



10. PAYMENT OPTIONS (Please (✓) either Debit Mandate or Cheque / DD payment.)

**10 A. Debit Mandate** (Debit mandate also to be filled separately) Facility presently available with SCB only

**10 B. Cheque / DD payment**

Cheque / DD No. \_\_\_\_\_ Cheque / DD Date \_\_\_\_\_

A/c No \_\_\_\_\_  
Branch \_\_\_\_\_  
Drawn on (Bank / Branch Name) \_\_\_\_\_

Cheque Issuer Name \_\_\_\_\_ (Cheque is issued by person other than the investor)

Total amount Rs. (In figures) \_\_\_\_\_ inclusive of DD charges Rs. (In words) \_\_\_\_\_ inclusive of DD charges  
DD Charges Rs. (In figures) \_\_\_\_\_ / page

11. INVESTMENT DETAILS (Refer instruction D)

Debt	Plan					Growth	Dividend mode	Dividend frequency			
	A	B	C	D	E			Investment(Re)	Payout	Sweep*	Periodic**
<input type="checkbox"/> IDFC Cash Fund (IDFC-CF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly	<input type="checkbox"/> Periodic**	
<input type="checkbox"/> IDFC Super Saver Income Fund-Investment Plan (IDFC-SSIF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually		
<input type="checkbox"/> IDFC Super Saver Income Fund-Short Term Plan (IDFC-SSIF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly			
<input type="checkbox"/> IDFC Super Saver Income Fund-Medium Term Plan (IDFC-SSIF-MT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bimonthly	
<input type="checkbox"/> IDFC Government Securities Fund-Investment Plan (IDFC-GSF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually		
<input type="checkbox"/> IDFC Government Securities Fund-Short Term Plan (IDFC-GSF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly			
<input type="checkbox"/> IDFC Government Securities Fund-Provident Fund Plan (IDFC-GSF-PP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually			
<input type="checkbox"/> IDFC Dynamic Bond Fund (IDFC-DBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually			
<input type="checkbox"/> IDFC Money Manager Fund-Investment Plan (IDFC-MMF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re <sup>1</sup>	<input type="checkbox"/> Weekly Re <sup>1</sup>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
<input type="checkbox"/> IDFC Money Manager Fund-Treasury Plan (IDFC-MMF-TP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly	<input type="checkbox"/> Regular <sup>1</sup>	
<input type="checkbox"/> IDFC All Seasons Bond Fund (IDFC-ASBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually		
<input type="checkbox"/> IDFC Liquidity Manager (IDFC-LM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly		
<input type="checkbox"/> IDFC Savings Advantage Fund (IDFC-SAF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly		
<b>Equity</b>											
<input type="checkbox"/> IDFC Classic Equity Fund (IDFC-CEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Imperial Equity Fund (IDFC-IEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Arbitrage Fund (IDFC-AF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Arbitrage Plus Fund (IDFC-APF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Strategic Sector (50-50) Equity Fund (IDFC-SS(50-50)EF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Premier Equity Fund (IDFC-PEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC India GDP Growth Fund (IDFC-IGDPGF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Tax Advantage (ELSS) Fund (IDFC-TA(ELSS)F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Enterprise Equity Fund (IDFC-EEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> IDFC Small Midcap Equity Fund (IDFC-SMEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Fund of Funds</b>											
<input type="checkbox"/> IDFC Monthly Income Plan (IDFC-MIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Dividend Sweep\* Option From (Scheme Name) \_\_\_\_\_ To (Scheme Name) \_\_\_\_\_  Growth  Dividend

\* Dividend Sweep Option is available from all the Debt Schemes, IDFC AE, IDFC APF to all equity schemes of IDFC Mutual Fund. Please fill all details of Sweep

<sup>1</sup> Applicable for Plan C only <sup>2</sup> Applicable for Plan B only <sup>3</sup> Applicable for Plan A and Plan B <sup>4</sup> Only for Plan C

12. NOMINATION DETAILS

I/We \_\_\_\_\_ do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees

Nominee's Name \_\_\_\_\_

Address \_\_\_\_\_

In case Nominee is a Minor \_\_\_\_\_

Name of Guardian \_\_\_\_\_

Address of Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

13. DECLARATION AND SIGNATURES

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 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 introduction of any Act, Rules, Regulations, Notifications or Decisions of the provision 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) and have not received any leads from time to time. I / We have understood the details of the Scheme(s) and have not received any leads from time to time. I / We have understood the details of the Scheme(s) and have not received any leads from time to time. I / We confirm that the funds invested in the Scheme(s) belong to me / us. In the event "Grow Your Custodian" process is not completed by me / us to the satisfaction of the Mutual Fund, I / We hereby authorize 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 ARII holder has declared to waive all the commissions in the form of trail commission or any other modes possible to him by the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

For NRIs only: I / We confirm that I am / We are Non-Residents of India at the time of origin and that I / we have invested 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 details provided by me / us are true and correct.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Third Party Cheque Issuer

POA Holder

The third party cheque signatory should sign in the signature box provided. Please refer to the attached Key Information Memorandum for details of the Schemes.

