Sub-broker/ Employee	_____	EUIN No.	E031087
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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
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### 4.1. Existing Unit Holder Information

Name of the First Holder \_\_\_\_\_ Folio No. \_\_\_\_\_ / \_\_\_\_\_

PAN/PERN (mandatory) \_\_\_\_\_ Enclosed  PAN/PERN Proof  KYC Complicane

### 4.2. Systematic Transfer Plan (STP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for STP with the following options - Fixed Amount

Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_

STP Frequency:  Daily (except Premier Equity Fund)  Weekly - Daywise (Transfer on every Monday of the month)  
 Weekly - Datewise (Transfer date will be 7<sup>th</sup>/14<sup>th</sup>/21<sup>st</sup>/28<sup>th</sup> of the month)  Fortnightly (Transfer date will be 1<sup>st</sup>/16<sup>th</sup> of the month)  
 Monthly - Please Provide the Date

STP Period: Start:  End:

From Scheme \_\_\_\_\_ Plan \_\_\_\_\_

Option  Growth /  Dividend-Payout /  Dividend - Reinvest

Dividend Frequency (In case of Dividend option) \_\_\_\_\_

To Scheme \_\_\_\_\_ Plan \_\_\_\_\_

Option  Growth /  Dividend-Payout /  Dividend - Reinvest

Dividend Frequency (In case of Dividend option) \_\_\_\_\_

Dividend Sweep Option From (Scheme & Plan Name) \_\_\_\_\_ To (Scheme & Plan Name) \_\_\_\_\_

### 4.3. Systematic Withdrawal Plan (SWP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for SWP with the following option:  Fixed Amount /  Capital Appreciation (Please tick one option only. In case amount is filled & Capital Appreciation ticked, then Fixed Amount will be the default option.)

Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_

SWP Frequency:  Monthly  Quarterly SWP Date:  1<sup>st</sup>  10<sup>th</sup>  20<sup>th</sup>

SWP Period: Start:  End:

From Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Option  Growth  Dividend-Payout  Dividend - Reinvest

Dividend Frequency (In case of Dividend option) \_\_\_\_\_

**4.4. Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / We hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulation 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 for 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) and 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 authorize 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 amongst which the Scheme is being recommended to me / us.

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 details provide by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder





# Instructions

As per the requirements of Anti-Money Laundering related laws and regulatory guidelines on client due diligence and identification of Beneficial Ownership, investors (other than Individuals) are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

## 1. Ultimate Beneficiary Owner [UBO]:

### A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
- more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
  - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
  - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

### B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

### C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies.

Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

As per said circular, list of beneficial owners with shareholding or beneficial interest in the applicant/investor equal to or above 25% is required or the

Global Custodian /Local Custodian may provide an undertaking to submit these details. Any change in the list may be required to be submitted to the Mutual Fund.

### D. KYC requirements

Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

**E. Country of Tax Residence and Tax ID number:** Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly. If you are a US citizen or resident, please include United States in this related field along with your US Tax Identification Number.

### F. UBO Codes:

UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company
UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals
UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under clause 4 (a) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]
UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust
UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

## Details of Ultimate Beneficiary Owners\* (Contd.):

Sr. No.	Name of UBO <Mandatory>	Nationality	PAN or PERN / any other valid ID proof for those where PAN is not applicable <Mandatory>#	Position / Designation <to be provided wherever applicable>	Tax residence status	UBO Code <Mandatory> <Refer instruction (E)>	KYC (Yes/No) <Please attach KYC acknowledgment or KYC Form>#
5.					Country of Tax residence: _____ Foreign Tax ID No. _____		
6.					Country of Tax residence: _____ Foreign Tax ID No. _____		
7.					Country of Tax residence: _____ Foreign Tax ID No. _____		

\* If the given rows are not sufficient, investor can submit multiple declarations covering all Beneficial Owners.

# Attached document should be self certified by the UBO and certified by the Applicant / Investor's Authorised Signatory.

