COMMON APPLICATION FORM FOR LUMPSUM CUM SIP

Application No.



APPLCANT Mr (% 1/M) Addres No. NW Addres No. NW Addres No. NW Addres No. NW Proof Mitched AMADIN MARE FININGECONTACT PERSON Mr // Addres No. NW Addres No. N	Dis	tributor /	RIA Code#			AR	N-	Sı	ub-Distri	butor	Code						EUIN	N No.					In	ternal	Cod	e for S	ub-brol	ker/ Ei	nploye	9
	#By mentioning RIA of	code, I/we a	authorize you	u to share	e with the	Investr	nentAd	viserthe	details of	my/ou	r transa	actions in the	e scheme(s) of IDF	C Mutua	al Fund	d.													
	Declaration for "exec ntentionally left blan above distributor or r	cution-only k by me/ us notwithstar	" transaction as this is an iding the adv	n (only w "executi rice of in-	/here EL on-only" -appropr	JIN box transac	is left t	olank) (R hout any	efer Instr interactio	uction n or ac	No. XII lvice by	II). – I/We I the employ	nereby co /ee/relatio	nfirm tha nship ma	t the E mager/s	UIN bo sales p	ox has berson	of the			Sigr Gu	nature Iardia	e of an / /	First Autho	/ So prise	ole Ap ed Sig	plicar Inator	nt / y		
APPLICANTS DETAILS (Prease rules to the induction No. A. C. D. (7) All fields are manufatory Cender (Note)				truction	No. S)	App	licable f	or transac	ctions rout	ed throu	ugh a dis	stributor who	has 'opteo	l in' for tra	nsactior															on the
APPLICANT Mr. Mo. No. NN. Proof Attached ANPECENY Addraw No. NN. Proof Attached ANPECENY Addraw No. NN. Proof Attached ANPECENY Addraw No. NN. Proof Attached ANDERSY Addraw No. NN. Proof Attached ANDERSY Addraw No. NN. Proof Attached ANDERSY Addraw No. NN. Proof Attached ANDEGOV Addraw No. NN. Proof Attached ANPECONT Addraw No. NN. Proof Attached ADPLICANT Mr. Mo. NN. Proof Attached ADPLICANT Mr. Proof Attached NN.	1 EXISTING	Folic) NO.									2 N	IODE	of ho	oldii	NG /	OPE	ERAT	ION	Sir	ngle	A	Anyor	ne or S	Survi	ivor	Joi	nt (D an	efault opt yone or s	on is urvivor)
NVETERIN' Addrew No KN Proof Altached Addrew No KN Proof Altached Image: Status of Status	3 APPLICA	NT'S D	etails	(Please	e refer	to the	Instru	ction No	o. A, C,	D, R)	All fiel	lds are m	andatory	/.											Ge	nder		Male	F	emal
AADAIN NAME IF MIROR CONTACT EFERSON Mr Mr Ms Advan No. KIN Prod Alached Advan No. KIN Prod Alache	st APPLICANT	Mr N	/Is M/s																				Date	of Bir	th**	D	DI	M	Υ	Y
ON NON-INCLOSE Addition Nucle NNPECINY Addition Nucle Addition Nu	AN/PEKRN*					Aa	dhaar	No.				1 1			ן ז ר	KIN	<u> </u>	Proof	Attache	d								7		
ON NON-INCLOSE Addition Nucle NNPECINY Addition Nucle Addition Nu						L																								
NNEIGNP Address Advertice	JUARDIAN NAME	EIF MINO	R/CONTA		RSON	Mr N	/Is			Τ													Date	of Bir	th	D	DI	M	ΙY	Y
MAPPLICANT Mr Ms <td< td=""><td>PAN/PEKRN*</td><td>JUREO</td><td></td><td></td><td></td><td>Aa</td><td>adhaar</td><td>No.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>KIN</td><td>- F</td><td>Proof</td><td>Attache</td><td>d</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	PAN/PEKRN*	JUREO				Aa	adhaar	No.								KIN	- F	Proof	Attache	d										
MAPPLICANT Mr Ms <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>] [</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>] [