Call free 1-800-226622

Available between 8:00 am to 7:00 pm on business days only



Application No. \_\_\_\_\_

**Distributor Code / ARN No.** \_\_\_\_\_ **Sub-distributor Code / ARN No.** \_\_\_\_\_ **M. O. Code** \_\_\_\_\_ **Bank Branch Code** \_\_\_\_\_ **Date of receipt** \_\_\_\_\_ **Bank Sr. No.** \_\_\_\_\_  
 Uplift commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.  
**SIP TYPE:**  Normal SIP (total investment of Rs. 50,000 or more in one financial year)  MICRO SIP (total investment of less than Rs. 50,000 in one financial year)

**1. EXISTING UNIT HOLDER INFORMATION** Folio No \_\_\_\_\_ / \_\_\_\_\_ Existing Investors: Please fill in the Sections 1, 9, 10, 11 and 13 only

**2. UNIT HOLDER INFORMATION** (refer instruction A) New Investors: Please fill in all the Sections (2 to 13)

**Name of the first applicant / corporate investor**

Mr./ Ms./ M/s \_\_\_\_\_

PAN<sup>1</sup> \_\_\_\_\_ Documents enclosed (for Normal SIP only):  PAN Proof  KYC Compliance.

Document Enclosed (for Micro SIP only) (refer instruction (iv)):

**Name of the second applicant**

Mr./ Ms./ M/s \_\_\_\_\_

PAN<sup>1</sup> \_\_\_\_\_ Documents enclosed (for Normal SIP only):  PAN Proof  KYC Compliance.

Document Enclosed (for Micro SIP only) (refer instruction (iv)):

**Name of the third applicant**

Mr./ Ms./ M/s \_\_\_\_\_

PAN<sup>1</sup> \_\_\_\_\_ Documents enclosed (for Normal SIP only):  PAN Proof  KYC Compliance.

Document Enclosed (for Micro SIP only) (refer instruction (iv)):

**Name of the guardian** (in case of a minor)

Mr./ Ms./ M/s \_\_\_\_\_

PAN<sup>1</sup> \_\_\_\_\_ Documents enclosed (for Normal SIP only):  PAN Proof  KYC Compliance.

Document Enclosed (for Micro SIP only) (refer instruction (iv)):

**Name of the Power of Attorney Holder**

Mr./ Ms./ M/s \_\_\_\_\_

PAN<sup>1</sup> \_\_\_\_\_ Documents enclosed (for Normal SIP only):  PAN Proof  KYC Compliance.

Document Enclosed (for Micro SIP only) (refer instruction (iv)):

Effective August 1, 2009 PAN Number and PAN Proof is mandatory for all Applicants. For amount exceeding Rs. 50,000<sup>1</sup> Please attach a copy of PAN card. Income tax statement by minor. PAN of guardian should be mentioned if minor has no PAN. KYC Mandatory if a minor invested in Rs. 50,000 or more for all investment & PDA holders. This will be applicable for each of the applicants. In the absence of KYC Compliance, the AMC reserves the right to reject the application. Please attach a copy of KYC Compliance.

**6. CONTACT DETAILS OF FIRST / SOLE APPLICANT/CORPORATE INVESTOR** (PO Box Address may not be sufficient. Investors residing overseas, please provide your Indian address.)

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_  
 Mobile (Mandatory) \_\_\_\_\_ Landline No \_\_\_\_\_

**7. CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER**

(PO Box Address may not be sufficient. Investors residing overseas, please provide your Indian address.)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_  
 Mobile (Mandatory) \_\_\_\_\_ Landline No \_\_\_\_\_

**8. E-MAIL COMMUNICATION** (in case you wish to receive the following document(s) via e-mail in lieu of physical document(s).)

