

TRANSACTION FORM
Sr. No.

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

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.

First Holder	Second Holder	Third Holder
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Folio No. _____ / _____ **Mobile No.**

Email _____

APPLICANT DETAILS

Name	PAN (mandatory)	PAN Proof enclosed	KYC Compliance
First Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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) _____

<input type="checkbox"/> 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)	<input type="checkbox"/> Cheque / DD Payment <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer Instrument No. _____ Date _____ Bank _____ Branch _____
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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

- | | | | | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|---|---|---|---|
| <input type="checkbox"/> IDFC-CF | <input type="checkbox"/> IDFC-SSIF-IP | <input type="checkbox"/> IDFC-SSIF-ST | <input type="checkbox"/> IDFC-SSIF-MT | <input type="checkbox"/> IDFC-GSF-IP | <input type="checkbox"/> IDFC-GSF-ST | <input type="checkbox"/> IDFC-GSF-PF |
| <input type="checkbox"/> IDFC-DBF | <input type="checkbox"/> IDFC-MMF-IP | <input type="checkbox"/> IDFC-MMF-TP | <input type="checkbox"/> IDFC-ASBF | <input type="checkbox"/> IDFC-USTF | <input type="checkbox"/> IDFC-LF | <input type="checkbox"/> IDFC-CEF |
| <input type="checkbox"/> IDFC-IEF | <input type="checkbox"/> IDFC-AF | <input type="checkbox"/> IDFC-APF | <input type="checkbox"/> IDFC-SS(50-50)EF | <input type="checkbox"/> IDFC-PEF | <input type="checkbox"/> IDFC-IGDPGF | <input type="checkbox"/> IDFC-TA(ELSS)F |
| <input type="checkbox"/> IDFC-EF | <input type="checkbox"/> IDFC-SEF | <input type="checkbox"/> IDFC-MIP | <input type="checkbox"/> IDFC-AAFoF(CP) | <input type="checkbox"/> IDFC-AAFoF(MP) | <input type="checkbox"/> IDFC-AAFoF(AP) | <input type="checkbox"/> 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

