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



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I/We under dividend/re for reasons possible to r The how	case the registered bank man rstand that the instructions to the bank found proceeds. In case the bank does of incomplete or incorrect information, make payment by DC/NETT/IDFCOTM vever the unit holders wish to communications will be	for Direct Credit / NEFT / ID not credit my /our bank acco I / We would not hold IDFC receive a cheque (in	FC OTM will be g unt with / withou Mutual Fund resp istead of a dire	iven by the M tassigning ar ponsible. Furl	utual Fund, and y reason there ther the Mutual to their bank	asuch instruct of, or if the tra Fund reserve account) pl	tions will be nsaction is d s the right to ease ✓ the	adequate discharge elayed or not effecte o issue a demand dra box alongside	of the Mutu d at all or cr aft / payabl	
	munication (please -/ here)	sent by delauit	to the reg	Jistereu			ie no.	in case you	WISH U	o receive pr
7 INVE	STMENT & PAYMENT	DETAILS (Please r	efer to the In	struction	No. E, J, N)					
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	nvestment (✓anyone)	umpsum SIP S	SIP with TOP-	UP Mi	cro SIP (Ref	er to point .	J (v) of the	instructions)	Photo	o ID No. (for Mi
Nature of	f investment (✓anyone) S	ingle scheme	ultiple schem	nes [#] ([#] Pleas	e draw the cl	neque in fav	our of IDF	C Mutual Fund)		
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SIP DETAILS (Please fill in IDFC OTM available on previous page)

	Scheme Monthly SIP date* (any date except 29,30,31)		Installment Amount	From								То	Dat	· e			SIP Top-up [∞]				
Scheme			(Rs.)	Date						(default Dec 2099)							Top-up Amount (Rs.)	Frequency (default yearly)			
I				\prod														Half Yearly Yearly			
II				D	D	Μ	Μ	Υ	Y	D	D	Μ		1	Y	Y		Half Yearly Yearly			
Ш				D	D	Μ	Μ	Y	Y	D	D	Μ		1	Y	Y		Half Yearly Yearly			
*In case of t	In case of the Monthly Option if no date is selected in the form, the default date is 10 th of every month. [%] The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter).																				

8 NOMII	NATION DETAILS Individuals (single or jo	nination facility.	Witness	Signature		
I/We wi	ish to nominate.					
I/We DO NOT wish to nominate and sign here		1st Applicant signature (mandator	y)			
		In case of Minor	r	Allocation	Relationship	Nominee/
	Nominee Name & Address	Guardian Name & Address	Date of birth	%	with Investor	Guardian sign
Nominee 1						
Nominee 2						

Nominee 3

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

1. I/We have read and understood the terms and features of the scheme(s), associated risk factors, 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) legally belongs to me/us and is acquired 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 laws as applicable to me/us from time to time. I/We am/are eligible investor(s) as per the scheme related documents and am/are authorised as per the constitutive documents/ authorisation(s) and have not been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further confirm that 1 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 applicable exit load and undertake such other action with such funds that may be required by the Law. 3. I / We have understood the information requirements of this form (read along with the FATCA, Additional KYC & CRS Instructions). I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of unwowledge and belief and it. Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other Sell registered intermediate to keep you informed in mediately in writing about any change

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.

				Date			
First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder				
Authonsed Signatory	X	X	X	Place			