SIP & SIP-Top up Registration / Renewal Form 2



Application No.

Distributor Code	ARN- 16709	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employe	е	EUIN E039709	
transaction with	out any interaction or advice twithstanding the advice of	by the employee/relati in-appropriateness, if a	ank by me/us as this is an "exec onship manager/sales person of ny, provided by the employee/ rged any advisory fees on this tra	the above relationship First Holder	Second Holde	Third Holder	
UNIT HOLDER INFORMATION							
Existing Foli	o Number		Name of the Firs	t Holder			
	Please Tick (✓) ☐ SIP Registration ☐ SIP with Top-up Registration ☐ SIP - Change in Bank Details Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate.						
*				m and ACH mandate.			
	IC INVESTMENT I	PLAN DETAILS					
Name of the	Scheme						
Plan			Characa Na	Option			
	tallment Amount Rs.		Cheque No.	Bank I	Name		
Monthly SIP Date (10, if no date is mentioned) SIP Period SIP Top-up (Optional) (Refer J (viii)) (Please ✓ to							
	DD	From M M	<u> </u>		(The Top	(The Top-up amount should be Rs. 500	
S		To M M		mount (Rs.)	and mult	tiples of Rs. 500 thereafter)	
Insta	Ilment Amount (Rs.)	1 2	OR 2 0 9 9 SIP Top-	up Frequency: Half	-yearly 🗌 Yearly (Default Top-up option is Yearly	
Default end date is Dec 2099 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 you 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. SIGNATURE/S AS PER							
Memorandum (KIM)	of the scheme(s) and the Addenda s, rules and regulations governing th	issued till date, I/we hereby a te Scheme(s) and the SIP. I/ W	apply for registration of Systematic Inve the hereby declare that the amount inve	stment Plan (SIP) as indicated above a ted in the Scheme(s) is through legitin	and agree to abide by	MUTUAL FUND (MANDATORY	
have not received no	or have been induced by any rebate	or gifts, directly or indirectly	in making this investment I/We am/ar	e eligible Investor(s) as per the schem	e related documents First		
and amy/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. Authorised Signatory 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							
funds that may be re I/We undertake to k	quired by the Law. eep sufficient funds in the funding	account on the date of execu	ition of standing instruction. I/We here	ov declare that the particulars given a	bove are correct and		
further undertake th I/We hereby acknow	at any changes in my/our Bank deta vledge and confirm that the inform	ils will be informed to the Mut ation provided above is/are	ual Fund immediately. true, correct and complete to the best	of my/our knowledge and belief. In c	ase any of the above	Second Applicant	
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							
governmental or star The ARN holder has	utory or judicial authorities / agenc disclosed to me / us all the commiss	ies, the tax / revenue authorit ions (in the form of trail com	ies and other investigation agencies wit	hout any obligation of advising me/us	of the same.		
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 investresult in aggregate investments exceeding Rs.50,000/- in a year.						Third Applicant	
For NRIs / PIOs / FP meaning of Regulation of Canada, and that	Is only : I / We confirm that I am / w on (S) under the United States Secu I / we have remitted funds from ab	e are Non Residents Indians , rities Act of 1933, or as define road through approved bank	/ Person(s) of Indian Origin / Foreign F ed by the U.S. Commodity Futures Tradi king channels or from funds in my / ou	ortfolio Investors but not United Stati ng Commission, as amended from tim r Non-Resident External / Non-Resid	es persons within the e to time or residents ent Ordinary / FCNR		
Account maintained in accordance with applicable RBI guidelines. ACH Mandate							
ΔRN - 16	 709 E039709						
AINI - IO	UMRN		for official use		Da	ate D D M M Y Y	
Tick(✓)	Sponsor Bank Code	for officia	Litility (`ode	for official use		
CREATE 🗹							
MODIFY X	/We hereby authorize	IDFC Mutual I	Fund to debit (tick ✓) □SB □CA □	CC SB-NRE S	SB-NRO U Other	
CANCEL X	Bank a/c number						
with Bank	Name of custom	ners bank	IFSC		or MICR		
an amount of Rupees ₹							
FREQUENCY	✓ Mthly 🗷 Qtly 🕱	H-Yrly X Yrly	As & when presented	DEBIT TYPE 🗵 Fixed	Amount 🗸 Maximu	ım Amount	
Reference 1	Fo	lio No. / Application	No.	Phone No.			
Reference 2		Scheme Name		Email ID			
-	mandate processing charges by the	bank whom I am authorizing	to debit my account as per latest sched	ule of charges of the bank.			
PERIOD —	D M M Y Y Y Y	1. Sign	nature as per Bank		nk		
		_	Z.		J		
To D	D M M Y Y Y Y Y ntil cancelled	□ Na	assistance of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the date of such redemption subject to applicable exit load and undertake such other action with such applicable of such redemption subject to applicable exit load and undertake such other action with such applicable to the particulars given above are correct and molete or incorrect information. I / We would not hold the Mutual Fund or the bank responsible. I / We Mutual Fund immediately. Are true, correct and complete to the best of myour knowledge and being in case any of the above and the subject to the best of myour knowledge and being in case any of the salove of the subject to provide any other additional information as may be required at your end. I / We hereby authorise you provided by me? Us, including all changes, updates to such information as and when provided by me? Us including all changes, updates to such information as and when provided by me? Us providers, other SEBI registered intermediaries or any Indian or foreign horities and other investigation agencies without any obligation of advising me/us of the same. Commission or any other model, payable to him for the different competing Schemes of various Mutual ing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will lains? / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the efficiend by the U.S. Commodify Futures Trading Commission, as amended from time to time or residents banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR ACH Mandate Date Do M M Y Y IFISC Do M M M Y Y Second Applicant Third Applic				
TI:::: " " "	in Julioniou				3.		

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.