

8 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality		
First Applicant / Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others <small>Please specify</small>
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others <small>Please specify</small>
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others <small>Please specify</small>

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? YES NO (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purposes i.e. where you are a Citizen/Resident/ Green Card holder/ Tax Resident in the respective countries).

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Second Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Third Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C → Others please state the reasons thereof:

Address Type of 1st Holder			Address Type of 2nd Holder			Address Type of 3rd Holder		
<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.idfcmf.com or at the Investor Service centres (ISCs) of IDFC Mutual Fund

9 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)

Scheme Plan Option

Mode of payment Self Third Party Payment (Please fill the Third Party Payment Declaration Form) Payment mode Cheque DD IDFC OTM Fund Transfer RTGS/NEFT

Amount (figures) Cheque/DD/UTR/UMR No. Cheque Date

Account No. Account Type Saving Current NRO NRE FCNR Others Please specify

Bank & Branch Name

10 NOMINATION DETAILS Individuals (single or joint applicants) are advised to avail Nomination facility. I/We wish to nominate I/We DO NOT wish to nominate and sign here

1st Applicant signature (mandatory)

Nominee Name & Address	In case of Minor		Allocation % (Total to be 100%)	Relationship with Investor	Nominee/ Guardian sign
	Guardian Name & Address	Date of birth			
Nominee 1		D D M M Y Y			
Nominee 2		D D M M Y Y			
Nominee 3		D D M M Y Y			

11 KYC DETAILS (Mandatory)

OCCUPATION (Please tick ✓)

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify

GROSS ANNUAL INCOME (Please tick ✓)

First Applicant / Guardian Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

OR Net worth (Mandatory for Non-Individuals) ₹ as on as on (Not older than 1 year)

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹

OTHERS (Please tick ✓)

For Individuals Please tick (✓) I am Politically Exposed Person (PEP)^A I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. M(h):

(i) Foreign Exchange / Money Changer Services Y N (ii) Gaming / Gambling / Lottery / Casino Services Y N (iii) Money Lending / Pawning Y N

Second Applicant Politically Exposed Person (PEP)^A Related to Politically Exposed Person (RPEP) Not applicable

Third Applicant Politically Exposed Person (PEP)^A Related to Politically Exposed Person (RPEP) Not applicable

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

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 NRs / FIOs / 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 (iii) 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 authorize IDFCAMC for sharing/disclosed 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

Instrument No.	Dated	Amount (Rs.)	Scheme
	D D M M Y Y		