

Common Application Form - Lumpsum Cum SIP Application Form (Form 1) Application No. _____

Distributor Code	ARN-	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	
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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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TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. T)

I am a first time investor in mutual funds (₹ 150 will be deducted) **OR** I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1. INVESTOR DETAILS (Please refer to the Instruction No. A, C, D, S)

Existing Folio Number _____ / _____ *Date of Birth

D	D	M	M	Y	Y
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 Existing Investor may not fill in Section 4, 5 & 6. *Mandatory for Minor

FIRST HOLDER DETAILS (please ✓) Individual Non Individual (please refer instruction D for UBO)

Name _____ PAN/PERN (mandatory) _____ PAN/PERN Proof enclosed KYC Compliance

You must fill in Mobile No. _____ Email ID _____

Status Individual (Indian National) PIO Minor (through Guardian) HUF FII / Sub-account Sole-proprietor Partnership Firm LLP Company (other than Bank/FI) Bank Financial Institution Other Body Corporate Government Body Charitable / Religious / Non-profit organisation Educational Institution Mutual Fund PF Trust Gratuity Fund NPS Trust Pension / Retirement / Superannuation Fund Private Trust Co-op. Society Society / AOP/ BOI Other _____ [Please specify]

Note for non-individual investor: Please attach the mandatory Ultimate Beneficial Ownership (UBO) Declaration Form available on our website, along with the application form.

Residential / Tax Status Resident Non-resident Repatriable (NRE) Non-resident Non-repatriable (NRO)

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____

Country of residence _____ Are you a resident in any country other than India for tax purposes. Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number

*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.

For Non Individual Investor, Please tick the relevant box below, even if Country of Tax Residency is India #

Form W8 BEN-E / Specified declaration (Form available on our website)

Unable to Provide [IDFC Mutual Fund will contact you in due course to confirm your FATCA Status]

*Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick(✓)] Below 1 Lacs 1 Lacs - 5 Lacs 5 Lacs - 10 Lacs 10 Lacs - 25 Lacs 25 Lacs - 1 Crore **OR** 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore

Net-worth (Mandatory for Non-Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

Occupation (please tick any one and give brief details): Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Others _____ Please specify _____

In case of business / profession, indicate the details (including nature of goods/ services dealt in) _____

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)

I am PEP I am a relative / associate of PEP None of these (for definition of PEP refer instruction X)

Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange / Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending / Pawning None of these

IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

Application No. _____

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From _____

Instrument No.	Dated	Amount (Rs.)	Scheme

Stamp & Signature

SECOND HOLDER DETAILS		PAN/PERN (mandatory)		PAN/PERN Proof enclosed		KYC Compliance	
Name							

DETAILS UNDER FATCA / FOREIGN TAX LAWS
 Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____
 Country of residence _____ Are you a resident in any country other than India for tax purposes. Yes No
 If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number

*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.

ADDITIONAL KYC INFORMATION
Gross Annual Income (Rs.) [Please tick(✓)] Below 1 Lacs 1 Lacs - 5 Lacs 5 Lacs - 10 Lacs 10 Lacs - 25 Lacs 25 Lacs - 1 Crore
OR 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore

Net-worth (Mandatory for Non-Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

Occupation (please tick any one and give brief details): Private Sector Service Public Sector Service Government Service Business Professional
 Agriculturist Retired Housewife Student Others _____ Please specify _____

In case of business / profession, indicate the details (including nature of goods/ services dealt in) _____

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)
 I am PEP I am a relative / associate of PEP None of these (for definition of PEP refer instruction X)

THIRD HOLDER DETAILS		PAN/PERN (mandatory)		PAN/PERN Proof enclosed		KYC Compliance	
Name							

DETAILS UNDER FATCA / FOREIGN TAX LAWS
 Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____
 Country of residence _____ Are you a resident in any country other than India for tax purposes. Yes No
 If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number

*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.

