

SIP thru ECS

Common Application Form - Lumpsum Cum SIP Application Form (Form 1) Application No.

Distributor Code	ARN- DIRECT	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	
------------------	--------------------	----------------------	------	---	--	----------	--

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.

ABC	Second Holder	Third Holder
------------	---------------	--------------

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

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, S)

Existing Folio Number **1 2 3 5 8** / **4 1** *Date of Birth **1 1 0 8 7 1** Existing Investor may not fill in Section 4, 5 & 6. *Mandatory for Minor

FIRST HOLDER DETAILS		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name	ANIMESH B CHATURVEDI	A G J P M 0 6 7 7 L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
You must fill in	Mobile No. 1 2 3 4 5 6 7 8 9 0 Email ID Animeshbc@gmail.com			
Status	<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Proprietor <input type="checkbox"/> Society <input type="checkbox"/> Bank <input type="checkbox"/> NRI-NRE <input type="checkbox"/> NRI-NRO <input type="checkbox"/> PIO <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Company <input type="checkbox"/> On Behalf of Minor (relationship of minor with the guardian) <input type="checkbox"/> Govt. Entity <input type="checkbox"/> Others (Specify) _____			
Occupation	<input checked="" type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Proprietorship <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Business <input type="checkbox"/> Others (Specify) _____			

JOINT HOLDER DETAILS (In case of Minor, there shall be no joint holders)		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name				
Second Holder			<input type="checkbox"/>	<input type="checkbox"/>
Third Holder			<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA/Proprietor			<input type="checkbox"/>	<input type="checkbox"/>
Mode of holding	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint (Default option is anyone or survivor)			

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

Type of Investment (refer to instruction A). Lumpsum SIP 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 IDFC **PREMIER EQUITY FUND** 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.

LUMP SUM	Payment Mode <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Funds Transfer <input type="checkbox"/> SCB Debit Mandate (available on form 2C)	Instrument No. _____
	Amount (₹) (i) _____	Date _____
	DD charges, (₹) (ii) _____	Account No. _____
	Total Amount (₹) (i) + (ii) _____	Bank Name _____
		Branch & City _____
		Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR

Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode
<input type="checkbox"/> Standard (any date of the month) D D <input checked="" type="checkbox"/> Default (10th of every month)	<input checked="" type="checkbox"/> Standard From 1 0 0 8 1 3 To 1 0 0 8 1 8 <input type="checkbox"/> Default From M M Y Y Y Y To 1 2 2 0 9 9	<input type="checkbox"/> 5,000 <input checked="" type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> any other amount _____	<input checked="" type="checkbox"/> ECS Autosave (Please also fill form 2A) <input type="checkbox"/> Standing Instructions (Please also fill form 2B)
In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.			

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

Application No.

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From			
Instrument No.	Dated	Amount (Rs.)	Scheme

Stamp & Signature

3. 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.)

DEMAT MODE	<input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL	Depository Participant Name _____	
	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	Depository Participant (DP) ID (CDSL only)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. CORRESPONDENCE ADDRESS (P.O.Box Address may not be sufficient) (Mandatory. If you have completed your KYC Process via KRA, the address of the 1st Applicant as registered with KRA will be automatically updated in our records. Investors residing overseas, please provide your Indian address) (Please fill in Capital Letter)

6601, INDIABULLS SKY

ELPHINSTONE ROAD

City **MUMBAI** State **MAHARASHTRA** Pin code / Zip **4 0 0 0 1 3** **You must fill in**

Overseas Address for NRIs / PIOs / FIIs (Mandatory)

N.A.

Tel Office **0 2 2 4 3 3 6 6 9 9** Tel Home **0 2 2 5 6 2 3 1 5 8** Fax **0 2 2 4 3 3 6 6 8 8**

5. 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 **HDFC BANK LTD.** Branch **PAREL**

Account Number **0 0 0 0 1 2 3 4 5 6 7** City **MUMBAI**

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

MICR Code **4 0 0 2 4 0 0 1 5** RTGS/NEFT Code **H D F C 0 0 0 0 2 4 0**

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

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

6. NOMINATION DETAILS (Mandatory information. Please select the desired option.) (Read instructions contained on page no. 14 of this form in connection with Nomination.)