Annual Report  Newsletter  Account Statement  Other Info Email (Mandatory): \_\_\_\_\_

**9. BANK DETAILS** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Please enclose a copy of the cancelled cheque.)

Name of bank \_\_\_\_\_ Branch \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Account No \_\_\_\_\_  
 Account Type  Current  Savings  NRO  NRE  FCNR  Others \_\_\_\_\_  
 MICR code \_\_\_\_\_ RTGS/ NEFT code \_\_\_\_\_

MICR code is the 9 digit code next to the cheque no. RTGS/IFSC code is the 11 digit no. appearing on your cheque leaf. Please provide the above details as they are mandatory.

**10 B1. STANDING INSTRUCTIONS FOR SIP** (For Standard Chartered Bank (SCB) a/c holders only). Investors using this facility are not required to submit Mandate Form (10 A) for ECS (Debit)

**To, Branch Manager - SCB**

**Application No.**

I/We (Name of the A/c. holder) \_\_\_\_\_  
 authorise you to debit my/our A/c no. \_\_\_\_\_ for \_\_\_\_\_  
 Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_  
 to pay for the purchase of  IDFC-SSIF-IP  IDFC-SSIF-ST  IDFC-SSIF-MT  IDFC-GSF-IP  
 IDFC-GSF-ST  IDFC-GSF-PF  IDFC-DBF  IDFC-MMF-IP  IDFC-MMF-TP  IDFC-ASBF  
 IDFC-CEF  IDFC-PEF  IDFC-IEF  IDFC-LM  IDFC-SAF  IDFC-IDGDPGF  
 IDFC-EEF  IDFC-SS(S50-50)EF  IDFC-TA(EL)SSIF  IDFC-SMEF  IDFC-MIP  
 on the following date each month: \_\_\_\_\_

**Start date:**  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31

**Last payment date:**  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31

**Frequency:**  Weekly (Debit date will be 7/14/21/28 of the month)  Fortnightly (Debit date will be 1/16 of the month)  Monthly - Please provide date    Daily

I/We understand that the above instruction will be conducted on the effective date specified above (in 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 in my/our account sufficient funds to enable you to carry out this instruction.

Date \_\_\_\_\_  
 (Signature also required in section 13)

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

**Application No.**

**DEBIT MANDATE** (For SCB account holders only)

**To, Branch Manager - Standard Chartered Bank**

I/We (Name of the A/c. holder) \_\_\_\_\_  
 authorise you to debit my /  
 our A/c no. \_\_\_\_\_ for \_\_\_\_\_  
 Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_  
 to pay for the purchase of

IDFC-SSIF-IP  IDFC-SSIF-ST  IDFC-SSIF-MT  
 IDFC-GSF-IP  IDFC-GSF-ST  IDFC-GSF-PF  
 IDFC-DBF  IDFC-MMF-IP  IDFC-MMF-TP  
 IDFC-ASBF  IDFC-CEF  IDFC-PEF  
 IDFC-IEF  IDFC-LM  IDFC-SAF  
 IDFC-TA(EL)SSIF  IDFC-SS(S50-50)EF  IDFC-IDGDPGF  
 IDFC-EEF  IDFC-SMEF  IDFC-MIP

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

**10. PAYMENT OPTIONS** (Please tick) either ECS Autosave or Postdated Cheque)

**Frequency:**  Weekly (Debit date will be 7/ 14/ 21/ 28 of the month)  Fortnightly (Debit date will be 1/ 16 of the month)

Monthly - Please provide date:   Daily

**Start date**  **Last payment date**

10A.  ECS Autosave (Please fill the ECS mandate attached) 10B. Standing Instruction 1.  SCB (Only for SCB a/c holders) 2.  HDFC Bank (Only for HDFC Bank a/c holders)

10C.  Postdated Cheques (PDC) - Cheque No. From  To  First Cheque Date

Cheque No.  Drawn on (Bank / Branch name)

**Total amount** Rs. (In figures)  Rs. (In words)

DD Charges Rs. (In figures)

