



**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.)

<b>DEMAT MODE</b>	<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)

City \_\_\_\_\_ State \_\_\_\_\_ Pin code / Zip

Overseas Address for NRIs / PIOs / FIIs (Mandatory)

Tel Office  Tel Home  Fax

**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 \_\_\_\_\_ Branch \_\_\_\_\_

Account Number  City \_\_\_\_\_

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

MICR Code  RTGS/NEFT Code

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				
Nominee 2				
Nominee 3				
Address			<b>Total = 100%</b>	

**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](http://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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**Toll free 1-800-2-666888**

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- <b>1897</b>	Sub-Distributor Code	ARN- _____	Internal Code for Sub-broker/ Employee	EUIN No. <b>E031562</b>
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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
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### 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, Bhilwara, 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 & Mangalgiri), 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  /

Name of the First Holder

### SYSTEMATIC INVESTMENT PLAN DETAILS

Name of the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

	Monthly SIP Date (10, if no date is mentioned)	SIP Enrollment Period	SIP Installment Amount (Rs.)
<b>SIP</b>	<input type="checkbox"/> <b>Standard</b> (any date of the month) <input type="text"/> <input type="text"/>	<input type="checkbox"/> <b>Standard</b> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000
	<input type="checkbox"/> <b>Default</b> (10th of every month)	<input type="checkbox"/> <b>Default</b> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000
			<input type="checkbox"/> any other amount <input style="width: 50px;" 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 \_\_\_\_\_

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account Number  City \_\_\_\_\_

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

MICR Code  (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)

Sole / 1st applicant/ Guardian Authorised Signatory	<input checked="" type="checkbox"/>
2nd applicant/ Authorised Signatory	<input type="checkbox"/>
3rd applicant/ Authorised Signatory	<input type="checkbox"/>

### SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	<input checked="" type="checkbox"/>
2nd applicant/ Authorised Signatory	<input type="checkbox"/>
3rd applicant/ Authorised Signatory	<input type="checkbox"/>

### 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. _____

**B Standing Instructions/ Auto Debit form for Systematic Investment Plan (SIP)****UNIT HOLDER INFORMATION**Existing Folio Number  /  Name of the First Holder **Debit Mandate for HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank Account Holders Only. Application for Standing Instruction Maintenance for SIP**

To, The Manager,

 HDFC Bank Ltd. /  Standard Chartered Bank /  Kotak Mahindra Bank /  ICICI BankBranch Date **Sub: Request for Maintenance of a Standing Instruction for SIP**I/We 

hereby authorize you to deduct on aMonthly basis (as a Standing Instruction) from my / our following Current/ Savings Account and remit the same to IDFC Mutual Fund as per the details given below.

<b>Nature of Instruction</b>	Standing Instruction		
<b>Purpose of Standing Instruction</b>	Payment of SIP Installment of IDFC Mutual Fund		
<b>Name of the Scheme</b>	<input type="text"/>	Plan	Option
<b>Debit Account no.</b>	<input type="text"/>		
<b>Account Holder's Name</b>	<input type="text"/>		
<b>SIP Amount (Rs.)</b>	<input type="text"/>		
<b>SIP Enrollment Period</b>	<b>Start Date</b>	<input type="text"/>	
	<b>End Date</b>	<input type="text"/>	Default option is perpetual i.e. Dec. 2099.
<b>Frequency &amp; Date</b>	Monthly (Please provide the date) <input type="text"/> Default date is 10th of every month.		

In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We  (name of unit holder) undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the bank responsible. If the date of debit to my/our account happens to be a non-business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document / SID of the Mutual Fund. HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank shall not be liable for, not be in default by reason of, any failure or delay in completion due to riot, strike, mutiny, revolution, fire flood, fog, war, lightning, earthquake, change of government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank/ Standard Chartered Bank/ Kotak Mahindra Bank/ ICICI Bank .

Yours faithfully,

Account Holder/s Signature

Sign for HDFC Bank/ Standard Chartered Bank/ Kotak Mahindra Bank/ ICICI Bank Auto Debit facility.

**Signature also required in Form 1.****For CPU Use Only**Maintained on: Account Holder's Name: Account No.:  Amount: SIP Start Date:  SIP End Date:  Next SIP Date: Maintained by: **C DEBIT MANDATE (For Standard Chartered Bank account holders only.)****To Branch Manager - Standard Chartered Bank**

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 Scheme .

I/We understand that the above instruction will be conducted on the effective date specified above (or the following business day in the event of a holiday). I/We hereby authorize SCB to make the payment from my/our account and a cheque in support of such debit will not be necessary. I/We hereby also undertake to keep sufficient funds in my / our account to enable you to carry out this instruction.

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