

## **Common Application Form**

Application No.

Prudent CAS Ltd 9992 BHAVESH MODH 27030

Pistributor Code / ARN No. Sub-distribute pfront commission shall be paid directly by the investor to the A	or Code / ARN No. MFI registered Distributors ba			receipt Bank Sr. No. service rendered by the distribut
. EXISTING UNIT HOLDER INFORMATION FO	olio No.	/	Existing Investors: Please fill in	the Sections 1, 9, 10, 11 and 13 only
. UNIT HOLDER INFORMATION (refer instruction				
lame of the first applicant / corporate inves		min an are sections (£ 1515).	Date of hirth	D D M M Y Y Y Y
Ir. / Ms. / M/s.			Date of birti	
and the second s		1 Divisor 11		
C. C. M. (C. C. M.) M. (C. C. C	Enclosed LIPAN P	roof KYC Compliance.	3. STATUS OF FIRS  ☐ Resident Individuals	
lame of the second applicant			☐ HUF	Proprietor
r. / Ms. / M/s.			☐ On Behalf of Minor	
N' (mandatory)	Enclosed	roof KYC Compliance.	□FII	□NRI - NRE
ame of the third applicant			☐ Partnership Firm	□NRI - NRO
r. / Ms. / M/s.			□PIO	□Trust
.N' (mandatory)	Enclosed □PAN P	roof   KYC Compliance.	Company	☐Government Entity
ame of the guardian (in case of a minor)			Others (specify)	
r. / Ms. / M/s.			4. MODE OF OPER	
N° (mandatory)			☐ Anyone or Surviv (Default option is Anyon	
	Enclosed LIPAN P	roof LIKYC Compliance.		UNICATION (In case you wish
ame of the Power of Attorney Holder			to receive the following doo	cument(s) via e-mail in lieu of
r. / Ms. / M/s.	and a second		physical document(s).)	
N' (mandatory)	_ Enclosed □PAN P	roof KYC Compliance.	□Annual Report	□Newsletter
AN Number and PAN Proof is mandatory for all Applicants, irrespective of the minor, PAN of guardian should be mentioned, if minor has no PAN KYC Man is will be applicable for each of the applicants. In the absence of KYC Complia KYC Complians	datory if amount invested is Rs. 50.00	00 or more for all Investors & POA holders.	☐Account Statement Email (Mandatory) :	
ddress		Address		
ty ———— State ———	Pincode	City	State	Pincode
obile (Mandatory) Landline	No	Mobile (Mandatory)	Land	dline No.
OCCUPATION (of First / Sole Applicant)				
	DD-fordered	Distinct Distinct	EManus Carrier D	
		Retired Business		ureaux
Dealers in High Value commodities (Traders in Precious	Metals, Jewellers & Antiqu	ue Dealers) Others (so	ecify)	
BANK DETAILS (Please note that as per SEBI Regulations in	t is mandatory for investors to pr	ovide their bank account details. Pleas	e enclose a copy of the cancelle	d cheque)
me of bank		Br-	anch	
y	State	Ac	count No.	
count Type - Current Savings NRO NRE	FCNR Others (specify)			
ICR code  ICR code is the 9 digit code next to the cheque no., RTGS/IFSC	RTGS/ NEFT code	aring on your cheque leaf. Please p	rovide the above details as th	ey are mandatory.
×				
D. A. DEBIT MANDATE (For Standard Chartered Ban			ACKNOWLEDGMEN (To be filled in by the inve	
b Branch Manager – Standard Chartered Bank Application No.  We (Name of the account holder)			IDFC Mutual Fund	577.0 MT
thorise you to debit my/our Account no		for	Scheme	
. (in figures) Rs. (in words)		101		
pay for the purchase of DFC-SSIF-IP DIDFC-SS		IDFC-GSF-IP DIDFC-GSF-ST		
IDFC-GSF-PF □ IDFC-DBF □ IDFC-MMF-IP □ IDFC-N	IMF-TP □ IDFC-CF □	DFC-ASBF DFC-CEF	Rs. (in figures)	
DFC-AF DFC-IEF DFC-LM DFC-LI		IDFC-SS(50-50)EF IDFC-PEF		
IDFC-EEF □IDFC-IGDPGF□IDFC-SMEF □IDFC-1	A(ELSS)F			
ate	Cionature of Applicant	A I Authorized Cignoton (122)	Stamp	& Signature
	signature of Applicantly	s) / Authorised Signatory(ies) !		