**Bank Accounts Registration Form (Multiple Banks / Bank Change / Default Bank / Deletion)**

Please read the terms and conditions mentioned overleaf and attach necessary documents for registration of bank accounts. Forms should be filled legibly in English and in capitals. **Strike off the section/s not used by you to avoid any unauthorized use. Use separate forms for different folios.**

Folio No. \_\_\_\_\_ **OR**

Application No. - MA  
(for New Investors)

Name of First Applicant (Should match with PAN/PERN Card)

PAN/PERN

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**A - ADDITION OF BANK ACCOUNTS**

If you are changing an existing bank account with a new one for redemption/dividend proceeds in future, please mention the new bank account in Part A as well as in Part B. If the new bank account is not mentioned in Part B, redemption/dividend proceeds will be sent to existing default bank account only. For each bank account mentioned in Part A, Investors should submit originals of any one of the documents mentioned below. If copies are submitted, the same should be attested by the Bank or originals should be produced for verification.

Please register my/our following additional bank accounts for all investments in my/our folio. I/we understand that I/We can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of nonindividuals.

Bank Account Number  Account Type:  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_

Bank Name \_\_\_\_\_

MICR Code\*  IFSC Code#

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Pincode

Document/s attached: (tick one)  Cancelled Cheque with name and account number pre-printed  Bank statement  Certified Copy of Pass book

Bank Account Number  Account Type:  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_

Bank Name \_\_\_\_\_

MICR Code\*  IFSC Code#

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Pincode

Document/s attached: (tick one)  Cancelled Cheque with name and account number pre-printed  Bank statement  Certified Copy of Pass book

Bank Account Number  Account Type:  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_

Bank Name \_\_\_\_\_

MICR Code\*  IFSC Code#

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Pincode

Document/s attached: (tick one)  Cancelled Cheque with name and account number pre-printed  Bank statement  Certified Copy of Pass book

Bank Account Number  Account Type:  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_

Bank Name \_\_\_\_\_

MICR Code\*  IFSC Code#

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Pincode

Document/s attached: (tick one)  Cancelled Cheque with name and account number pre-printed  Bank statement  Certified Copy of Pass book

# 11 digit printed on your cheque as IFSC code. \* 9 digit code on your cheque next to the cheque number.

**B - DEFAULT BANK ACCOUNT**

If you are changing an existing default bank account with new one for redemption/dividend proceeds in future, please mention the new bank account in Part A as well as in Part B. From among the bank accounts mentioned above or those already registered with you, please register the following bank account as a Default Bank Account for payment of future redemption and/or dividend proceeds, if any, in the above mentioned folio:

Bank Account No.

Bank Name \_\_\_\_\_

**Declaration and Signatures (for Part A and B) (Mandatory)**

I/We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I/We understand that my/our request will be executed only if it is filled properly with all details mentioned properly and necessary documents are attached, as applicable, failing which the request will be rejected. I/We will not hold IDFC Mutual Fund, the AMC and the Registrar liable for any loss due to delayed execution or rejection of the request.

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Sole / First Applicant / Unit holder

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Second Applicant / Unit holder

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Third Applicant / Unit holder

## C - BANK ACCOUNT DELETION REQUEST

Bank Account Number

Bank Name \_\_\_\_\_

Bank Account Number

Bank Name \_\_\_\_\_

Bank Account Number

Bank Name \_\_\_\_\_

Bank Account Number

Bank Name \_\_\_\_\_

Deletion of an existing default bank account is not permitted unless the investor mentions another registered bank account as a default account in Section B of this Form.

### Declaration and Signatures (for Part C) (Mandatory)

I/We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I/We understand that my/our request will be executed only if it is filled properly with all details mentioned properly and necessary documents are attached, as applicable, failing which the request will be rejected. I/We will not hold IDFC Mutual Fund, the AMC and the Registrar liable for any loss due to delayed execution or rejection of the request.

Sole / First Applicant / Unit holder

Second Applicant / Unit holder

Third Applicant / Unit holder

(To be signed by all applicants/unitholders if mode of holding is Joint'.)

