

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



Distributor / RIA Code ARN- 24863		Sub-Distributor Code ARN-		EUIN No. E043887		Application No.	
						Internal Code for Sub-broker/ Employee	
EUIN Declaration	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.			First Holder	Second Holder	Third Holder	
RIA Declaration	"I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/RIA"			First Holder	Second Holder	Third Holder	

TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. 5)

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 UNIT HOLDING OPTIONS DEMAT MODE PHYSICAL MODE **2 EXISTING INVESTOR'S FOLIO NUMBER**

(To be filed in case of demat holding only) (If you have an existing folio with KYC validated, please mention here)

Demat Account Details of First / Sole Applicant Folio Number

3 MODE OF HOLDING / OPERATION

Depository Participant Name

NSDL DP ID	IN	CDSL Beneficiary ID	Note: Please attach copy of Client Master List.	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or Survivor	(Default option is anyone or survivor in case of Non Individual)
Beneficiary ID				<input type="checkbox"/> Joint	<input type="checkbox"/> As per resolution	

4 FIRST APPLICANT'S DETAILS (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. Gender Male Female

Name (As in PAN card/KYC records)

Date of birth (1st Holder / Minor) KIN KYC Identification Number CKYC Form Supplementary CKYC Form

*Aadhar No. (*Compulsory) GSTIN Please fill your GSTIN (if applicable).

PAN/ PERN

Name of the Guardian Only for Minor

PAN / PERN (Guardian) Date of Birth (Guardian)

Country of Birth Place of Birth Nationality

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Other Specify

Guardian named above is Natural Guardian Court Appointed

Correspondence address (Please note: Address will be replaced as per KYC records)

City State Country Pin Code

Overseas address (For FPI/NRIs/PIOs)

City State Country Pin Code

Email Mobile Tel.

Status	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI Repatriation	<input type="checkbox"/> NRI-Non-Repatriation	<input type="checkbox"/> Partnership	Occupation	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Defence				
	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> NPO	<input type="checkbox"/> Company		<input type="checkbox"/> Gov. Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional				
	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> BOI	<input type="checkbox"/> OCI	<input type="checkbox"/> LLP	<input type="checkbox"/> Retired	<input type="checkbox"/> Business	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Student
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Society/Club	<input type="checkbox"/> FPI	<input type="checkbox"/> NPO	<input type="checkbox"/> Other	Specify		<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Other	Specify		

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others specify

Are you FATCA Compliant with CAMS Registrar (Please ✓ any one) Yes No (if no, please fill below details)

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Sr. No.	Country of Tax Residency*	Tax Identification Number or Functional Equivalent*	Identification Type (TIN or Other, please specify)	If TIN is not available (Please tick ✓ the reason A, B or C (Refer FATCA / CRS Instructions))
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

*To also include USA, where the individual is a citizen / green card holder of the USA. *In case Tax Identification Number is not available, kindly provide its functional equivalent ...Continued Overleaf

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

Received, subject to realisation, verification and conditions

Application for purchase of Units as mentioned in the application form FACTA / CRS / UBO Declaration, as applicable.

From

Instrument No.	Dated	Amount (Rs.)	Scheme	Stamp & Signature
	<input type="text"/>			

04.09.2017