SIP & SIP-TOP UP REGISTRATION / RENEWAL

IDFC MUTUAL FUND

ARN-106907		E143763

#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 EUIN box is left blank) (Refer Instruction No. XIII). – 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. ☐

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.

Please Tick (✓) ☐ SIP Registration ☐ SIP with Top-up Registration ☐ SIP - Change in Bank Details Please mention relevant SIP details below and also in the IDFC Common Mandate (IDFC OTM).

UNIT HOLDER INFORMATION

Existing Folio Number ☐☐☐☐☐☐☐☐☐   PAN ☐☐☐☐☐☐☐☐☐☐

Name of the First Holder ☐

Scheme ☐   Plan ☐   Option ☐

SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) ^Default Top-up option Yearly

Monthly SIP Date* (Default 10th) (Please ✓any) ☐1st ☐5th ☐7th ☐10th ☐15th ☐20th ☐25th 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 is subject to the investor's bankers accepting the mandate for this registration. Frequency ☐ Half Yearly ☐ Yearly^ Amount ₹ [_____ in figures _____] (The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)

INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

☞ ☐ My existing OTM registered to be used for initial & subsequent SIP instalments ☐☐☐☐☐☐☐☐☐☐☐☐ **(OR)**

☞ ☐ Cheque No. ☐☐☐☐☐☐ Cheque Date [D D M M Y Y] Bank & Branch Name ☐

DEMAT ACCOUNT DETAILS

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

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA) and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. 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 / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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. I/We hereby provide my/our consent to IDFC Asset Management Company Limited ("IDFCAMC") for (i) collecting, storing and usage; (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under IDFC Mutual Fund,based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise IDFCAMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN.

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

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IDFC MUTUAL FUND

IDFC One Time Mandate (OTM)

UMRN [F O R   O F F I C E   U S E   O N L Y] **Date** ☐☐☐☐☐☐☐☐

Sponsor Bank Code FOR OFFICE USE ONLY   **Utility Code** FOR OFFICE USE ONLY

Tick (✓)
CREATE	✓
MODIFY	✗
CANCEL	✗

I/We hereby authorize IDFC Mutual Fund **to debit tick (✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

with Bank ☐   **IFSC** ☐☐☐☐☐☐☐☐☐☐☐   **or MICR** ☐☐☐☐☐☐☐☐☐

an amount of Rupees ☐   ₹ ☐

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ✓ As & when presented   **DEBIT TYPE** ☒ Fixed Amount ✓ Maximum Amount

PAN / Application No. ☐   **Mobile No.** +91 ☐

Reference ☐   **Email ID** ☐

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

PERIOD

| From | ☐☐☐☐☐☐☐☐ |
| To | ☐☐☐☐☐☐☐☐ |
| **Or** ☐ Until Cancelled |

Signature of Primary Account Holder	Signature of Account Holder	Signature of Account Holder
1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

- This is to confirm 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 & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/ammendent request to the user entitly/corporate or the bank where I have authorised the debit.