## INSTRUCTIONS AND TERMS AND CONDITIONS

- IDFC Mutual Fund offers it's unitholders, a facility to register more than one bank account in their folio/s. Individuals, HUFs, Sole proprietor firms can register upto five bank accounts and a non-individual investor can register upto ten bank accounts in a folio. Any more bank accounts, even if mentioned or provided, will not be registered unless accompanied by deletion request to delete any existing bank accounts.
- Unitholder(s) are strongly advised to register their various bank accounts and continuously update the bank account details with the mutual fund, using this facility well in advance and specify any one of registered bank account for payment of redemption proceeds with each redemption request. If any of the registered bank accounts are closed/ altered, please intimate such change with an instruction to delete/alter it from of our records using this form.
- Bank registration/deletion request from unitholder/s will be accepted and processed only if all the details and necessary documents are attached. The request is liable to be rejected if it is not filled completely and in case of any ambiguous/incorrect/incomplete information.
- The first/sole unit holder in the folio should be amongst any one of the bank account holders. Unit holder(s) cannot provide the bank account(s) of any other person or where the first/sole unitholder is not an account holder in the bank account provided.
- Unitholder(s) need to attach any one of the following mandatory documents in original, in respect of each bank account for registering the bank accounts, failing which the particular bank account will not be registered. This will help in verification of the account details and register them accurately.  
Cancelled cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque **OR** a Self attested bank statement **OR** self-attested copy of the Bank passbook with current entries (not older than 3 months) **OR** Bank Letter duly signed by branch manager/authorized personnel  
**AND** Cancelled cheque of the existing (old) bank mandate with first unit holder name and bank account number printed on the face of the cheque **OR** original bank account statement / Pass book **OR** original letter issued by the bank on the letterhead confirming the bank account holder with the account details, duly signed and stamped by the Branch Manager **OR** in case such bank account is already closed, a duly signed and stamped original letter from such bank on the letter head of bank, confirming the closure of said account
  - If photocopy of any documents is submitted, the copy should be certified by the bank or investors must produce original for verification.
  - All documents submitted should clearly evidence the bank name, account number and name of all account holders.
- While registering multiple bank accounts, the unitholder(s) has to specify any one bank account as the 'Default Bank Account'. If the 'Default Bank Account' is not specified, the fund reserves the right to designate any of the bank accounts as 'Default Bank Account'. Default Bank Account will be used for all dividend payouts and redemption payouts under circumstances mentioned below.
  - No other registered bank account is specified in the specific redemption request for receiving redemption proceeds.
  - A new non-registered bank account is specified in the specific redemption request for receiving redemption proceeds.
  - Maturity proceeds of investments in Fixed Maturity Plans (i.e. FMPs).
- The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account at it's discretion.
- Bank Account Details with Redemption Request: Please note the following important points related to payment of redemption proceeds:
  - Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing.
  - Investor may choose to mention any of the existing registered bank account with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used.
  - If unitholder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds.

AMC will follow the concept of cooling period as enumerated in AMFI circular number 135/BP/17/10-11 dated October 22, 2010, whenever any change of bank mandate request is received/ processed few days prior to submission of a redemption request or on the same day as a standalone change request.

The entire activity of verification of cooling period cases and release of redemption payment shall be carried out within the period of 10 working days from the date of redemption. This is in accordance with sub clause (c) of Regulation 53 of the Securities and Exchange Board of India (Mutual Fund) regulations, 1996 and SEBI circular no. SEBI/MFD/CIR/2/266/2000 dated 19th May 2000.

In case a redemption request is received before the change of bank details has been validated and registered, the redemption request would be processed to the currently registered (old) bank account.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.
- This facility of multiple bank registration request or any subsequent addition/ change/ deletion in the registered bank accounts would be effected within 10 business days from the receipt of a duly completed application form and a confirmation letter will be sent within 15 business days. Unitholder(s) should preserve this letter for their reference, as the account statement will reflect default bank mandate only.
- If in an NRI folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/ NRO/ NRE.
- The requests for addition/change/deletion/modification in the registered bank account(s) should be submitted using the designated application form only. Requests received on a plain paper are liable to be rejected.
- IDFC Mutual Fund, AMC, it's registrar and other service providers shall not be held liable for any loss arising to the unit holder(s) due to the credit of the redemption proceeds into any of the bank accounts registered in the folio.

