# COMMON APPLICATION FORM FOR LUMPSUM

Application No.

IDFC MUTUAL FUND

| ARN-4464 | ARN- Sub-Distributor Code | E032737 | Internal Code for Sub-broker/ Employee |
|---|---|---|---|

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of IDFC Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – 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. ☐

Signature of First / Sole Applicant / Guardian / Authorised Signatory

**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 EXISTING FOLIO NO.

## 2 MODE OF HOLDING / OPERATION

☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is anyone or survivor)

## 3 APPLICANT'S DETAILS (Please refer to the Instruction No. A, C, D, R) All fields are mandatory.

**Gender** ☐ Male ☐ Female

**1st APPLICANT** Mr Ms M/s Date of Birth** D D M M Y Y

PAN/PEKRN* Aadhaar No. KIN^ ☐ Proof Attached

**GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUALS) /POA HOLDER** Mr Ms Date of Birth D D M M Y Y

PAN/PEKRN* Aadhaar No. KIN^ ☐ Proof Attached

Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian

**2nd APPLICANT** Mr Ms M/s Date of Birth D D M M Y Y

PAN/PEKRN* Aadhaar No. KIN^ ☐ Proof Attached

**3rd APPLICANT** Mr Ms M/s Date of Birth D D M M Y Y

PAN/PEKRN* Aadhaar No. KIN^ ☐ Proof Attached

*Mandatory information - If left blank, the application is liable to be rejected.** Mandatory in case the Sole/First applicant is minor. ^ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

## 4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

**Correspondence Address**

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

**Overseas Address (Mandatory for NRI / FII Applicants)**

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Tel. No. Office Residence Mobile No.

Email ID

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

## 5 TAX STATUS (Please ✓)

| | | | | | |
|---|---|---|---|---|---|
| ☐ Resident Individual | ☐ Foreign National | ☐ Public Limited Company | ☐ Government Body | ☐ AOP/BOI | ☐ Defence Establishment |
| ☐ On behalf of Minor | ☐ Sole Proprietorship | ☐ Private Limited Company | ☐ Financial Institution | ☐ Trust / Society / NGO | ☐ Other Specify |
| ☐ HUF | ☐ Partnership Firm | ☐ Body Corporate | ☐ FII | ☐ Non Profit Organization/Charities | |
| ☐ NRI | ☐ LLP | ☐ Bank | ☐ Foreign Portfolio Investor | ☐ QFI | |

## 6 DEMAT ACCOUNT DETAILS (OPTIONAL)

| NSDL: Depository Participant (DP) ID (NSDL only) | Beneficiary Account Number (NSDL only) | CDSL: Depository Participant (DP) ID (CDSL only) |
|---|---|---|
| | | |

## 7 BANK DETAILS (Mandatory)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)

Bank Name & Branch

Branch City IFSC Code 11 digit MICR Code 9 digit

**IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor.) **Application No.**

Received, subject to realisation, verification and conditions

**From**

Stamp & Signature

ARN-4464 E032737 VIKRAM S. BAGADTHEY

## 8 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

| | Place/City of Birth | Country of Birth | Country of Citizenship / Nationality |
|---|---|---|---|
| First Applicant / Guardian | | | ☐ Indian ☐ U.S. ☐ Others Please specify |
| Second Applicant | | | ☐ Indian ☐ U.S. ☐ Others Please specify |
| Third Applicant | | | ☐ Indian ☐ U.S. ☐ Others Please specify |

**Are you a tax resident (i.e. are you assessed for tax) in any other country outside India?** ☐ **YES** ☐ **NO** (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

| | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other please specify) | Identification Type (TIN or other please specify) |
|---|---|---|---|---|
| First Applicant / Guardian | | | | Reasons ☐ A ☐ B ☐ C |
| Second Applicant | | | | Reasons ☐ A ☐ B ☐ C |
| Third Applicant | | | | Reasons ☐ A ☐ B ☐ 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 reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ **Reason C** ➔ Others please state the reasons thereof :

| Address Type of Sole /1st Holder | Address Type of 2nd Holder | Address Type of 3rd Holder |
|---|---|---|
| ☐ Residential ☐ Registered Office ☐ Business | ☐ Residential ☐ Registered Office ☐ Business | ☐ Residential ☐ Registered Office ☐ Business |

Annexure I and Annexure II are available on the website of AMC i.e. www.idfcmf.com or at the Investor Service centres (ISCs) of IDFC Mutual Fund

## 9 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)

Scheme **IDFC** Plan Option

Mode of payment ☐ Self ☐ Third Party Payment (Please fill the 'Third Party Payment Declaration Form') Payment mode ☐ Cheque ☐ DD ☐ IDFC OTM ☐ Fund Transfer ☐ RTGS/NEFT

Amount (figures) ☐ Cheque/DD/UTR/UMR No. Cheque Date D D M M Y Y

Account No. Account Type ☐ Saving ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others Please specify

Bank & Branch Name

## 10 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 | | | D D M M Y Y | | | |
| Nominee 2 | | | D D M M Y Y | | | |
| Nominee 3 | | | D D M M Y Y | | | |

## 11 KYC DETAILS (Mandatory)

**OCCUPATION** [Please tick (✓)]

| | Private Sector Service | Public Sector Service | Government Service | Business | Professional | Agriculturist | Retired | Housewife | Student | Forex Dealer | Others |
|---|---|---|---|---|---|---|---|---|---|---|---|
| First Applicant / Guardian | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Please specify |
| Second Applicant | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Please specify |
| Third Applicant | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Please specify |

**GROSS ANNUAL INCOME** [Please tick (✓)]

| | |
|---|---|
| First Applicant / Guardian | ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore<br>OR Net worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Y as on (Not older than 1 year) |
| Second Applicant | ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR** Net worth ₹ |
| Third Applicant | ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR** Net worth ₹ |

**OTHERS** [Please tick (✓)]

| | |
|---|---|
| First Applicant / Guardian | For Individuals Please tick (✓) ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable<br>For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)):<br>(i) Foreign Exchange / Money Changer Services ☐ Y ☐ N (ii) Gaming / Gambling / Lottery / Casino Services ☐ Y ☐ N (iii) Money Lending / Pawning ☐ Y ☐ N |
| Second Applicant | ☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable |
| Third Applicant | ☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable |

## 12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA) and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. 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 / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 provide my/our consent to IDFC Asset Management Company Limited ("IDFCAMC") for (i) collecting, storing and usage; (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under IDFC Mutual Fund,based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise IDFCAMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN.

| First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant | Third Applicant |
|---|---|---|

| Instrument No. | Dated | Amount (Rs.) | Scheme |
|---|---|---|---|
| | D D M M Y Y | | |