NPERRY Additor No. KN Pool Attached dAPPLCANT Mt Ms Additor No. KN Pool Attached darder under Terminetion Terms No. KN Pool Attached darder under No. KN MS Additory Constraints (KN Records Registry CNYCR) bas to fill the 14 digt KYC dottination (Fill Applicants) darder under No. STREET ADDRESS Overseas Address (Mandatory for NRI / FILApplicants) GTY/ TOWN STREET ADDRESS STREET ADDRESS GTY/ TOWN STATE COUNTRY Intel 4 digt KYC dotting All to constrain (Country V Intel 4 digt KYC dotting STREET ADDRESS GTY/ TOWN STATE COUNTRY Intel 4 digt KYC dotting data STREET ADDRESS STREET ADDRESS STREET ADDRESS GTY/ TOWN STATE COUNTRY Intel 4 digt KYC dotting data Intel 4 digt KYC dotting State COUNTRY Intel 4 digt KYC dotting dothetra Addition State Addition<	Relationship with N	Ainor app	licant	Nat	tural gu	ardian		Court a	ppointe	d guai	rdian																			
APPLCANT Mr Ms	2nd APPLICANT	Mr N	/Is M/s																				Date	of Bir	th	D	DI	M	ΙY	Y
NNPERN* Aadvar No. KIN Proof Attached Interpretention-// Hell bank, the application is liable bible rejected.** Mandatory in terms the "Intrividual dirert with two has registered under Centre NYC Records Registry (XYCR) has to fill the 4 digit KYC Identification interpretention of the fill have the digit KYC Identification interpretention of the digit KYC Identification interpretention of the digit KYC Identification interpretention of the digit KYC Identification of the digit KYC Identifica	PAN/PEKRN*					Aa	dhaar	No.							ן ז ר	KIN [^]	- F	Proof	Attache	d								-		
NNPERN* Aadvar No. KIN Proof Attached Interpretention-// Hell bank, the application is liable bible rejected.** Mandatory in terms the "Intrividual dirert with two has registered under Centre NYC Records Registry (XYCR) has to fill the 4 digit KYC Identification interpretention of the fill have the digit KYC Identification interpretention of the digit KYC Identification interpretention of the digit KYC Identification interpretention of the digit KYC Identification of the digit KYC Identifica																														
NNPERN* Aadvar No. KIN Proof Attached Interpretention-// Hell bank, the application is liable bible rejected.** Mandatory in terms the "Intrividual dirert with two has registered under Centre NYC Records Registry (XYCR) has to fill the 4 digit KYC Identification interpretention of the fill have the digit KYC Identification interpretention of the digit KYC Identification interpretention of the digit KYC Identification interpretention of the digit KYC Identification of the digit KYC Identifica	Brd APPLICANT	Mr	/Is M/s																			Г	Date (of Bir	th	D	DI		/ Y	Y
	PAN/PEKRN*					Aa	dhaar	No.								KIN	F	Proof	Attache	d							-			1
] [
OTY/TOWH STATE COLUMTRY Part Good COLUMTRY Part Good It No. Part Good It Communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please It Communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please It Communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please It Communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please It Communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please It Communications will be sent by default to the registered E-mail ID / Mobile Company Genere Establishment Onbehalf Of Minor Sole Proprietorship Physical Communication (Please + Sole Proprietorship Private Limited Company Foreign Portfolio Investor G DEMAT ACCOUNT DETAILS (OPTIONAL) SDL: Depository																														
COUNTRY COUNT				SI	REEL	ADDR	ESS		OT/										N/N I	ST	KEEI		RES	5			TATE			
I. No. I									517			0.01					UTT											0.7		1
nail ID			JOUNTRY									ODE															'IN CO	DE	+	
	Tel. No.			Dffic									Reside	Ince				N	Nobile 1	lo.										