ADDITIONAL KYC INFORMATION
Gross Annual Income (Rs.) [Please tick(✓)] Below 1 Lacs 1 Lacs - 5 Lacs 5 Lacs - 10 Lacs 10 Lacs - 25 Lacs 25 Lacs - 1 Crore
OR 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore

Net-worth (Mandatory for Non-Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (Not older than 1 year)

Occupation (please tick any one and give brief details): Private Sector Service Public Sector Service Government Service Business Professional
 Agriculturist Retired Housewife Student Others _____ Please specify _____

In case of business / profession, indicate the details (including nature of goods/ services dealt in) _____

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)
 I am PEP I am a relative / associate of PEP None of these (for definition of PEP refer instruction X)

Guardian/POA/Proprietor		PAN/PERN (mandatory)		PAN/PERN Proof enclosed		KYC Compliance	
Name							

DETAILS UNDER FATCA / FOREIGN TAX LAWS
 Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____
 Country of residence _____ Are you a resident in any country other than India for tax purposes. Yes No
 If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number

*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.

Toll free 1-800-2-666688
 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- _____	Sub-Distributor Code	ARN- _____	Internal Code for Sub-broker/ Employee	_____	EUIN No.	_____
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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

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

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.

Having read and understood the contents of the Statement of Additional Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued till date, I/we hereby apply for registration of Systematic Investment Plan (SIP) as indicated above and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s) and the SIP. 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 Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to time. I/We confirm that the funds invested in the Scheme(s), legally belong to me / us and I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). I/We further confirm that I am not/we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority.

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 subject to applicable exit load and undertake such other action with such funds that may be required by the Law.

I/We 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. I/We further undertake that any changes in my/our Bank details will be informed to the Mutual Fund immediately.

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

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.

For micro-investments only : I/We confirm that I/we do not have any other existing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year.

For NRIs / PIOs / FPIs only : I / We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, 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 maintained in accordance with applicable RBI guidelines.

SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	_____
2nd applicant/ Authorised Signatory	_____
3rd applicant/ Authorised Signatory	_____

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	_____
2nd applicant/ Authorised Signatory	_____
3rd applicant/ Authorised Signatory	_____

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.

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

Having read and understood the contents of the Statement of Additional Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued till date, I/we hereby apply for registration of Systematic Investment Plan (SIP) as indicated above and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s) and the SIP. 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 Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to time. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us and I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). I/We further confirm that I am not/we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority.

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 subject to applicable exit load and undertake such other action with such funds that may be required by the Law.

I/We 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. I/We further undertake that any changes in my/our Bank details will be informed to the Mutual Fund immediately.

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

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.

For micro-investments only : I/We confirm that I/we do not have any other existing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year.

For NRIs / PIOs / FPIs only : I / We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, 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 maintained in accordance with applicable RBI guidelines.

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. forRs. (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)

Systematic Transfer Plan/Systematic Withdrawal Plan (FORM 3)

Application No. _____

Distributor Code	ARN - _____	Sub-Distributor Code	ARN - _____	Internal Code for Sub-broker/ Employee	_____	EUIN No.	_____
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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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4.1. Existing Unit Holder Information

Name of the First Holder _____ Folio No. _____ / _____

PAN/PERN (mandatory) _____ Enclosed PAN/PERN Proof KYC Complicane

4.2. Systematic Transfer Plan (STP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for STP with the following options - Fixed Amount

Rs. (in figures) _____ Rs. (in words) _____

STP Frequency: Daily (except Premier Equity Fund) Weekly - Daywise (Transfer on every Monday of the month)
 Weekly - Datewise (Transfer date will be 7th/14th/21st/28th of the month) Fortnightly (Transfer date will be 1st/16th of the month)
 Monthly - Please Provide the Date

STP Period: Start: End:

From Scheme _____ **Plan** _____

Option Growth / Dividend-Payout / Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

To Scheme _____ **Plan** _____

Option Growth / Dividend-Payout / Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

Dividend Sweep Option From (Scheme & Plan Name) _____ **To (Scheme & Plan Name)** _____

4.3. Systematic Withdrawal Plan (SWP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for SWP with the following option: **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.)

Rs. (in figures) _____ Rs. (in words) _____

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

SWP Period: Start: End:

From Scheme _____

Plan _____ **Option** Growth Dividend-Payout Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

4.4. Having read and understood the contents of the Statement of Additional Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued till date, I/we hereby apply for registration of Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) as indicated above and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s) and the STP/SWP. 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 Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to time. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us and I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). I/We further confirm that I am not/we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority.

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 subject to applicable exit load 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.

For micro-investments only : I/We confirm that I/we do not have any other existing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year.

For NRIs / PIOs / FPIs only : I / We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, 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 maintained in accordance with applicable RBI guidelines.

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

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