COMMON APPLICATION FORM FOR LUMPSUM

Application No.



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SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- 146262 PMRN Code#	ARN- Sub-Distributor Code	Е 2536	337 UIN No.	Internal Code for Sub-broker/ Employee
Declaration for "execution-only" transaction (only where EU intentionally left blank by me/ us as this is an "execution-only"	with the Investment Adviser the details of my/our transactions in JIN box is left blank) (Refer Instruction No. XIII). – I/We hereby transaction without any interaction or advice by the employee/re iateness, if any, provided by the employee/relationship manager on.	y confirm that the EUIN lationship manager/sale	I box has been es person of the	gnature 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 (R Applicable for transactions routed through a distributor who has 'c investors' assessment of various factors including service rendere	opted in' for transaction ch		vestor in mutual funds (₹ 100 will be deducted) rectly by the investor to the AMFI registered distributor based on the
Please Tick (✓) SIP Registration	SIP Renewal SIP with Top-up Registration		Change in Bank Details	Please mention relevant SIP details below and also in the IDFC Common Mandate (IDFC OTM).
UNIT HOLDER INFORMATION				in the 151 o common wantate (151 o o nw).
Existing Folio Number	PAN PAN			
Name of the First Holder		7 5.		
Scheme	II (OID DETAIL) ID 4 V. T.	Plan		Option
Monthly SIP Date (Except 29th, 30th & 31st) D D (Default 10th	IL (SIP DETAIL) ^Default Top-up option Yearly SIP Period From	M M Y Y	Y Y To M M Y Y	Y Y OR 1 2 2 0 9 9
Installment Amount (₹) in figures				
SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility subject to the investor's bankers accepting the mandate for this registration.	is ation. Frequency Half Yearly Yearly^	Amount ₹	in figures (The To	p-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)
INITIAL SIP INSTALLMENT PAYMENT TH	HROUGH (Please provide cheque for initial SIP A	Amount and fill bel	ow OTM for subsequent SIP in	nstallments.)
My existing OTM registered to be used for	initial & subsequent SIP instalments			(OR)
Cheque No.	Cheque Date D D M M Y Y Ban	k & Branch Name		
DEMAT ACCOUNT DETAILS	Panafisians Assaurt Number (USP)		CDCI - Denocite	The Posticine of (PR) ID (CDC) and I)
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)		CDSL. Deposito	ory Participant (DP) ID (CDSL only)
Authority of India ("UIDAI") by itself or through its Registra accounts/folios under IDFC Mutual Fund, based on my/or I/We hereby further authorise IDFCAMC for sharing/disc management companies of other SEBI registered mutual First / Sole Applicant / Guardian /	we have remitted funds from abroad through approved bank provide my/our consent to IDFC Asset Management Comp a rand Transfer Agent ("RTA"); and (ii) downloading and upd ur Income Tax Permanent Account Number ("PAN") in acco- closing of the Aadhaar number(s) and associated demogra- funds, and their RTAs, for the purpose of updating the same	lating my/our Aadhaar rdance with the Aadha phic information (inclu in my/our accounts/fol	number(s) and associated demogra aar Act, 2016, PMLA and rules & reguding any updated information) by it	phic information (including updated information) in my/our ulations made thereunder and applicable SEBI guidelines.
Authorised Signatory	Second	-ррпсан		тина Аррисанс
	IDFC One Tim	e Mandate (O	TM)	
I U F C	MRN FOR OFFIC	E US	E ONLY	Date D D M M Y Y Y Y
Sponsor Bank Code	FOR OFFICE USE ONLY	Utility	Code FOR OFFICE US	E ONLY
Tick (✓) CREATE ✓ I/We hereby authorize	IDFC Mutual Fund	debit tick (✓)	SB CA CO	SB-NRE SB-NRO Other
MODIFY Bank A/c number				
with Bank	IFSC			r MICR
an amount of Rupees				₹
FREQUENCY × Monthly × Quar	terly × Half Yearly × Yearly ✓ As	& when preser	nted DEBIT TYPE	Fixed Amount 🗸 Maximum Amount
PAN / Application No.		Mobile No.	+91	
Reference		Email ID		
I agree for the debit mandate p	processing charges by the bank whom I am authorize	ing to debt my acco	ount as per latest schedule for c	harges of the bank.
From D D M M Y Y Y Y T	Signature of Primary Account Hold	ler Signa	ture of Account Holder	Signature of Account Holder
Or Until Cancelled This is to confirm the declaration has been carefully	1. Name as in bank records		ne as in bank records	3. Name as in bank records
•	nend this mandate by appropriately communicating the ca		•	