**11. INVESTMENT DETAILS** (Refer instruction D)

	A	B	C	D	E	Growth	Dividend mode		
							<input type="checkbox"/> Investment(Re)	<input type="checkbox"/> Payout	<input type="checkbox"/> Sweep*
<input type="checkbox"/> IDFC Super Saver Income Fund-Investment Plan (IDFC-SSIF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually
<input type="checkbox"/> IDFC Super Saver Income Fund-Short Term Plan (IDFC-SSIF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	
<input type="checkbox"/> IDFC Super Saver Income Fund-Medium Term Plan (IDFC-SSIF-MT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly
<input type="checkbox"/> IDFC Government Securities Fund-Investment Plan (IDFC-GSF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually
<input type="checkbox"/> IDFC Government Securities Fund-Short Term Plan (IDFC-GSF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> IDFC Government Securities Fund-Provident Fund Plan (IDFC-GSF-PF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	
<input type="checkbox"/> IDFC Dynamic Bond Fund (IDFC-DBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	
<input type="checkbox"/> IDFC Money Manager Fund-Investment Plan (IDFC-MMF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly R*	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
<input type="checkbox"/> IDFC Money Manager Fund-Treasury Plan (IDFC-MMF-TP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily R*	<input type="checkbox"/> Weekly R*	<input type="checkbox"/> Monthly <input type="checkbox"/> Regular <sup>1</sup>
<input type="checkbox"/> IDFC All Seasons Bond Fund (IDFC-ASBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually
<input type="checkbox"/> IDFC Liquidity Manager (IDFC-LM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily R*	<input type="checkbox"/> Weekly R*	<input type="checkbox"/> Monthly
<input type="checkbox"/> IDFC Savings Advantage Fund (IDFC-SAF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily R*	<input type="checkbox"/> Weekly R*	<input type="checkbox"/> Monthly
<input type="checkbox"/> IDFC Classic Equity Fund (IDFC-CEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC Premier Equity Fund (IDFC-PEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC Imperial Equity Fund (IDFC-IEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC Strategic Sector (50:50) Equity Fund (IDFC-SS(50:50)EF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC India GDP Growth Fund (IDFC-IGDGF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC Tax Advantage (ELSS) Fund (IDFC-TA(ELSS)F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC Enterprise Equity Fund (IDFC-EEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC Small Midcap Equity Fund (IDFC-SMEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> IDFC Monthly Income Plan (IDFC-MIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Dividend Sweep\* Option From (Scheme Name)  To (Scheme Name)   Growth  Dividend

\* Dividend Sweep Option is available from all the Debt Schemes IDFC-AE, IDFC-AF to all equity schemes of IDFC Mutual Fund. Please fill all details of Sweep

<sup>1</sup> Only to Plan C

**12. NOMINATION DETAILS**

I/We  do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees

Nominee's Name

Address

In case Nominee is a Minor:

Name of Guardian

Address of Guardian

Date of Birth

Signature

**13. DECLARATION AND SIGNATURES**

I/We have 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, rates 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 designated for the purpose of the cultivation of any Art, Race, Religion, Notifications or Provisions of the provisions of the Income Tax Act, Anti Money Laundering Laws And / or corruption law 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) & have been fully informed and have been induced by any relative or gifts, directly or indirectly in obtaining this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us in the present. I / We confirm that the investment is not being made by me / us to the satisfaction of the Mutual Fund. I / We hereby authorize the Mutual Fund to invest 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 best 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 existing Mutual SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a financial year.

For NRI's only: I / We confirm that I / we are Non-Residents of India nationality origin and that I / we have received 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 details provided by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Third Party Cheque Issuer	POA Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The third party cheque signatory should sign in the signature box provided. Please refer to the attached Key Information Memorandum for details of the Scheme(s)

Call free 1-800-226622

Available between 8.00 am to 7.00 pm on business days only



Application No. \_\_\_\_\_

**ECS Debit facility for SIP is currently available for**

Account holders of all banks participating in local clearing at Agra, Ahmedabad, Allahabad, Amritsar, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Bhillwara, Bhopal, Bhubaneswar, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gorakhpur, Guwahati, Gwalior, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Lucknow, Ludhiana, Madurai, Mangalore, Mumbai, Mysore, Nagpur, Noida, Nellore, Panaji, Patna, Pondicherry, Pune, Raigarh, Rajkot, Ranchi, Salem, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Tiruvandur, Udaipur, Varanasi, Vijayawada (also covers Guntur, Tenali & Mangalgi), Vizag

**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, Industrial Bank, Kotak Mahindra Bank, State Bank of India

**Authorization to pay SIP instalments through Electronic Clearing Service (ECS) / Electronic Debit**

I/We hereby, authorise IDFC Mutual Fund or the 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 instalments.

