

TRANSACTION FORM

Sr. No.

Distributor Code	Sub-Distributor Code	Internal Code for Sub-broker/ Employee	EUIN No.
ARN-	ARN-		

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

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.

Folio No. _____ / _____ **Mobile No.**
Email _____

First Holder PAN (mandatory) _____ ENCLOSED - ☐ PAN proof ☐ KYC compliance.

Second Holder PAN (mandatory) _____ ENCLOSED - ☐ PAN proof ☐ KYC compliance.

Third Holder PAN (mandatory) _____ ENCLOSED - ☐ PAN proof ☐ KYC compliance.

It is mandatory for Investors to submit necessary documents for compliance with Know Your Customer (KYC) requirements specified under Anti Money Laundering regulations of SEBI to the designated Point of Service (POS) & complete KYC requirements (attach proof of KYC compliance). Investors are required to mention the PAN and provide the copy of PAN card. This will be applicable for each of the applicants. In case of investment by minor, the evidence of completion of KYC compliance of the guardian should be provided with the application form. In case of investment by minor, PAN of the guardian should be mentioned, if minor has no PAN. Application forms without these documents and information will be considered incomplete and are liable to be rejected without any reference to the investors.

ADDITIONAL PURCHASE

Minimum Application amount for Regular & Direct Plan - Rs. 5000 for IDFC CF, IDFC UST, IDFC MMF IP, IDFC MMF TP, IDFC DBF, IDFC GSF PF, IDFC GSF ST, IDFC GSF IP, IDFC SSIF IP, IDFC SSIF MT, IDFC SSIF ST, IDFC CEF, IDFC IEF, IDFC PEF, IDFC SS(50-50)EF, IDFC IF, IDFC India GDP, IDFC AF, IDFC APF, IDFC EF, IDFC SEF, IDFC AAF AG, IDFC AAF MP, IDFC AAF CP, IDFC MIP; Rs. 24,000 for IDFC ASBF; Rs. 10,000 for PEF; Rs. 500 for IDFC TAF & IDFC NF.

Additional Purchase amount for Regular & Direct Plan - In Multiples of Rs. 500 for IDFC TAF, For all other schemes In Multiples of Rs. 1.

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) _____

PAYMENT OPTIONS

Please mention the application serial number and the first applicant's name on the reverse of the cheque. Please ensure there is only one cheque per application form. Cheque should be drawn in favour of IDFC-CF / 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-USTF / IDFC-LF / IDFC-CEF / IDFC-IEF / IDFC-AF / IDFC-APF / IDFC-SS(50-50)EF / IDFC-PEF / IDFC-IGDPGF / IDFC-TA(ELSS)F / IDFC-EF / IDFC-SEF / IDFC-MIP / IDFC-AAFoF(CP) / IDFC-AAFoF(MP) / IDFC-AAFoF(AP) / IDFC-NF

I/We want to invest Rs. (in figures) _____ Rs. (in words) _____

☐ **Debit Mandate** (Please fill the attached Debit Mandate.)

Debit my SCB A/c. _____

SB / Current A/c No. _____

Branch _____

Total amount Rs. (in figures) (inclusive of DD charges) _____ Rs. (in words) _____ (inclusive of DD charges)

DD charges Rs. (in figures) _____ (if paid)

☐ **Cheque / DD Payment**
☐ **RTGS**
☐ **Fund Transfer**

Instrument No. _____ Date _____

Bank _____

Branch _____

SWITCH REQUEST

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

OR ☐ No. of Units _____ OR ☐ All Units

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) _____

If the balance in my / our account does not cover the amount of this request. I / we authorise you to switch the existing balance and close my / our folio.

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

DEBIT MANDATE (For Standard Chartered Bank Account Holders Only)

Sr. No.:

To Branch Manager - Standard Chartered Bank

I/We _____ (Name of the account holder)

authorise you to debit my / our Bank Account no. _____ for

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

to pay for the purchase of

☐ IDFC-CF ☐ 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-USTF ☐ IDFC-LF ☐ IDFC-CEF
☐ IDFC-IEF ☐ IDFC-AF ☐ IDFC-APF ☐ IDFC-SS(50-50)EF ☐ IDFC-PEF ☐ IDFC-IGDPGF ☐ IDFC-TA(ELSS)F
☐ IDFC-EF ☐ IDFC-SEF ☐ IDFC-MIP ☐ IDFC-AAFoF(CP) ☐ IDFC-AAFoF(MP) ☐ IDFC-AAFoF(AP) ☐ IDFC-NF

Date: _____

Please also sign in the 'Declaration & Signatures' section on the reverse of this form.

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

ACKNOWLEDGEMENT SLIP

IDFC Mutual Fund

Sr. No.:

Received for additional Purchase / Redemption / Switch / STP from

Mr. / Ms. / M/s. _____

Only for additional Purchase:

Debit Mandate / Cheque No. _____

Amount of Rs. _____

STAMP & DATE

REDEMPTION REQUEST (Please tick one option only)

☐ **Amount Rs.** (in figures) _____ Rs. (in words) _____

OR ☐ **No. of Units** _____ OR ☐ **All Units**

FROM Scheme _____

Plan - ☐ Direct ☐ Regular ☐ Others _____ **Option** - ☐ Growth ☐ Dividend - Payout ☐ Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

If the balance in my / our account does not cover the amount of this request, I / we authorise you to redeem all units under the scheme, close my / our folio and send the entire such (lesser) balance to me/us.

In case you wish to get the proceeds credited to any (other than the default one) of the bank account mentioned in the multiple bank mandate, please specify the bank details below:

Bank Name & Account No.: _____

SYSTEMATIC TRANSFER PLAN (STP)

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

STP Frequency: ☐ Daily ☐ Weekly (Debit date will be 7th/14th/21st/28th of the month)

☐ Fortnightly (Debit date will be 1st/16th of the month) ☐ Monthly - Please Provide the Date DD

STP Period: Start MM/DD/YY End MM/DD/YY

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) _____

DECLARATION & 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 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 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 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 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.

X First / Sole Applicant / Guardian / POA Holder

X Second Applicant

X Third Applicant

**IDFC Asset Management Co. Ltd.**

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Call Free : 1800-2-6666-88*

*Available from 8.00 am to 7.00 pm on all business days.

MUTUAL FUND