

COMMON APPLICATION FORM FOR LUMPSUM

Application No. _____



ARN- Distributor / RIA Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
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#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	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO. _____	HOUSE / FLAT NO. _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY / TOWN _____ STATE _____	CITY / TOWN _____ STATE _____
COUNTRY _____ PIN CODE _____	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)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other _____ Specify _____
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> 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) _____
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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 _____

