

1. Common Lumpsum Cum SIP Application Form
Application No.

1. Existing Folio Number <input type="text"/>	Distributor Code / ARN <input type="text"/>	Sub-Distributor Code / ARN <input type="text"/>	MO Code <input type="text"/>
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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.

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

2. Type of Investment (refer to instruction A).

APPLICATION FOR **LUMP SUM INVESTMENT** **SIP** **MICRO SIP** (Total investment of less than Rs. 50,000 in one financial year) **Zero Balance Folio**

3. Unit Holder Information (refer to instruction A)

Name of the 1st Applicant / Corporate Investor

Date of Birth
(Mandatory only in case of minor)

Mr. / Ms. / M/s. _____

 PAN¹ (mandatory)

 Enclosed PAN Proof KYC Compliance

Name of the 2nd Applicant

Mr. / Ms. / M/s. _____

 PAN¹ (mandatory)

 Enclosed PAN Proof KYC Compliance

Name of the 3rd Applicant

Mr. / Ms. / M/s. _____

 PAN¹ (mandatory)

 Enclosed PAN Proof KYC Compliance

Name of the Guardian (in case of minor) / Power of Attorney Holder / Proprietor

Mr. / Ms. / M/s. _____

 PAN* (mandatory)

 Enclosed PAN Proof KYC Compliance

¹PAN 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 *In case of investment by minor, PAN Copy of the guardian should be attached. KYC is mandatory for all non-individual investors/NRIs/Channel Investors (including Corporate, Partnership Firms, Trusts, HUF, NRI and other investors coming through Channel distributors). For individual investors. In the absence of KYC Compliance, the AMC reserves the right to reject the application. Please attach a proof of KYC Compliance.

5. a 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 Letter)

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 Acknowledgment)

Tel Office	<input type="text"/>
Tel Home	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
E-Mail	<input type="text"/>

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 your "Go Green" initiative, all Account Statements / Annual Reports & other Statutory Information will be sent by e-mail to the above email address
In case you DO NOT wish to receive the above by E-mail please tick the box alongside

ACKNOWLEDGMENT SLIP

(To be filled in by the investor.)

IDFC Mutual Fund

Scheme : _____

Investor Name : _____

Instrument no. : _____

Rs. (in figures) : _____

Application No.

Stamp & Signature

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												Others (please specify)	
<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR													
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)

Payment Type (please ✓) : Non - Third Party Payment Third Party Payment (please fill the attached 'Third Party Payment Declaration Form')

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)

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.

10. Systematic Investment Options Please (✓) <input type="checkbox"/> ECS Autosave ^s <input type="checkbox"/> Differential SIP <input type="checkbox"/> Standing Instruction ^s	%	1st SIP Inst Amt.	Rs.
		Subsequent SIP Inst Amt.	Rs.

Start Date End Date or Perpetual SIP[®] (SIP End Date will be taken as 31st December 2099)

Frequency Please (✓) Weekly (Debit date will be 7th / 14th / 21st / 28th of the month) Fortnightly (Debit date will be 1st / 16th of the month) Monthly - Please provide the date Daily*

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 expiry of the initial 30 days required to set up the ECS / standing instruction.
^s Please fill separate mandate form for standing instruction / ECS autosave. Daily SIP only through ECS Mandate. SIP will start 30 days from the date of submission / time stamp.
 For SIP extension existing investors can give only ECS mandate. SIP will start 30 days from the date of submission / time stamp, if opted for all the debits through ECS mandate. 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 (Please ✓)

Mandatory information. Please select the desired option.

I / We, undersigned, confirm that I / we do not wish to opt for the nomination facility for the investments made in this folio.

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 valid discharge by the AMC / Mutual Fund / Trustees.

Nominee's Name _____
 Address _____

In case Nominee is a minor

Name of the Guardian : _____
 Address of the Guardian : _____

Date of Birth _____ Signature of the Nominee / Guardian _____
 "In case of multiple nominees, please ensure you submit a duly filled "Nomination Form" along with this application"

12. Declaration

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 MAV 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.

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



Call free 1-800-226622

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

Please note our investor service email id

investor@idfcmf.com

www.idfcmf.com