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



Distributor / RIA Code	Sub-Distributor Code	EUIN No.	
	ARN-		Application No.
ARN-36863		E025451	Internal Code for Sub-broker/ Employee
transaction without any interaction or advice	 s been intentionally left blank by me/us as ice by the employee/relationship manager/ of in-appropriateness, if any, provided by the distributor has not charged any advisory f	sales person of the above the employee/relationship	Holder Second Holder Third Holder
RIA Declaration "I/We hereby give you my/our consent to s in respect of my/our investments under D EBI-Registered investment Adviser/RIA"	hare/provide the transactions data feed/po irect Plan of all Schemes managed by you	rtfolio holdings/ NAV etc. to the above mentioned First	Holder Second Holder Third Holder
TRANSACTION CHARGES (Please ✓ any o	ne of the below) (Refer Instruction No.	S)	
I am a first time investor in mutual funds			estor in mutual funds (₹100 will be deducted)
Applicable for transactions routed through a distrib distributor based on the investors' assessment of various contractions.	utor who has 'opted in' for transaction	charges. Upfront commission si	hall be paid directly by the investor to the AMFI registered
1 UNIT HOLDING OPTIONS			EXISTING INVESTOR'S FOLIO NUMBER
(To be filed in case of demat holding only)		(If yo	u have an existing folio with KYC validated, please mention here)
Demat Account Details of First / Sole Applica (Name should be as per demat account)	ant	Folio	o Number
Depository Participant Name		3	MODE OF HOLDING / OPERATION
DPID IN CDSI	Beneficiary ID		Single Anyone or Survivor (Default option is
DP ID IN CDSI Beneficiary ID	Note: Please attach	copy of Client Master List.	Joint As per resolution anyone or survior in case of Non Individual)
4 FIRST APPLICANT'S DETAILS (PI	ease refer to the Instruction No. A, C, I	D, R) All fields are mandatory.	Gender  Male Female
Name (As in PAN card/KYC records)			
Date of birth	/ Y KIN KYO Ide	ntification Number	CKYC Form Supplementary CKYC Form
(1st Holder / Minor) *Aadhar No.	GSTIN		Please fill your GSTIN
(*Compulsory) PAN/ PERN	OSTIN L		(if applicable).
Name of the		Only for Minor	
Guardian PAN / PERN			e of Birth (Guardian)
(Guardian)			
Country of Birth	Place of Birth		lationality
( rease provide document for proof of Bob)	h Certificate School Certific	ate Passport O	ther Specify
Guardian named above is	ural Guardian	ed	
(Please note: Address will be replaced as per KYC rec	ords)		
City	State	Country	Pin Code
Overseas address (For FPI/NRIs/PIOs)			
City	State	Country	Pin Code
Email	Mob		Tel.
Resident Individual NRI Repatria		Company	☐ Pvt. Sector Service ☐ Public Sector ☐ Defence ☐ Gov. Service ☐ Housewife ☐ Professional
Status Minor through guardian Trust			Retired Business Agriculturist Student
Body Corporate Society/Club Address of tax residence would be taken as		se of any change please app	Forex Dealer Other Specify roach KRA & notify the changes
Type of address given at KRA Residentia			
Permissible documents are $\square$ Passport $\square$ Ele	ection ID Card PAN Card Gov	t. ID Card 🗌 Driving License	UIDAI Card NREGA Job Card Others specify
Are you FATCA Compliant with CAMS Regis	strar (Please ✓ any one) Yes	No (if no, please fill below d	
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 poses and the associated Tax ID Numbers below.)
	x Identification Number Functional Equivalent* (T	Identification Type N or Other, please specify)	If TIN is not available (Please tick ✓ the reason A, B or C (Refer FATCA / CRS Instructions))
1.	Tunctional Equivalent		Reason A B C
2.			Reason A B C
3.			Reason ABC
*To also include USA, where the individual is a citizen / g	green card holder of the USA. *In case Ta	dentification Number is not availa	ble, kindly provide its functional equivalentContinued Overleaf
IDFC MUTUAL FUND - ACKNOWLE			Application No.
Received, subject to realisation, verification			
Application for purchase of Units as mentione	ed in the application form FAC	TA / CRS / UBO Declaration, a	s applicable.
From			
Instrument No. Dated Amo	unt (Rs.)	Scheme	Stamp & Signature
I DIDIMIMIYIYI			

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	ss Annual Income OR		<1L 1-5	5L 5-10L	10-25L >	25L	<1L	1-5L 5-10L 10-25L 25L-1C >1C as on D D M M V
	Net-worth* in₹	S			as	on D D M M Y Y	Is the	entity involved in any of the following:
	older than one year	, nDIVIDUAL	Politically Not Appl		Person (PEP)	Related to a PEP	<b>d</b> Gamin	n Exchange/ Money Changer g/ Gambling/ Lottery (casinos, betting syndicates) Yes No y Lending/ Pawning
	ource of Wealth	_ ≥					Ž	
indicat	f business / profession e the details (Including f goods/services dealt in						Ż	
Any	other information							
SEC	OND APPLICAN	T'S D	ETAILS (	All fields are m	nandatory)			Gender ☐ Male ☐ Fema
lame (A	s in PAN card/							
-mail Id								Mobile
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Aadhar					Date of	MMVVV	Enclos	sed \tested PAN card copy \text{ KYC Acknowledgme}
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Country					ace of Birth	1000 I		Nationality
Status	Resident Individ					Gross Annual Inc	come	<1L
	NRI Repatriation	n	NRI-Non-I	Repartiation	آ ۔	Net-worth* in		as on DDMMY
	Other		Spec	ify		Not older trial of	ie year	Politically Exposed Person (PEP) Related to a PE
Occupa	ation Pvt. Sector	Servic	e 🗆 Public	Sector	Gov. Service	Source of We	alth	_Not Applicable
	☐ Housewife				Retired 4	O localizada Alexandetalia d		
	Business	Agric	ulturist S	tudent 🗌 F	orex Dealer	nature of goods/ service		
	Other					Any other inform	nation	
nc you	FATCA Compliant v					Yes No (if no, plea		
	u a tax resident o		country	other than		Yes No	tax	purposes and the associated Tax ID Numbers below.)
Are yo		of any	country o	other than	India?		ype	purposes and the associated Tax ID Numbers below.)  If TIN is not available (Please tick ✓ the reason A, B or C (Refer FATCA / CRS Instructions))
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Toll free 1-800-2-666688 Available between 8.00 am to 7.00 pm on business days only. or Non Financial Queries/Request Toll free 1-800-300-66688 Available between 8.00 am to 7.00 pm on business days only.

Please note our investo service email id investormf@idfc.com

www.idfcmf.com

Are yo		ARN-368	363	E0254	<b>4</b> 51				
_	u a tax resi	ident of any cou	intry other tha		Yes	No		se indicate all countries in as and the associated Tax	in which you are resident fo x ID Numbers below.)
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