

# Common Application Form - Lumpsum Cum SIP Application Form (Form 1)



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

Distributor Code	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUIN No.	RIA Code	
<b>EUIN Declaration</b>	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
<b>RIA Declaration</b>	I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA*			First Holder	Second Holder	Third Holder

**TRANSACTION CHARGES** (Please ✓ any one of the below) (Refer Instruction No. S)

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, R)

Existing Folio Number \_\_\_\_\_ \*Date of Birth       Existing Investor may not fill in Section 1, 2 & 5. (\*Mandatory for Minor)

**FIRST HOLDER DETAILS** (please ✓)  Individual  Non Individual (Please refer instruction D for UBO)

PAN/PERN (Mandatory) \_\_\_\_\_  PAN/PERN Proof enclosed  KYC Compliant  KIN \_\_\_\_\_ KYC Identification Number \_\_\_\_\_

Name \_\_\_\_\_

Correspondence Address \_\_\_\_\_

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

Overseas Address for NRIs / PIOs / FIIs (Mandatory) \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**You must fill in** Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

**Status of First / Sole Applicant**  Resident Individual (Indian National)  NRI - Repatriable  NRI - Non Repatriable  PIO  HUF

Minor (through Guardian)  FII / Sub-account  Sole-proprietor  Partnership Firm  LLP  Company (other than Bank/FI)

Bank  Financial Institution  Other Body Corporate  Government Body  Charitable / Religious / Non-profit organisation

Educational Institution  Mutual Fund  PF Trust  Gratuity Fund  NPS Trust  Pension / Retirement / Superannuation Fund

Private Trust  Co-op. Society  Society / AOP/ BOI  Other \_\_\_\_\_ (Please specify)

**Note :** • For Individual investor: Please attach the mandatory Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts - **Form 1A**.

• For Non-individual investor: Please attach the mandatory Details of Ultimate Beneficial Owner including additional FATCA & CRS information - **Form 1B**.

**SECOND Holder Details** PAN/PERN (Mandatory) \_\_\_\_\_  KYC Compliant  KIN \_\_\_\_\_ KYC Identification Number \_\_\_\_\_

Name \_\_\_\_\_ DOB

**Third Holder Details** PAN/PERN (Mandatory) \_\_\_\_\_  KYC Compliant  KIN \_\_\_\_\_ KYC Identification Number \_\_\_\_\_

Name \_\_\_\_\_ DOB

**Guardian/POA/Proprietor** PAN/PERN (Mandatory) \_\_\_\_\_  KYC Compliant  KIN \_\_\_\_\_ KYC Identification Number \_\_\_\_\_

Name \_\_\_\_\_ DOB

**Mode Of Holding / Operation**  Single  Anyone or Survivor  Joint  As per resolution (Default option is anyone or survivor)

**2. 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 the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.

I/ We understand that the instructions to the bank for Direct Credit / NEFT / CAMS OTM 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/CAMS OTM.

If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) please tick the box alongside

**3. All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication please**

**IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor.)

Received, subject to realisation, verification and conditions Application No. \_\_\_\_\_

Application for purchase of Units as mentioned in the application form  FACTA / CRS / UBO Declaration, as applicable.

From \_\_\_\_\_

Instrument No.	Dated	Amount (Rs.)	Scheme
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Stamp & Signature

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

Type of Investment (Refer to instruction A)  Lumpsum  SIP  SIP with TOP-UP  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  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>	Payment Mode <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Funds Transfer	Instrument No. <input type="text"/>	Date <input type="text"/>
	<input type="checkbox"/> CAMS OTM <input type="text"/> CAMS OTM NO. <input type="text"/>	Account No. <input type="text"/>	
	Amount (₹) (i) <input type="text"/>	Bank Name <input type="text"/>	
	DD charges, (₹)(ii) <input type="text"/>	Branch & City <input type="text"/>	
	Total Amount (₹) (i) + (ii) <input type="text"/> in figs	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	

My existing CAMS OTM registered to be used for initial & subsequent SIP instalments (mention CAMS OTM No. in the boxes)

Cheque No.  Bank Name

<b>SIP</b>	Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode
	<input type="checkbox"/> Standard <input type="text"/> (Any date except 29 <sup>th</sup> , 30 <sup>th</sup> , 31 <sup>st</sup> of the month)	<input type="checkbox"/> Standard From <input type="text"/> To <input type="text"/>	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	<input type="checkbox"/> CAMS OTM (Please also fill CAMS OTM in form 2)
	<input type="checkbox"/> Default (10th of every month)	<input type="checkbox"/> Default From <input type="text"/> To <input type="text"/>	<input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000	
		<input type="checkbox"/> any other amount <input type="text"/>		

In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.

<b>SIP TOP-UP</b>	<input type="checkbox"/> SIP Top-up (Optional) (Refer J (vii))	Top-up Amount (Rs.) <input type="text"/>	(The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)
	(Please ✓ to avail this facility)	SIP Top-up Frequency: <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	(Default Top-up option is Yearly)

Registration for this facility is subject to the investor's bankers accepting the mandate for SIP Top-up registration.

