

# COMMON APPLICATION FORM FOR LUMPSUM

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



<b>ARN-</b> Distributor / RIA Code#	<b>ARN-</b> Sub-Distributor Code	<b>E</b> EUN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of IDFC Mutual Fund.  
 Declaration for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No. XIII). – I/we hereby confirm that the EUN 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.

Signature of First / Sole Applicant /  
Guardian / Authorised Signatory

**TRANSACTION CHARGES** (Please  any one of the below) (Refer Instruction No. S)

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 EXISTING FOLIO NO.** \_\_\_\_\_ **2 MODE OF HOLDING / OPERATION**  Single  Anyone or Survivor  Joint (Default option is anyone or survivor)

**3 APPLICANT'S DETAILS** (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. **Gender**  Male  Female

**1st APPLICANT** Mr Ms M/s \_\_\_\_\_ Date of Birth\*\* D D M M Y Y

PAN/PEKRN\* \_\_\_\_\_ Aadhaar No. \_\_\_\_\_ KIN\*  Proof Attached \_\_\_\_\_

**GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUALS)/POA HOLDER** Mr Ms \_\_\_\_\_ Date of Birth D D M M Y Y

PAN/PEKRN\* \_\_\_\_\_ Aadhaar No. \_\_\_\_\_ KIN\*  Proof Attached \_\_\_\_\_

Relationship with Minor applicant  Natural guardian  Court appointed guardian

**2nd APPLICANT** Mr Ms M/s \_\_\_\_\_ Date of Birth D D M M Y Y

PAN/PEKRN\* \_\_\_\_\_ Aadhaar No. \_\_\_\_\_ KIN\*  Proof Attached \_\_\_\_\_

**3rd APPLICANT** Mr Ms M/s \_\_\_\_\_ Date of Birth D D M M Y Y

PAN/PEKRN\* \_\_\_\_\_ Aadhaar No. \_\_\_\_\_ KIN\*  Proof Attached \_\_\_\_\_

\*Mandatory information - If left blank, the application is liable to be rejected.\*\* Mandatory in case the Sole/First applicant is minor. \* Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

## 4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

<b>Correspondence Address</b>	<b>Overseas Address (Mandatory for NRI / FII Applicants)</b>
HOUSE / FLAT NO. _____	HOUSE / FLAT NO. _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY / TOWN _____ STATE _____	CITY / TOWN _____ STATE _____
COUNTRY _____ PIN CODE _____	COUNTRY _____ PIN CODE _____
Tel. No. _____ Office _____ Residence _____ Mobile No. _____	
Email ID _____	

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please  here)

## 5 TAX STATUS (Please )

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other _____ Specify _____
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

## 6 DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
_____	_____	_____

## 7 BANK DETAILS (Mandatory)

Mandatory 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 linked with the demat account is mentioned here.

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

Bank Name & Branch \_\_\_\_\_

Branch City \_\_\_\_\_ IFSC Code \_\_\_\_\_ (11 digit) MICR Code \_\_\_\_\_ (9 digit)

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

Received, subject to realisation, verification and conditions

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

From \_\_\_\_\_ Stamp & Signature \_\_\_\_\_