Resident Individual Foreign National Public Limited Company Government Body AOP/BOI Defence Establishment On behalf of Minor Sole Proprietorship Private Limited Company Financial Institution Trust / Society / NGO Other Specify NRI LLP Bank Foreign Portfolio Investor QFI Other Specify 6 DEMAT ACCOUNT DETAILS (OPTIONAL) Sole Proprietorship Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Mandatory) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Mandatory) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Mandatory) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Mandatory) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Mandatory) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Compontinter in t	All communica	tions wi	ll be sent	t by de	efault t	to the	regis	tered E	E-mail	D / N	lobile	e No. In c	case yo	u wish	to re	eceiv	e phy	/sical	comn	nunicat	ion (J	pleas	ie √	here)					
On behalf of Minor Sole Proprietorship Private Limited Company Financial Institution Trust / Society / NGO OtherSpecify HUF Partnership Firm Body Corporate FII Non Profit Organization/Charities NRI LLP Bank Foreign Portfolio Investor QFI G DEMAT ACCOUNT DETAILS (OPTIONAL) SDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Mandatory) CDSL: Mandatory Indatory iformation If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account event that the bank account mumber Account Number Account Type Current Savings NRO NRE FCNR Others please specify and fight ank Name & Branch IFSC Code 1 diag MICR Code 1 diag 1 DFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (to be filled in by the investor.) Application No. Stamp & Stignature	5 TAX STAT	ius (Pi	ease √)																											
NRI LLP Bank SDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) CDSL: Depository Participant (DP) ID (CDSL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) Count Number CDSL: Depository Participant (DP) ID (CDSL only) Count Number Account Type Current Savings NRO NRE FONR Others please specified Account Type Current Savings NRO NRE FONR Others Others Others Others DFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.) Application No. Stamp & Signature	On behalf of N		Sc	ole Prop	orietors	hip		Priva	te Limite	ed Cor		· [Finan						Trust/	Society/					[nt
6 DEMAT ACCOUNT DETAILS (OPTIONAL) SDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (SDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (SDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (SDL only) Image: CDSL: Depository Participant (DP) ID (SDL only) CDSL: Depository Participant (DP) ID (SDL only) Image: CDSL: Depository Participant (DP) ID (SDL only) Indatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account eed with the demat account is mentioned here. Scount Number Account Type Current Savings NRO NRE FCNR Others [please specific ann childer] ank Name & Branch IFSC Code 11 dig[t] MICR Code 11 dig[t] MICR Code 11 dig[t] MICR Code 11 dig[t] Stamp & Signature					nıp Firm	ı			-	ate			-	an Portfe	olio Inv	/estor				ofit Orga	anizati	ion/Cł	naritie	es						
SDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 7 BANK DETAILS (Mandatory) andatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account set with the demat account is mentioned here. and how information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account set with the demat account is mentioned here. ank Name & Branch Account Type Current Savings NRO NRE FCNR Others (please specific and conditions) DFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.) Application No. Application No. Leceived, subject to realisation, verification and conditions Stamp & Signature Stamp & Signature		CCOLI			ΟΡΤΙΟ	ONAL)							, or in					~ .											