## Third Party Payment Declaration Form

**Declaration Form No.** \_\_\_\_\_

**Third Party Payment Declaration Form** should be completed in English and in BLOCK LETTERS only.  
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

**FOR OFFICE USE ONLY**

Date of Receipt	Folio No.	Branch Trans. No.

**1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)**
**Folio No.** (For existing investor) \_\_\_\_\_ **Application No.** \_\_\_\_\_

**NAME OF FIRST/SOLE APPLICANT** (Beneficial Investor)

Mr. / Ms. / M/s. \_\_\_\_\_

**2. THIRD PARTY INFORMATION (Refer Instruction No. 3)**
**NAME OF THIRD PARTY** (Person Making the Payment)

Mr. / Ms. / M/s. \_\_\_\_\_

 Nationality \_\_\_\_\_ PAN/PERN# \_\_\_\_\_ **KYC\*\*** (Please  )  Attached (Mandatory for any amount)

#Mandatory for any amount. Please attach PAN/PERN Proof. Refer instruction No. 6. \*\* Refer instruction No. 8.

**NAME OF CONTACT PERSON & DESIGNATION** (in case of non-Individual Third Party)

Mr. / Ms. \_\_\_\_\_

Designation \_\_\_\_\_

**MAILING ADDRESS** (P.O. Box Address may not be sufficient)

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

**CONTACT DETAILS** STD Code \_\_\_\_\_

Tel. : Off. \_\_\_\_\_ Tel. : Res. \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR** (Refer Instruction No. 3) [Please  (") as applicable]

Status of the Beneficial Investor	Minor	FII	Employee (s)
		<input type="checkbox"/> Client	
Relationship of Third Party with the Beneficial Investor	<input type="checkbox"/> Parent <input type="checkbox"/> Grand Parent <input type="checkbox"/> Related Person _____ (Please specify)	Custodian SEBI Registration No. of Custodian Registration Valid Till [ D D M M Y Y Y Y ]	Employer
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment is made on behalf of FII/ Client and the source of this payment is from funds provided to us by FII/Client.	I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.

**3. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)**

Mode of Payment [Please <input checked="" type="checkbox"/> (/)]	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument.
Demand Draft <input type="checkbox"/>	
Banker's Cheque <input type="checkbox"/>	
RTGS <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.
NEFT <input type="checkbox"/>	
Fund Transfer <input type="checkbox"/>	

\* IDFC Mutual Fund/IDFC Asset Management Company Limited ("IDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

<b>Amount#</b>	in figures	in words				
Cheque/DD/PO/UTR No.			Cheque/DD/PO/RTGS Date			
Pay- in Bank A/c No.			[ D D M M Y Y Y Y ]			
Name of the Bank _____						
Branch _____			Bank City _____			
Account Type [Please <input checked="" type="checkbox"/> ] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)						

# including Demand Draft charges, if any.

**4. DECLARATIONS & SIGNATURE/S (Refer Instruction 5)**

**THIRD PARTY DECLARATION**

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which IDFC Mutual Fund is entitled to verify directly or indirectly. I agree to furnish such further information as IDFC Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, IDFC Mutual Fund/IDFC AMC is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that IDFC Mutual Fund/IDFC AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.

**Applicable to NRIs only :**

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External/ Ordinary Account/FCNR Account.

Please (✓)  Yes  No

If yes, (✓)  Repatriation basis  Non-repatriation basis

Signature of the Third Party

**BENEFICIAL INVESTOR(S) DECLARATION**

I/We certify that the information declared herein by the Third Party is true and correct.

I/We acknowledge that IDFC Mutual Fund reserves the right in its sole discretion to reject/not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the beneficial investor(s) detailed in the Application Form. IDFC Mutual Fund/IDFC AMC will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of IDFC Mutual Fund/IDFC AMC.