**UNIT HOLDER INFORMATION**

Name of first applicant \_\_\_\_\_

PAN \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

 Preferred messaging medium SMS -  Yes  No E-mail -  Yes  No

**SIP DETAILS**

Scheme name \_\_\_\_\_

 SIP Frequency  Weekly (Debit date will be 7/ 14/ 21/ 28 of the month)  Fortnightly (Debit date will be 1/ 16 of the month)  
 Monthly - Please provide date (\_\_\_\_)  Daily

SIP start date (DDMMYY) \_\_\_\_\_ SIP end date (DDMMYY) \_\_\_\_\_

SIP amount Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_

**BANK DETAILS** (Please attach a copy of the cheque of below mentioned bank account with this application form)

Account holder's name \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_ Account No. \_\_\_\_\_

 Account type  Current  Savings  NRO  NRE  Others \_\_\_\_\_

9 digit MICR code (Please enter the 9 digit number that appears after your cheque number) \_\_\_\_\_

Please specifically mention the MICR code of your bank branch in case you have a payable at par cheque book.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the instalments 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.

**Signatures**
**First / Sole Applicant**
**Second Applicant**
**Third Applicant**

Place \_\_\_\_\_ Date \_\_\_\_\_

**FOR BANK USE ONLY**

We, hereby, certify that the particulars furnished above are correct as per our records, and we, hereby, declare that a copy of this form, duly completed, has been submitted to us.

Branch \_\_\_\_\_ Date \_\_\_\_\_

**Signature of the authorised official from the bank**
**Bank stamp**
**AUTHORISATION OF THE BANK ACCOUNT HOLDER**

This is to inform that I/we have registered for the RBI's ECS (Debit Clearing) / Electronic Debit and that my payment towards SIP instalments shall be made from my / our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS / Electronic Debit mandate form to get it verified and executed.

**Account Holder's signature**

(As in bank records)

**Joint Account Holder's signature**

(As in bank records)

**Account number**
**ACKNOWLEDGMENT SLIP FOR SIP** (to be filled in by the investor)

**IDFC Mutual Fund**
**Application No.**

Scheme \_\_\_\_\_

Name \_\_\_\_\_

Instrument no. \_\_\_\_\_

Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_

Signature &amp; Stamp

**Application for Standing Instruction maintenance for SIP**

Application No \_\_\_\_\_

To,

 The Manager  
 HDFC Bank Ltd.,  
 Branch \_\_\_\_\_

Date \_\_\_\_\_

**Sub : Request for maintenance of a Standing Instruction for SIP**

I/We \_\_\_\_\_ hereby authorise

you to deduct on a Daily / Weekly / Fortnightly / Monthly basis (as a Standing Instruction) from my / our / A/c no \_\_\_\_\_

\_\_\_\_\_ and remit the same to IDFC Mutual Fund as per the details give below

Nature of instruction

Standing Instruction

Purpose of standing instruction

Payment of SIP installment of IDFC Mutual Fund

Name of Scheme and Plan

\_\_\_\_\_

Debit account no.

\_\_\_\_\_

Account holder's name

\_\_\_\_\_

Name of the beneficiary (Scheme name)

\_\_\_\_\_

Frequency

 Weekly (Debit date will be 7/ 14/ 21/ 28 of the month)

 Fortnightly (Debit date will be 1/ 16 of the month)

 Monthly - Please provide date [ ] [ ]

 Daily

SIP amount (Rs.)

\_\_\_\_\_

SIP period

Start period (DD/MM/YY) \_\_\_\_\_ End period (DD/MM/YY) \_\_\_\_\_

I/We \_\_\_\_\_ (name of unitholder)

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 shall not be liable for, nor be in default by reason of, any failure or delay in completion if its obligations under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil commotion, 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 HDFC Bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank.

Yours faithfully,

Account holder/s signature

**FOR CPU USE ONLY**

Maintained on \_\_\_\_\_

Account holder's name \_\_\_\_\_

Account no \_\_\_\_\_

Amount \_\_\_\_\_

SIP start date \_\_\_\_\_

SIP end date \_\_\_\_\_

Next SIP date \_\_\_\_\_

Maintained by \_\_\_\_\_

Application No. \_\_\_\_\_

**ARVIND KUMAR**  
ARN:48904

**Distributor Code / ARN No.** \_\_\_\_\_ **Sub-distributor Code / ARN No.** \_\_\_\_\_ **M. O. Code** \_\_\_\_\_ **Bank Branch Code** \_\_\_\_\_ **Date of receipt** \_\_\_\_\_ **Bank Sr. No.** \_\_\_\_\_  
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor
**EXISTING UNIT HOLDER INFORMATION** Folio No. \_\_\_\_\_ / \_\_\_\_\_

**PAN** (mandatory) \_\_\_\_\_ Enclosed  PAN Proof  KYC Compliance

**SYSTEMATIC TRANSFER PLAN (STP)** (Please mention the PAN without which, this application form will be considered incomplete and is liable to be rejected)