I/We wish to nominate. I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

	Nominee Name	Guardian Name (In case of Minor)	Percentage (%)	Nominee Signature
Nominee 1	B A CHATURVEDI		100	BAC
Nominee 2				
Nominee 3				
Address	6601, INDIABULLS SKY, ELPHINSTONE ROAD, MUMBAI - 13		Total = 100%	

7. EASY TRANSACT (for Resident and NRI Individual (including minors), Sole Proprietors & HUF)

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

I WISH TO APPLY FOR TRANSACT ONLINE Yes No

Note: With this new way of transacting with us - without any requirement of a PIN, you can create your online username and password and can transact right-away by activating the link. Access your account 24x7 / purchase / redeem / switch / download account statements online at www.idfcmf.com

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

Having read and understood the contents of the Scheme Information Documents of the Scheme(s), 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 provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) & I / We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. 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 and undertake such other action with such funds that may be required by the Law.

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.

I / We do not have any Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year.

For NRIs only : I / We confirm that I am / we are Non Residents of Indian nationality / origin 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.

I / We confirm that the details provided by me / us are true and correct.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
ABC			

Toll free 1-800-2-666688

Available between 8.00 am to 7.00 pm on business days only.

Please note our investor service email id

investormf@idfc.com

www.idfcmf.com

ECS Autosave & Standing Instructions Form for Systematic Investment Plan (SIP) (Form 2)

Application No. _____

Distributor Code	ARN- DIRECT	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	
------------------	--------------------	----------------------	------	---	--	----------	--

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.

ABC	Second Holder	Third Holder
------------	---------------	--------------

A ECS Autosave Debit Mandate for SIP

ECS debit facility for SIP is currently available for Account holders of all banks participating in local clearing at Agra, Ahmendabad, Allahabad, Amristar, Anand, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Belgaum, Bhavnagar, Bhillwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Japipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nashik, Nellore, Panjim, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimoga, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Tirunaveli, Trivandrum, Tumkur, Udaipur, Udupi, Varanasi, Vijayawada (also covers Guntur, tenali & Mangalgi), Visakhapatnam.

Electronic Debit for the account holders of the following banks

Axis Bank, Union Bank of India, Bank of Baroda, Punjab National Bank, Bank of India, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, State Bank of India, UCO Bank, Allahabad Bank, ING Vysya Bank, Federal Bank.

Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit

I/We hereby, authorise IDFC Mutual Fund or their authorised service provider for IDFC Asset Management Company Limited to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP installments.

UNIT HOLDER INFORMATION

Existing Folio Number **1 2 3 5 8** / **4 1**

Name of the First Holder **ANIMESH B CHATURVEDI**

SYSTEMATIC INVESTMENT PLAN DETAILS

Name of the Scheme **IDFC PREMIER EQUITY FUND** Plan **DIRECT** Option **GROWTH**

SIP	Monthly SIP Date (10, if no date is mentioned)	SIP Enrollment Period	SIP Installment Amount (Rs.)
	<input type="checkbox"/> Standard (any date of the month) <input type="text" value="D"/> <input type="text" value="D"/> <input checked="" type="checkbox"/> Default (10th of every month)	<input checked="" type="checkbox"/> Standard From <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="3"/> To <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="checkbox"/> Default From <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>	<input type="checkbox"/> 5,000 <input checked="" type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> any other amount <input type="text"/>

BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit. Enclose a blank cancelled cheque or copy thereof)

Name of the Account Holder **ANIMESH B CHATURVEDI**
 Name of the Bank **HDFC BANK LTD.** Branch **PAREL**
 Account Number **0 0 0 0 1 2 3 4 5 6 7** City **MUMBAI**
 Account Type Current Savings NRO NRE FCNR Others _____ (please specify)
 MICR Code **4 0 0 2 4 0 0 1 5** (Please enter the 9 digit number that appears after the cheque number)

Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments to pay the installments referred above through participation in ECS / Electronic Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform IDFC Asset Management Company Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY)	SIGNATURE/S AS PER BANK RECORDS (MANDATORY)
---	---

Sole / 1st applicant/ Guardian Authorised Signatory	ABC
2nd applicant/ Authorised Signatory	
3rd applicant/ Authorised Signatory	

Sole / 1st applicant/ Guardian Authorised Signatory	ABC
2nd applicant/ Authorised Signatory	
3rd applicant/ Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____	Scheme Code _____
Recorded by _____	Credit Account Number _____
Bank use Mandate Ref. No. _____	Customer Ref. No. _____