								eficiary	Account	Num	her (N	SDL only)							CDS	l · Denr	nsitory	/ Parti	icinar	nt (DP	םו (י	(CDS	l only)			
andatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account edwith the demat account is mentioned here.						-										-							loipui		, 10					
andatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account edwith the demat account is mentioned here.	7 BANK DE		(Mandator	() 																										
with the demat account is mentioned here. ank Name & Branch ank Name & Branch IFSC Code IFSC Code If digit MICR Code If digit Application No. Stamp & Signature					le to be r	rejected	(Manda	atory to at	tach nroof	in car	e the pa	av-out hank	accountie	different f	rom the	SOURCE	hank	account) For upi	holdere	ntina tr	hold	inite in	demot	form	nlesso	ensure	that the	hank av	COUNT
ank Name & Branch and a start of the start o					, o u ue i	JOUCU.		y iU dl		, 11 Ud S	o u io ha	ay-out Dellik i		anciciili	JULIC	JULIU	, nai ik c	uuuun			npur iy il	, nuiù l	a ntə if i	uonidl	NUT II,	, hicase	onaule	undi li ib	Do A Hou	JUUTIL
anch City IFSC Code Application No.	Account Number													Accour	nt Type	e 🗌	Curre	ent	Savir	igs 🗌	NRC)	NRE		FC	NR	Oth	ers	lease s	pecify
DFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.) Application No. teceived, subject to realisation, verification and conditions Stamp & Signature	Bank Name & Brai	nch																												
teceived, subject to realisation, verification and conditions Stamp & Signature	Branch City								\square	IFS	C Cod	le			11 d	igit				М	ICR C	ode				9	digit			
teceived, subject to realisation, verification and conditions Stamp & Signature																														
Stamp & Signature								LIP (To	o be filleo	l in by	the in	vestor.)			Арр	licati	on N	l0.												
	From						-													1					Sta	mp &	Signa	ature		

	DETAILS FOR INDIVIDUALS (in										
on-Individual investors should r	mandatorily fill separate FATCA Form (Ar	,	mation is require			n					
	Place/City of	Birth		Country	of Birth			-	itizenship /		
First Applicant / Guardian							Indian	U.S.	Others		se specify
Second Applicant						[Indian	U.S.	Others		se specify
Third Applicant	a are you account for four) in a	and other country out	side India?	VEO	NO (1		Indian	U.S.	Others	Piea	se specify
•	.e. are you assessed for tax) in a s (other than India in which you are a Residen	• •		YES ident/ Green Ca	u	ease tick ✓) tesident in the respec	tive countries.				
	Country of Tax Resider	Та	x Identification r Functional Equ	Number		Identification (TIN or other please	1 Туре		Identi (TIN or oth	ication T	/pe pecify)
First Applicant / Guardian								Rea	sons	A	В
Second Applicant								Rea	sons	A	В
Third Applicant								Rea	sons	Α	В
	untry where the Account Holder is liable					ented) 🔽 Bree	om C → Oth		a atata tha	a a a a a a a th	ara af i
	required (Select this reasons Only if the of Sole /1st Holder		ss Type of 2nd H		T IN IO DE COIR	ected) Reas			se state the f 3rd Holde		ereor.
	egistered Office Business	Residential	Registered O		Business	Resid	lential		ered Office		Business
	e available on the website of AMC i.e.										
INVESTMENT & PA	YMENT DETAILS (Please refer t	to the Instruction No. E &	J) (Please refer	SID for Plan	s and Sub-op	otions)					
leme IDFC				Plan			Optic	on			
de of payment Self	Third Party Payment (Please fill	the 'Third Party Payment Dec		Payment mod	e Che	eque DD			Fund Trans	fer 🗌	RTGS/N
nount (figures)		Cheque/DD/UTR/	· · · · ,					heque D			MY
count No.			A	ccount Type	Saving	Current	NRO	NRE	FCNR	Others	Please sp
nk & Branch Name											
	AILS Individuals (single or joint applicants				· · · · · · · · · · · · · · · · · · ·		T wich to nom			1st /	Applicant
		s) are advised to avail Nomina	In case o		to nominate)T wish to nom		-	signature	(mandato
Nomir	nee Name & Address	Guardian	Name & Addres		Date o	of birth Allo		Relation with Inve		minee/ G	lardian si