 Please arrange for STP with following options - **Fixed Amount**

Rs (in figures) \_\_\_\_\_ Rs (in words) \_\_\_\_\_

**STP Frequency:**  Monthly (Date will be 1/ 10/ 20 of the month)  Fortnightly (Date will be 1/ 16 of the month)  
 Weekly (Date will be 7/ 14/ 21/ 28 of the month)  Daily

**STP Period** Start: DDMMYY End: DDMMYY (Please mention the date for Daily option)

**FROM** Scheme

 IDFC-SSIF-IP /  IDFC-SSIF-ST /  IDFC-SSIF-MT /  IDFC-GSF-IP /  IDFC-GSF-ST /  IDFC-GSF-PF /  IDFC-DBF /  IDFC-MMF-IP /  IDFC-MMF-TP /  
 IDFC-CF /  IDFC-ASBF /  IDFC-CEF /  IDFC-IEF /  IDFC-LM /  IDFC-SAF /  IDFC-SSI(SO-SO)EF /  IDFC-PEF /  IDFC-IGDPGF /  IDFC-TA(ELSS)F /  
 IDFC-EEF /  IDFC-SMEF /  IDFC-MIP

**Plan** -  A  B  C  D  E **Option** -  Growth /  Dividend - Payout /  Dividend - Reinvest /  Dividend - Sweep

**Dividend Frequency** (In case of Dividend option) \_\_\_\_\_

**TO** Scheme

 IDFC-SSIF-IP /  IDFC-SSIF-ST /  IDFC-SSIF-MT /  IDFC-GSF-IP /  IDFC-GSF-ST /  IDFC-GSF-PF /  IDFC-DBF /  IDFC-MMF-IP /  IDFC-MMF-TP /  
 IDFC-CF /  IDFC-ASBF /  IDFC-CEF /  IDFC-IEF /  IDFC-LM /  IDFC-SAF /  IDFC-SSI(SO-SO)EF /  IDFC-PEF /  IDFC-IGDPGF /  IDFC-TA(ELSS)F /  
 IDFC-EEF /  IDFC-SMEF /  IDFC-MIP

**Plan** -  A  B  C  D  E **Option** -  Growth /  Dividend - Payout /  Dividend - Reinvest /  Dividend - Sweep\*

**Dividend Frequency** (In case of Dividend option) \_\_\_\_\_

**Dividend Sweep\* Option From** (Scheme Name) \_\_\_\_\_ **To** (Scheme Name) \_\_\_\_\_  Growth  Dividend

\* Dividend Sweep Option is available from all the Debt Schemes, IDFC - AF, IDFC - APF to all equity schemes of IDFC Mutual Fund. Please fill all details of Sweep (Please tick any one of these)
**SYSTEMATIC WITHDRAWAL PLAN (SWP)** (Please mention the PAN without which, this application form will be considered incomplete and is liable to be rejected)

 Please arrange for SWP with following options -  **Fixed Amount** /  **Capital Appreciation** (Please tick one option only. In case amount is filled & Capital Appreciation ticked, then Fixed Amount will be the default option.)

Folio No. \_\_\_\_\_

Rs (in figures) \_\_\_\_\_ Rs (in words) \_\_\_\_\_

**SWP Frequency:**  Monthly  Quarterly **SWP Date**  1st  10th  20th

**SWP Period** Start: MMYY End: MMYY
**FROM** Scheme

 IDFC-SSIF-IP /  IDFC-SSIF-ST /  IDFC-SSIF-MT /  IDFC-GSF-IP /  IDFC-GSF-ST /  IDFC-GSF-PF /  IDFC-DBF /  IDFC-MMF-IP /  IDFC-MMF-TP /  
 IDFC-CF /  IDFC-ASBF /  IDFC-CEF /  IDFC-IEF /  IDFC-LM /  IDFC-SAF /  IDFC-SSI(SO-SO)EF /  IDFC-PEF /  IDFC-IGDPGF /  IDFC-TA(ELSS)F /  
 IDFC-EEF /  IDFC-SMEF /  IDFC-MIP

**Plan** -  A  B  C  D  E **Option** -  Growth /  Dividend - Payout /  Dividend - Reinvest /  Dividend - Sweep

**Dividend Frequency** (In case of Dividend option) \_\_\_\_\_

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 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 authorize 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 undertakes 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 / her for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.
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 details provided by me / us are true and correct

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder

