

SIP & SIP-Top up Registration Form / Renewal Form (For Existing Investors) Form 2

Application No.

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|--|------------|----------------------|------|---|---------------|--------------|
| Distributor Code | ARN- 53321 | Sub-Distributor Code | ARN- | Internal Code for Sub-broker/ Employee | EUIN No. | E054731 |
| 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 |

UNIT HOLDER INFORMATION

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|---|---|---|---|
| Existing Folio Number | / | Name of the First Holder | |
| Please Tick (✓) | <input type="checkbox"/> SIP Registration | <input type="checkbox"/> SIP with Top-up Registration | <input type="checkbox"/> SIP - Change in Bank Details |
| Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. | | | |

SYSTEMATIC INVESTMENT PLAN DETAILS

| | | |
|------------------------------------|------------|-----------|
| Name of the Scheme | Plan | Option |
| Initial SIP Installment Amount Rs. | Cheque No. | Bank Name |

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|-----|--|---|--|
| SIP | Monthly SIP Date (10, if no date is mentioned) D D | SIP Period From M M Y Y Y Y Y To M M Y Y Y Y Y OR 1 2 2 0 9 9 Default end date is Dec 2099 | <input type="checkbox"/> SIP Top-up (Optional) (Refer J (viii)) (Please ✓ to avail this facility) |
| | Instalment Amount (Rs.) | | Top-up Amount (Rs.) (The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter) |
| | | | SIP Top-up Frequency: <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default Top-up option is Yearly) |
| | | | Registration for this facility is subject to the investor's bankers accepting the mandate for SIP Top-up registration. |

Please specifically mention the MICR code of your 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 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)

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| First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant | Third Applicant |
|--|------------------|-----------------|

ACH Mandate

| | | | | |
|--|--|------------------------|---|--|
| UMRN | for official use | Date | | |
| Tick (✓) | Sponsor Bank Code | Utility Code | | |
| CREATE <input checked="" type="checkbox"/> | I/We hereby authorize | IDFC Mutual Fund | to debit (tick ✓) | <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other |
| MODIFY <input checked="" type="checkbox"/> | Bank a/c number | | | |
| CANCEL <input checked="" type="checkbox"/> | with Bank | Name of customers bank | IFSC | or MICR |
| | an amount of Rupees | ₹ | | |
| FREQUENCY | <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented | DEBIT TYPE | <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount | |
| Reference 1 | Folio No. / Application No. | Phone No. | | |
| Reference 2 | Scheme Name | Email ID | | |

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| PERIOD | Signature as per Bank | Signature as per Bank | Signature as per Bank |
| From | 1. | 2. | 3. |
| To | Name (Mandatory) | Name (Mandatory) | Name (Mandatory) |
| OR | 1. | 2. | 3. |
| <input type="checkbox"/> Until cancelled | | | |

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity / corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.