

Application No.

## ARN-0163

Distributor Code / ARN No.	Sub-distributor Code / ARN No.	Date of receipt	Bank Sr. No.
----------------------------	--------------------------------	-----------------	--------------

**1. EXISTING UNIT HOLDER INFORMATION** Folio No. \_\_\_\_\_ / \_\_\_\_\_ Existing Investors: Please fill in the Sections 1, 9, 10, 11 and 13 only.

**2. UNIT HOLDER INFORMATION** (refer instruction A). New Investors: Please fill in all the Sections (2 to 13).

**Name of the first applicant / corporate investor** \_\_\_\_\_

 Date of birth 

D	D	M	M	Y	Y
---	---	---	---	---	---

Mr. / Ms. / M/s. \_\_\_\_\_

 PAN<sup>1</sup> (mandatory) \_\_\_\_\_ Enclosed  PAN Proof  KYC Compliance.

**Name of the second applicant** \_\_\_\_\_

Mr. / Ms. / M/s. \_\_\_\_\_

 PAN<sup>1</sup> (mandatory) \_\_\_\_\_ Enclosed  PAN Proof  KYC Compliance.

**Name of the third applicant** \_\_\_\_\_

Mr. / Ms. / M/s. \_\_\_\_\_

 PAN<sup>1</sup> (mandatory) \_\_\_\_\_ Enclosed  PAN Proof  KYC Compliance.

**Name of the guardian** (in case of a minor) \_\_\_\_\_

Mr. / Ms. / M/s. \_\_\_\_\_

 PAN<sup>1</sup> (mandatory) \_\_\_\_\_ Enclosed  PAN Proof  KYC Compliance.

**Name of the Power of Attorney Holder** \_\_\_\_\_

Mr. / Ms. / M/s. \_\_\_\_\_

 PAN<sup>1</sup> (mandatory) \_\_\_\_\_ Enclosed  PAN Proof  KYC Compliance.

\*PAN Number and PAN Proof is mandatory for all Applicants, irrespective of the amount of investment. Please attach a copy of PAN card. \*Incase of investment by minor, PAN of guardian should be mentioned, if minor has no PAN. KYC Mandatory if amount invested is Rs. 50,000 or more for all Investors & POA holders. This will be applicable for each of the applicants. In the absence of KYC Compliance, the AMC reserves the right to reject the application. Please attach a copy of KYC Compliance.

**3. STATUS OF FIRST APPLICANT**

- |   |   |
|---|---|
| <input type="checkbox"/> Resident Individuals | <input type="checkbox"/> Bank                   |
| <input type="checkbox"/> HUF                  | <input type="checkbox"/> Proprietor             |
| <input type="checkbox"/> On Behalf of Minor   | <input type="checkbox"/> Society                |
| <input type="checkbox"/> FII                  | <input type="checkbox"/> NRI - NRE              |
| <input type="checkbox"/> Partnership Firm     | <input type="checkbox"/> NRI - NRO              |
| <input type="checkbox"/> PIO                  | <input type="checkbox"/> Trust                  |
| <input type="checkbox"/> Company              | <input type="checkbox"/> Others (specify) _____ |

**4. MODE OF OPERATION**

- Anyone or Survivor
- Joint
- (Default option is Anyone or Survivor.)

**5. CONTACT DETAILS OF FIRST / SOLE APPLICANT / CORPORATE INVESTOR** (P.O. Box Address may not be sufficient. Investors residing overseas, please provide your Indian address.)

 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_  
 Tel. (O) \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Mobile \_\_\_\_\_  
 E-mail \_\_\_\_\_

**6. CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER**

(P.O. Box Address may not be sufficient. Investors residing overseas, please provide your Indian address.)

 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_  
 Tel. (O) \_\_\_\_\_ Tel. (R) \_\_\_\_\_ Mobile \_\_\_\_\_  
 E-mail \_\_\_\_\_

**7. OCCUPATION** (of First / Sole Applicant)

- Service  
  Housewife  
  Defence  
  Professional  
  Retired  
  Business  
  Money Service Bureaux
- Dealers in High Value commodities (Traders in Precious Metals, Jewellers & Antique Dealers)    Others (specify) \_\_\_\_\_

**8. E-MAIL COMMUNICATION** (In case you wish to receive the following document(s) via e-mail in lieu of physical document(s).)