## 10. PAYMENT OPTIONS (Please (✓) either debit mandate or cheque / DD payment.) ☐ 10 A. Debit mandate (Debit mandate also to be □ 10 B. Cheque / DD payment filled separately.) Facility presently available with SCB only. Cheque / DD No. \_\_ Cheque / DD Date A/c No. Drawn on (Bank / Branch Name) Branch Cheque Issuer Name In case cheque is issued by person other than the investor Total amount Rs. (In figures) Rs. (In words) **DD** Charges Rs. (In figures) 11. INVESTMENT DETAILS (Refer instruction D.) Plan ☐Reinvestment(Re) ☐Payout Dividend mode Growth Dividend frequency Debt A B C 0 0 ☐Daily Re □ IDFC Cash Fund (IDFC-CF) ☐Weekly Re ☐ Monthly ☐ IDFC Super Saver Income Fund-Investment Plan (IDFC-SSIF-IP) ☐ IDFC Super Saver Income Fund-Short Term Plan (IDFC-SSIF-ST) ☐Fortnightly Monthly Fortnightly □ IDFC Super Saver Income Fund-Medium Term Plan (IDFC-SSIF-MT) Daily IDFC Government Securities Fund-Investment Plan (IDFC-GSF-IP) IDFC Government Securities Fund-Short Term Plan (IDFC-GSF-ST) Ouarterly IDFC Government Securities Fund-Provident Fund Plan (IDFC-GSF-PF) □ IDFC Dynamic Bond Fund (IDFC-DBF) Quarterly □ Annually □ IDFC Money Manager Fund-Investment Plan (IDFC-MMF-IP) Daily Re' Monthly Quarterly Annually □ IDFC Money Manager Fund-Treasury Plan (IDFC-MMF-TP) ☐Daily Re ☐Weekly Re ☐ IDFC All Seasons Bond Fund (IDFC-ASBF) ☐ Quarterly ☐ Half yearly □Daily Re ☐Weekly Re Monthly □ IDFC Liquidity Manager (IDFC-LM) ☐ IDFC Liquid Fund (IDFC-LF) Monthly □ IDFC Classic Equity Fund (IDFC-CEF) IDFC Imperial Equity Fund (IDFC-IEF ☐ IDFC Arbitrage Fund (IDFC-AF) □ IDFC Arbitrage Plus Fund (IDFC-APF) □ IDFC Strategic Sector (50-50) Equity Fund (IDFC-SS(50-50)EF) □ IDFC Premier Equity Fund (IDFC-PEF) IDFC India GDP Growth Fund (IDFC-IGDPGF) ☐ IDFC Tax Advantage (ELSS) Fund (IDFC-TA(ELSS)F) □ IDFC Enterprise Equity Fund (IDFC-EEF) □ IDFC Small Midcap Equity Fund (IDFC-SMEF) Applicable for Plan C only. 'Applicable for Plan B only. 'Applicable for Plan A and Plan B. 12. NOMINATION DETAILS 13. DECLARATION AND SIGNATURES I/We Having read and understood the contents of the Scheme Information 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 hereby nominate the undermentioned Nominee to receive the units to my / our credit in this regulations governing the Scheme(s). I / We hereby declare that the amount invested in the Scheme(s) is folio no. in the event of my / our death. I / We also understand that all payments and through legitimate sources only and does not involve and is not designed for the purpose of the settlements made to such Nominee and signature of the Nominee acknowledging receipt on of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. 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 Nominee's Name 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 In case Nominee is a Minor required by the Law. The ARN holder has disclosed to me/us all the commissions (in the form of trail comm Name of Guardian \_\_\_ mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Address of Guardian For NRIs only: I /We confirm that I am /we are Non Residents of Indian nationality / origin and that I / we have emitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External J Non-Resident Ordinary (ECNR account) Date of Birth Signature I/We confirm that details provided by me /us are true and correct.

First / Sole Applicant Second Applicant Applicant Production of Cheque Issuer Cheque Issuer Cheque Issuer The third Party Cheq

Call free 1-800-226622

