Application No.



Stamp & Signature

ARN 92245	ARN- Sub-Distributor Code	E E092536	Internal Code for Sub-broker/ Employee						
#By mentioning RIA/ PMRN code, I/we authorize you to share with the InvestmentAdviser 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) (ReferInstruction No.XIII). – I/We hereby confirm that the EUIN box has been e of First / Sole Applicant / 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.									
TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. S)	I am a first time investor in mutual funds (₹ 1 Applicable for transactions routed through a distributor who has 'opl investors' assessment of various factors including service rendered I	ted in' for transaction charges. Upfront commission shall be paid direct	stor in mutual funds (₹ 100 will be deducted) tly by the investor to the AMFI registered distributor based on the						
1 EXISTING FOLIO NO.		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 mandato	ory.	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	Mr Ms		Date of Birth D D M M Y Y						
(FOR NON INDIVIDUALS) /POA HOLDER PAN/PEKRN*	Aadhaar No.	KIN [^] Proof Attached	Date of Bildi						
Relationship with Minor applicant Natural gu	uardian 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							
	ejected.** Mandatory in case the Sole/First applicant is minor. ^ Individua	<u> </u>	'CR) has to fill the 14 digit KYC Identification Number (KIN).						
4 CORRESPONDENCE DETAILS OF Correspondence Address	SOLE/FIRST APPLICANT (AS PER KYC RE	CORDS) Overseas Address (Mandatory for NRI / FII Applie	cants)						
	/ FLAT NO.	, , , , , , , , , , , , , , , , , , , ,	FLAT NO.						
STREET	ADDRESS	STREET	ADDRESS						
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Email id belongs to:- Self Spouse	Dependent Children Dependent Siblings De	pendent Parents Guardian PMS Custo	dian ☐ POA (Please refer Instruction No. Z and ✓)						
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 Nationa On behalf of Minor Sole Proprietors HUF Partnership Firm NRI LLP	ship Private Limited Company Fina Body Corporate FII	remment Body AOP/BOI Trust / Society / NGO Non Profit Organizati	Defence Establishment Other Specify on/Charities						
6 DEMAT ACCOUNT DETAILS (OPTI	ONAL) (Applicable ONLY for investors who are willing	g to hold their investment in DEMAT form)							
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)						
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IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.) Received, subject to realisation, verification and conditions Application No.									

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## PRESENTED INVESTIGATE PLAN DETAIL (SIP DETAIL) **Ochable Topus gration from the Size Plantage of the Size Plant	ARN- ARN- 92245 ARN-	Sub-Distributor Code		2536	Internal Code for Sub-broker/ Employee
Prices Tax C SP Registration SP Research SP Network SP N	Declaration for "execution-only" transaction (only where EUIN box is left blan intentionally left blank by me/ us as this is an "execution-only" transaction withou above distributor or notwithstanding the advice of in-appropriateness, if any, pro	k) (Refer Instruction No. XIII). – I/We hereby it any interaction or advice by the employee/rela	confirm that the EUIN box has	been Sig	nature of First / Sole Applicant / uardian / Authorised Signatory
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INVESTIGATION OF THE CONTROL OF THE	Installment Amount (₹) in figures	For SIP applica	tions received during NFC	D, the SIP will start only	after 30 days from the NFO allotment date.
My existing OTM registered to be used for initial & subsequent SIP instalments	SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration.	ncy Half Yearly Yearly^	Amount ₹ in figu	Tres (The Top-	-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)
Cheque No. Cheque Date D D M W Y Bank & Branch Name	INITIAL SIP INSTALLMENT PAYMENT THROUGH (Pie	ase provide cheque for initial SIP A	nount and fill below OTM	I for subsequent SIP in:	stallments.)
DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form) NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) COSL: Depository Participant (DP) ID (COSL only) Whe 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 Schame(s), Freigh Account Tax Compliance Act and Common Reporting Statement and Conditions of Memorandum of the Schame (s), Freigh Account Tax Compliance Act and Common Reporting Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Schame(s), Freigh Account Tax Compliance Act and Common Reporting Statement of Memoral Laundering Act, 2002 (PMLA), Phrave Policy of LIPC. Assess Memagement Company Limited (PMC) and the common Reporting Statement of Memoral Laundering Act, 2002 (PMLA), Phrave Policy of LIPC. Assess Memagement Company Limited (PMC) (My existing OTM registered to be used for initial & subsequ	uent SIP instalments			(OR)
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UMRN FOR OFFICE USE ONLY Date D M M Y Y Y Y Sponsor Bank Code FOR OFFICE USE ONLY Tick (*/) CREATE I/We hereby authorize IDFC Mutual Fund to debit tick (*/) SB CA CC SB-NRE SB-NRO Other MODIFY CANCEL Bank A/c number IFSC or MICR an amount of Rupees FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount PAN / Application No. Mobile No. +91 Reference Email ID I agree for the debit mandate processing charges by the bank whom I am authorizing to debt my account as per latest schedule for charges of the bank. PERIOD Signature of Primary Account Holder Signature of Accou	website of IDFC Mutual Fund www.idfcmf.com and all applicable rules and declare that I/we do not have any existing Micro SIPs which together with the trail commission or any other mode), payable to him for the different competare Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Inbanking channels or from funds in my / our Non-Resident External / Non-Re I/We hereby provide my/our consent to IDFC Asset Management Company which I/we have subscribed and for the purposes of meeting legal validating/authenticating with Unique Identification Authority of India ("Information (including updated information) in my/our accounts/folios unde made thereunder and applicable SEBI guidelines. I/We hereby further authrough its RTA, depository participants, and asset management companie	Iregulations and hereby confirm that I/We I be current application will result in a total inviting Schemes of various Mutual Funds from restors but not (i) United States persons as sident Ordinary/ FCNR Account maintainer Limited ("IDFCAMC") for (i) collecting, storand regulatory requirements; (ii) receiving the properties of the prop	ave not received nor been ind sestments exceeding Rs. 50,00 amongst which the Scheme is per applicable Regulations or in accordance with applicable ng and usage of personal infor g updates on promotional n ansier Agent ("RTA"); and (iv) re Tax Permanent Account Nur f the Aadhaar number(s) and their RTAs, for the purpose of	uced by any rebate or gifts, in 0 in a year. The ARN holde being recommended to me/ (ii) residents of Canada, and RBI guidelines. mation for the purposes of prinaterial and transaction re downloading and updating material and demorapatic in associated demographic in associated demographic in	directly or indirectly, to make this investment. I/We hereby has disclosed to melus all the commissions (in the form of us. For NRIs / PIOs / FPIs only: I/We confirm that I am / we I/ we have remitted funds from abroad through approved rocessing my/our application and providing the services to lated communication via mail, telecall, SMR, etc. (iii) my/our Aadhaar number(s) and associated demographic with the Aadhaar Act, 2016, PMLA and rules & regulations formation (including any updated information) by itself or accounts/folios based on my/our PAN.
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- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
 I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ammendent request to the user entity/corporate or the bank where I have authorised the debit.