**5. 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 <b>OR</b> <input type="checkbox"/> CDSL	Depository Participant Name <input type="text"/>
	Depository Participant (DP) ID (NSDL only) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>
	Depository Participant (DP) ID (CDSL only) <input type="text"/>	

**6. NOMINATION DETAILS** Individuals (single or joint applicants) are advised to avail Nomination facility.

I/We wish to nominate.

I/We DO NOT wish to nominate and sign here  1st Applicant signature (mandatory)

	Nominee Name & Address	In case of Minor		Allocation %	Relationship with Investor	Nominee/ Guardian sign
		Guardian Name & Address	Date of birth			
Nominee 1			<input type="text"/>			
Nominee 2			<input type="text"/>			
Nominee 3			<input type="text"/>			

**7. DECLARATION & SIGNATURES** (Please refer to the Instruction No. K)

I/We have read and understood the terms and features of the scheme(s) and associated risk factors. Having read and understood the contents of the Statement of Additional Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued till date, 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 Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to time. I/We confirm that the funds invested in the Scheme(s), legally belong to me / us and I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We am/are eligible investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). I/We further confirm that I am not /we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority. 2. 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 subject to applicable exit load and undertake such other action with such funds that may be required by the Law 3. I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. 4. 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. 5. For micro-investments only: I/We confirm that I/we do not have any other existing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. 6. For NRIs / PIOs / FPIs only: I/We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, 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 maintained in accordance with applicable RBI guidelines.

I/we hereby confirm that, I/We have read and understood the Privacy Policy hosted on www.idfc.com. I/We hereby consent IDFC AMC/IDFC MF/Trustee to share information (including sensitive personal data or information) provided in relation to our investment in IDFC MF to any Associate / Group company / Affiliate of IDFC AMC/IDFC MF / Trustee, for offering, marketing or solicitation of their products and services.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder	Date <input type="text"/>
				Place <input type="text"/>

**For Financial Transactions**  
Toll free 1-800-2-666688  
Available between 8.00 am to 7.00 pm on business days only.

**For Non Financial Queries/Requests**  
Toll free 1-800-300-66688  
Available between 8.00 am to 7.00 pm on business days only.

Please note our investor service email id [investormf@idfc.com](mailto:investormf@idfc.com)

[www.idfc.com](http://www.idfc.com)

# Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts (Form 1A) (Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency)

(Fields marked with \* are mandatory for all and ® are mandatory for PAN exempt cases)



IDFC MUTUAL FUND

## FIRST / SOLE APPLICANT

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others (Please specify) Tax Residence Address  Residential  Registered Office  Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? →  Yes  No

**If 'NO' please proceed for the signature of declaration**

**If 'YES', please fill** for ALL countries **(other than India)** in which you are Resident for tax purposes i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type <small>(TIN or Other, please specify)</small>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

## SECOND APPLICANT

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others (Please specify) Tax Residence Address  Residential  Registered Office  Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? →  Yes  No

**If 'NO' please proceed for the signature of declaration**

**If 'YES', please fill** for ALL countries **(other than India)** in which you are Resident for tax purposes i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type <small>(TIN or Other, please specify)</small>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

## THIRD APPLICANT

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others (Please specify) Tax Residence Address  Residential  Registered Office  Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? →  Yes  No

**If 'NO' please proceed for the signature of declaration**

**If 'YES', please fill** for ALL countries **(other than India)** in which you are Resident for tax purposes i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type <small>(TIN or Other, please specify)</small>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

# GUARDIAN / POA / PROPRIETOR

Name

PAN  or PAN Exempt KYC Ref No. (PERN)

Place of Birth  Country of Birth

Nationality  Indian  U.S.  Others  (Please specify) Tax Residence Address  Residential  Registered Office  Business

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? →  Yes  No

**If 'NO' please proceed for the signature of declaration**

**If 'YES', please fill** for ALL countries (**other than India**) in which you are Resident for tax purposes i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

- Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.
- Reason B → No TIN required. (select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C → others, please state the reason thereof

Additional KYC Information*	First Applicant (Including Minor)	Second Applicant	Third Applicant	Guardian/POA/Proprietor
<b>Gross Annual Income (Rs.) - Categories *</b> Below 1 Lac, 1 - 5 Lac, 5 Lac - 10 Lac, 10 Lac - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr, 5 Cr - 10 Cr, above 10 Cr	Gross annual Income (Rs.) <input type="text"/> Please write from options given	Gross annual Income (Rs.) <input type="text"/> Please write from options given	Gross annual Income (Rs.) <input type="text"/> Please write from options given	Gross annual Income (Rs.) <input type="text"/> Please write from options given
<b>Net-worth</b> (Mandatory for Non-Individuals) (Rs.)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)	Rs. <input type="text"/> as on D D M M Y Y Y Y (Not older than 1 year)
<b>Source of Wealth</b>				
<b>Occupation - Categories*</b> Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer & Others	<input type="text"/> Please write from options given			
<b>In case of business / profession, indicate the details</b> (Including nature of goods/ services dealt in)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Politically Exposed Person (PEP) Status*</b> (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these
<b>Any other KYC related information which you wish to provide</b>				

**Note :** Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

\*Under Rule 9 of PMLA Rules, 2005, investments in MF schemes of upto Rs. 50,000/- per investor per Mutual Fund per Financial year shall be exempted from requirement of Additional KYC information.

## DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

## CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA, Additional KYC & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Place