- Annual Report  
  Newsletter  
  Account Statement  
  Other Info

**9. BANK DETAILS** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Please enclosed a copy of the cancelled cheque)

 Name of bank \_\_\_\_\_ Branch \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Account No. \_\_\_\_\_  
 Account Type  Current  Savings  NRO  NRE  FCNR  Others (specify) \_\_\_\_\_ MICR code 

--	--	--	--	--	--	--	--	--	--	--	--

 RTGS/ NEFT code 

--	--	--	--	--	--	--	--	--	--	--	--

**10. A. DEBIT MANDATE** (For Standard Chartered Bank account holders only.)

**To Branch Manager – Standard Chartered Bank      Application No.**

I/We (Name of the account holder) \_\_\_\_\_

authorise you to debit my/our Account no. \_\_\_\_\_ for

Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_

to pay for the purchase of    IDFC-SSIF-IP    IDFC-SSIF-ST    IDFC-SSIF-MT    IDFC-GSF-IP    IDFC-GSF-ST

IDFC-GSF-PF    IDFC-DBF    IDFC-FRF-ST    IDFC-FRF-LT    IDFC-CF    IDFC-ASBF    IDFC-CEF

IDFC-AF    IDFC-IEF    IDFC-LM    IDFC-LMP.

Date \_\_\_\_\_

Signature of Applicant(s) / Authorised Signatory(ies)

**ACKNOWLEDGMENT SLIP**

 (To be filled in by the investor.)      **Application No.**
**IDFC Mutual Fund**

 Scheme \_\_\_\_\_  
 Investor Name \_\_\_\_\_  
 Instrument no. \_\_\_\_\_  
 Rs. (in figures) \_\_\_\_\_

Stamp & Signature
-------------------

**10. PAYMENT OPTIONS** (Please tick either debit mandate or cheque / DD payment.)

**10 A. Debit mandate** (Debit mandate also to be filled separately.) Facility presently available with SCB only.

A/c No. \_\_\_\_\_  
Branch \_\_\_\_\_

**10 B. Cheque / DD payment**

Cheque / DD No. \_\_\_\_\_ Cheque / DD Date \_\_\_\_\_  
Drawn on (Bank / Branch Name) \_\_\_\_\_  
Cheque Issuer Name *In case cheque is issued by person other than the investor* \_\_\_\_\_

**Total amount** Rs. (In figures) inclusive of DD charges \_\_\_\_\_  
Rs. (In words) inclusive of DD charges \_\_\_\_\_  
DD Charges Rs. (In figures) if paid \_\_\_\_\_

**11. INVESTMENT DETAILS** (Refer instruction D.)

Debt	Plan				Growth	Dividend mode		Dividend frequency	
	A	B	C	D		<input type="checkbox"/> Reinvestment(Re)	<input type="checkbox"/> Payout		
IDFC Cash Fund (IDFC-CF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly <sup>1</sup>	<input type="checkbox"/> Periodic <sup>2</sup>
IDFC Super Saver Income Fund-Investment Plan (IDFC-SSIF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually	
IDFC Super Saver Income Fund-Short Term Plan (IDFC-SSIF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly		
IDFC Super Saver Income Fund-Medium Term Plan (IDFC-SSIF-MT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bimonthly
IDFC Government Securities Fund-Investment Plan (IDFC-GSF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually	
IDFC Government Securities Fund-Short Term Plan (IDFC-GSF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		
IDFC Government Securities Fund-Provident Fund Plan (IDFC-GSF-PF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually		
IDFC Dynamic Bond Fund (IDFC-DBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually		
IDFC Floating Rate Fund-Long Term Plan (IDFC-FRF-LT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re <sup>3</sup>	<input type="checkbox"/> Weekly Re <sup>1</sup>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
IDFC Floating Rate Fund-Short Term Plan (IDFC-FRF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly	
IDFC All Seasons Bond Fund (IDFC-ASBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually	
IDFC Liquidity Manager (IDFC-LM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly	
IDFC Liquidity Manager Plus (IDFC-LMP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly	
<b>Equity</b>									
IDFC Classic Equity Fund (IDFC-CEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IDFC Imperial Equity Fund (IDFC-IEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IDFC Arbitrage Fund (IDFC-AF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<sup>1</sup> Applicable for Plan C only. <sup>2</sup> Applicable for Plan B only. <sup>3</sup> Applicable for Plan A and Plan B.

**12. NOMINATION DETAILS**

I/We \_\_\_\_\_ do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee's Name \_\_\_\_\_

Address \_\_\_\_\_

In case Nominee is a Minor

Name of Guardian \_\_\_\_\_

Address of Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_

**13. DECLARATION AND SIGNATURES**

Having read and understood the contents of the Offer Document of the Scheme(s), I / we hereby apply for 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.

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 details provided by me / us are true and correct.

<b>First / Sole Applicant / Guardian</b>	<b>Second Applicant</b>	<b>Third Applicant</b>	<b>Third Party Cheque Issuer</b>	<b>POA Holder</b>
--	-------------------------	------------------------	----------------------------------	-------------------

The third party cheque signatory should sign in the signature box provided. Please refer to the attached Key Information Memorandum for details of the Scheme(s).

Call free 1-800-226622

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