ominee 1					D D M	MYY					
ominee 2					D D M	MYY					
ominee 3					D D M	MYY					
1 KYC DETAILS (Man	datory)										
OCCUPATION [Please tick (າງ										
	Private Sector Service Public Sector S	Service Government Serv	ice Business	Professional	Agriculturist	Retired House	wife Studer	nt Fore	x Dealer	Others	;
irst Applicant / Guardian										Please sp	-
Second Applicant								_		Please sp	· · · ·
hird Applicant										Please sp	есіту
GROSS ANNUAL INCOME	[Please tick (✓)] Below 1 Lac 1-5 Lacs	5-10 Lacs 10-25 L	200 2251	acs-1 crore	>1 crore						
irst Applicant / Guardian	OR Net worth (Mandatory for Non-Indiv				as on D	D M M	YYY	Y as	on (Not olde	er than 1 y	ear)
econd Applicant	Below 1 Lac 1-5 Lacs	5-10 Lacs 10-25 L	acs >25 L	.acs-1 crore	>1 crore	OR Net worth ₹					
hird Applicant	Below 1 Lac 1-5 Lacs	5-10 Lacs 10-25 L		acs-1 crore		OR Net worth ₹		+			
OTHERS [Please tick (✓)]											
	For Individuals Please tick ()	am Politically Exposed Pers	son (PEP)^	I am Relat	ed to Political	ly Exposed Perso	n (RPEP)	Not	applicable		
	For Non-Individuals Please tick (✓) (Plea (i) Foreign Exchange / Money Changer		Beneficial Ownershi (ii) Gaming / Ga): N (iii) Money	lendina	/ Pawning [N
econd Applicant	Politically Exposed Person (PEP)^		() 0	0	Not appli		14 () 1101103	2011011.9	/		
hird Applicant	Politically Exposed Person (PEP)^		<i>,</i> ,	()	Not appli						
2 DECLARATION & S	SIGNATURES (Please refer to the		<i>,</i> ,	()							
mmon Reporting Standards, statu iffs, directly or indirectly, to make closed to me/us all the commissio s only: I / We confirm that I am / w ough approved banking channels mpany Limited ("IDFCAMC") for ((haar number(s) and associated c	ee to comply with the terms and conditions of itory requirements prescribed by SEBI, AMFI, this investment. I/We hereby declare that I, ns (in the form of trail commission or any othe e are Non Resident Indians / Person(s) of Indi or from funds in my / our Non-Resident Exter) collecting, storing and usage; (ii) validating/	Prevention of Money Launderi /we do not have any existing M er mode), payable to him for the ian Origin / Foreign Portfolio Inv	ing Act, 2002 (PML/ Micro SIPs which to e different competin vestors but not (i) U	A) and all application gether with the g Schemes of v nited States per	able rules and re current applicat arious Mutual Fi sons as per app	egulations and hereb tion will result in a to unds from amongst v licable Regulations of	y confirm that I/W tal investments e which the Scheme or (ii) residents of es. I/We hereby p nd Transfer Agen at Account Numbe	le have not xceeding f e is being r Canada a	received nor l Rs.50,000 in a ecommended nd I / we have	yean induce year. The to me/us. F	d by any re ARN holde or NRIs / P
	thereunder and applicable SEBI guidelines. articipants, and asset management companie	nformation) in my/our accounts I/We hereby further authorise I es of other SEBI registered mut	DFCAMC for sharin ual funds, and their	ng/disclosing of RTAs, for the pu	the Aadhaar nu rpose of updatir	mber(s) and associa ng the same in my/ou	ted demographic r accounts/folios l	based on n	n (including a y/our PAN.	with the Aad ny updated	informatio
First / Sole A	femographic information (including updated in thereunder and applicable SEBI guidelines. I articipants, and asset management companie Applicant / Guardian / rised Signatory	I/We hereby further authorise I as of other SEBI registered mut	DFCAMC for sharin ual funds, and their Second App	ng/disclosing of RTAs, for the pu blicant	the Aadhaar nu rpose of updatir	mber(s) and associa ng the same in my/ou	ted demographic r accounts/folios l	tinformatic based on n	n (including a ny/our PAN. Applicant	ny updated	informatio

Instrument No.	Dated	Amount (Rs.)	Scheme							
	DDMMYY									

.....ş.