

# SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- <b>D103807</b> Code#	ARN- Sub-Distributor Code	E EUN No. <b>E133071</b>	Internal Code for Sub-broker/ Employee
---------------------------	---------------------------	--------------------------	--

#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 EUN box is left blank) (Refer Instruction No. XIII). - I/we hereby confirm that the EUN 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 check ✓ 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  IDFC Plan  Option

### SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) \*Default Top-up option Yearly

Monthly SIP Date (Except 29th, 30th & 31st)  DD (Default 10th) SIP Period From  MM  YY  YY To  MM  YY  YY 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  DD  MM  YY  YY 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>



### IDFC One Time Mandate (OTM)

IDFC MUTUAL FUND UMRN  FOR  OFFICE  USE  ONLY  Date  DD  MM  YY  YY

Tick (✓) Sponsor Bank Code  FOR OFFICE USE ONLY Utility Code  FOR OFFICE USE ONLY

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 debit my account as per latest schedule for charges of the bank.

### PERIOD

From	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY	Signature of Primary Account Holder	Signature of Account Holder	Signature of Account Holder
To	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY			
Or	<input type="checkbox"/> Until Cancelled	1. <input type="text"/> Name as in bank records 2. <input type="text"/> Name as in bank records 3. <input type="text"/> 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/amendment request to the user entity/corporate or the bank where I have authorised the debit.