

10. PAYMENT OPTIONS (Please (✓) either ECS Autosave or Standing Instruction or Postdated Cheque.)

Start date M M YYYY Last payment date M M YYYY SIP date D D

10A. ECS Autosave (Please fill the ECS mandate attached.) 10B. Standing Instruction (Only for SCB account holders) (Please fill the Standing Instruction.)

10C. Postdated Cheques (PDC) : Cheque No. From _____ To _____ First Cheque Date _____

Cheque No. _____ Drawn on (Bank / Branch name) _____

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)

	Growth	Dividend mode	<input type="checkbox"/> Reinvestment(Re)	<input type="checkbox"/> Payout
		Dividend frequency		
IDFC Super Saver Income Fund-Investment Plan (IDFC-SSIF-IP)	<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"/> Fortnightly	<input type="checkbox"/> Monthly	
IDFC Super Saver Income Fund-Medium Term Plan (IDFC-SSIF-MT)	<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"/> 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"/> Monthly	<input type="checkbox"/> Quarterly	
IDFC Government Securities Fund-Provident Fund Plan (IDFC-GSF-PF)	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	
IDFC Dynamic Bond Fund (IDFC-DBF)	<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"/> Daily	<input type="checkbox"/> Weekly Re	<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"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly
IDFC All Seasons Bond Fund (IDFC-ASBF)	<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"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly
IDFC Liquidity Manager Plus (IDFC-LMP)	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly
IDFC Classic Equity Fund (IDFC-CEF)	<input type="checkbox"/>			
IDFC Premier Equity Fund (IDFC-PEF)	<input type="checkbox"/>			
IDFC Imperial Equity Fund (IDFC-IEF)	<input type="checkbox"/>			

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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Third Party Cheque Issuer	POA Holder

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.



ARN-0163

Application No. _____

ECS Debit facility for SIP is currently available for account holders of all banks participating in local clearing at Agra, Ahmedabad, Allahabad, Amritsar, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Bhilwara, Bhopal, Bhubaneshwar, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gorakhpur, Guwahati, Gwalior, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Lucknow, Ludhiana, Madurai, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Panjim, Patna, Pondicherry, Pune, Raipur, Rajkot, Ranchi, Salem, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Trivandrum, Udaipur, Varanasi, Vijaywada (also covers Guntur, Tenali & Mangalgi). Vizag.

Authorization to pay SIP instalments through Electronic Clearing Service (ECS)

I/We hereby, authorise Tech Process Solutions Ltd., the authorised service provider for IDFC Asset Management India Private Limited to debit my/our bank account by ECS (Debit Clearing) for the collection of SIP instalments.

UNIT HOLDER INFORMATION

Name of first applicant _____
 PAN _____ Mobile _____
 E-mail _____
 Preferred messaging medium SMS - Yes No E-mail - Yes No

SIP DETAILS

Scheme name _____
 SIP auto debit date _____ SIP start date _____ SIP end date _____
 SIP amount Rs. (in figure) _____ Rs. (in words) _____

BANK DETAILS (Please attach a copy of the cheque of below mentioned bank account with this application form.)

Account holder's name _____
 Name of bank _____
 Branch _____ Account No. _____
 Account type Current Savings NRO NRE Others (specify) _____

9 digit MICR code (Please enter the 9 digit number that appears after your cheque number.)

Please specifically mention the MICR code of year bank branch in case you have a payable at par cheque book.

I / We hereby declare that the particulars given above are correct and express my willingness to pay the instalments referred above through participation in ECS. 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 India Pvt. Ltd. about any changes in my bank account.

Signatures

First / Sole Applicant

Second Applicant

Third Applicant

Place _____

Date _____

FOR BANK USE ONLY

We, hereby, certify that the particulars furnished above are correct as per our records, and we, hereby, declare that a copy of this form, duly completed, has been submitted to us.

Branch _____ Date _____

Signature of the authorised official from the bank

Bank stamp

AUTHORISATION OF THE BANK ACCOUNT HOLDER

This is to inform that I / we have registered for the RBI's ECS (Debit Clearing) and that my payment towards SIP installments shall be made from my / our below mentioned bank account with your bank. I / We authorise the representative carrying this ECS mandate form to get it verified and executed.

Account Holder's signature

(As in bank records.)

Joint Account Holder's signature

(As in bank records.)

Account number

ACKNOWLEDGMENT SLIP FOR SIP (To be filled in by the investor.)

IDFC Mutual Fund

Application No.

Scheme _____

Name _____

Instrument no. _____

Rs. (in figures) _____ Rs. (in words) _____

Signature & Stamp