**Applicable to Guardian receiving funds on behalf of Minor only:**

I/We confirm that I/We are the legal guardian of the Minor, registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme on behalf of the minor.

**SIGNATURE/S**

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

**THIRD PARTY PAYMENT RULES**

- 1 In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions
- 2a. The following words and expressions shall have the meaning specified herein:
  - (a) **"Beneficial Investor"** is the first named applicant/ investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
  - (b) **"Third Party"** means any person making payment towards subscription of Units in the name of the Beneficial Investor.
  - (c) **"Third Party payment"** is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

**Illustrations**

**Illustration 1:** An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

**Illustration 2:** An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

**Illustration 3:** An Application submitted in joint names of A, B & C along with cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
- 2b. IDFC Mutual Fund/ IDFC Asset Management Company Limited ('IDFC AMC') will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
  - (i) Payment by Parents/Grand-Parents/Related Persons\* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- each regular Purchase or per SIP installment.
  - (ii) Payment by Employer on behalf of employee(s) under Systematic Investment Plan (SIP) Payroll deductions.
  - (iii) Custodian on behalf of an FII or a Client.

\* 'Related Person' means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
- 2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.
  - (i) Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
  - (ii) Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
- 2d. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of IDFC Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of IDFC AMC or visit our website [www.idfcmf.com](http://www.idfcmf.com) for any further information or updates on the same.

# Form for Nomination/ Cancellation of Nomination/ Re-nomination after cancellation of existing nomination

**Application No.**

(To be filled in by Individual(s) applying singly or jointly) (Please read the instructions overleaf)

To,  
**Computer Age Management Services Pvt. Ltd.,**  
 148, Old Mahabalipuram Road  
 Okkiyam Thuraipakkam  
 Chennai - 600 097

 Date: 

D	D	M	M	Y	Y	Y	Y
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Dear Sir,

- I/We, the undersigned, confirm that I/we do not wish to opt for the nomination facility for the investments made in the folio/ Application no. \_\_\_\_\_
- I/We, the undersigned, nominate the person(s) more particularly described hereunder to whom the units standing to my/our credit in the folio/ Application no. \_\_\_\_\_ can be transferred by IDFC AMC Ltd in the event of my / our death.
- I/We, the undersigned, wish to cancel the nomination made by me / us in favour of \_\_\_\_\_ in respect of the units standing to my/our credit in the folio/ Application no. \_\_\_\_\_.
- I/We, the undersigned, wish to cancel the nomination made by me / us in favour of \_\_\_\_\_ in respect of the units standing to my/our credit in the folio/ Application no. \_\_\_\_\_ and nominate the person(s) more particularly described hereunder to whom the said units can be transferred by IDFC AMC Ltd in the event of my / our death.

(Please tick the appropriate box above)

Particulars	Nomination Details																										
	Nominee 1	Nominee 2	Nominee 3																								
Name and address of the nominee	   	   	   																								
Relationship with investor	  	  	  																								
Date of birth (mandatory in case of minor)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
Name and address of the Guardian (in case the nominee is minor)*	   	   	   																								
Specimen Signature of Nominee/ Guardian (optional)	   	   	   																								
Percentage of Allocation/Share	  	  	  																								

# As the nominee is a minor as on date, I/we appoint the person named above as the guardian to receive the units on behalf of the nominee, in the event of my/our death during the minority of the nominee. I/We have read the rules and instructions overleaf on nomination specified herein and I/We hereby confirm to comply and adhere to such rules or any amendments that may be made from time to time. I/We understand that all payments and settlements made to Nominee(s) and Signature(s) acknowledging receipt there of shall be valid discharge of duty and responsibility by IDFC AMC/Trustees/Mutual Fund.

**Unitholder (s)** (To be signed by all joint holders, even if the mode of holding is not 'Joint')

Name: _____	Name: _____	Name: _____
First Unitholder Signature	Second Unitholder Signature	Third Unitholder Signature

**Witnesses** (could be the same for all unit holders)

Name: _____	Name: _____	Name: _____
First Witness Signature	Second Witness Signature	Third Witness Signature