



**10. PAYMENT OPTIONS** (Please tick either debit mandate or cheque / DD payment.)

**10 A. Debit mandate** (Debit mandate also to be filled separately.) Facility presently available with SCB only.

A/c No. \_\_\_\_\_  
Branch \_\_\_\_\_

**10 B. Cheque / DD payment**

Cheque / DD No. \_\_\_\_\_ Cheque / DD Date \_\_\_\_\_  
Drawn on (Bank / Branch Name) \_\_\_\_\_  
Cheque Issuer Name In case cheque is issued by person other than the investor \_\_\_\_\_

**Total amount** Rs. (In figures) inclusive of DD charges \_\_\_\_\_  
Rs. (In words) inclusive of DD charges \_\_\_\_\_  
DD Charges Rs. (In figures) if paid \_\_\_\_\_

**11. INVESTMENT DETAILS** (Refer instruction D.)

Debt	Plan				Growth	Dividend mode		Dividend frequency		
	A	B	C	D		<input type="checkbox"/> Reinvestment(Re)	<input type="checkbox"/> Payout			
IDFC Cash Fund (IDFC-CF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly <sup>1</sup>	<input type="checkbox"/> Periodic <sup>2</sup>	
IDFC Super Saver Income Fund-Investment Plan (IDFC-SSIF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually		
IDFC Super Saver Income Fund-Short Term Plan (IDFC-SSIF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly			
IDFC Super Saver Income Fund-Medium Term Plan (IDFC-SSIF-MT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bimonthly	
IDFC Government Securities Fund-Investment Plan (IDFC-GSF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually		
IDFC Government Securities Fund-Short Term Plan (IDFC-GSF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly			
IDFC Government Securities Fund-Provident Fund Plan (IDFC-GSF-PF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually			
IDFC Dynamic Bond Fund (IDFC-DBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually			
IDFC Money Manager Fund-Investment Plan (IDFC-MMF-IP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re <sup>3</sup>	<input type="checkbox"/> Weekly Re <sup>2</sup>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
IDFC Money Manager Fund-Treasury Plan (IDFC-MMF-TP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly		
IDFC All Seasons Bond Fund (IDFC-ASBF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually		
IDFC Liquidity Manager (IDFC-LM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly		
IDFC Liquid Fund (IDFC-LF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly		
<b>Equity</b>										
IDFC Classic Equity Fund (IDFC-CEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IDFC Imperial Equity Fund (IDFC-IEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IDFC Arbitrage Fund (IDFC-AF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IDFC Arbitrage Plus Fund (IDFC-APF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IDFC Strategic Sector (50-50) Equity Fund (IDFC-SS(50-50)EF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IDFC Premier Equity Fund (IDFC-PEF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IDFC India GDP Growth Fund (IDFC-IGDPGF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IDFC Tax Advantage (ELSS) Fund - (IDFC-TA(ELSS)F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

<sup>1</sup> Applicable for Plan C only. <sup>2</sup> Applicable for Plan B only. <sup>3</sup> Applicable for Plan A and Plan B.

**12. NOMINATION DETAILS**

I/We \_\_\_\_\_ do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee's Name \_\_\_\_\_

Address \_\_\_\_\_

In case Nominee is a Minor \_\_\_\_\_

Name of Guardian \_\_\_\_\_

Address of Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_

**13. DECLARATION AND SIGNATURES**

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I / We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. 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 the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law.

For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that 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. I / We confirm that details provided by me / us are true and correct.

<b>First / Sole Applicant / Guardian</b>	<b>Second Applicant</b>	<b>Third Applicant</b>	<b>Third Party Cheque Issuer</b>	<b>POA Holder</b>
--	-------------------------	------------------------	----------------------------------	-------------------

The third party cheque signatory should sign in the signature box provided. Please refer to the attached Key Information Memorandum for details of the Scheme(s).

Call free 1-800-226622

Available between 8.00 am to 7.00 pm on business days only.



www.idfcmf.com



**10. PAYMENT OPTIONS** (Please (✓) either ECS Autosave or Standing Instruction or Postdated Cheque.)

Frequency:  Monthly /  Daily

Start date DDM YYYY

Last payment date DDM YYYY

10A.  ECS Autosave (Please fill the ECS mandate attached.) 10B. Standing Instruction 1.  SCB (Only for SCB a/c holders) 2.  HDFC Bank (Only for HDFC Bank a/c holders)

10C.  Postdated Cheques (PDC) : Cheque No. From \_\_\_\_\_ To \_\_\_\_\_ First Cheque Date \_\_\_\_\_

Cheque No. \_\_\_\_\_ Drawn on (Bank / Branch name) \_\_\_\_\_

Total amount Rs. (In figures) inclusive of DD charges \_\_\_\_\_ Rs. (In words) \_\_\_\_\_ inclusive of DD charges  
DD Charges Rs. (In figures) if paid \_\_\_\_\_

**11. INVESTMENT DETAILS** (Refer instruction D)

Growth

Dividend mode

Reinvestment(Re)  Payout

Dividend frequency

IDFC Super Saver Income Fund-Investment Plan (IDFC-SSIF-IP)	<input type="checkbox"/>	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually
IDFC Super Saver Income Fund-Short Term Plan (IDFC-SSIF-ST)	<input type="checkbox"/>	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
IDFC Super Saver Income Fund-Medium Term Plan (IDFC-SSIF-MT)	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly
IDFC Government Securities Fund-Investment Plan (IDFC-GSF-IP)	<input type="checkbox"/>	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually
IDFC Government Securities Fund-Short Term Plan (IDFC-GSF-ST)	<input type="checkbox"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
IDFC Government Securities Fund-Provident Fund Plan (IDFC-GSF-PF)	<input type="checkbox"/>	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
IDFC Dynamic Bond Fund (IDFC-DBF)	<input type="checkbox"/>	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
IDFC Money Manager Fund-Investment Plan (IDFC-MMF-IP)	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly Re <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
IDFC Money Manager Fund-Treasury Plan (IDFC-MMF-TP)	<input type="checkbox"/>	<input type="checkbox"/> Daily Re <input type="checkbox"/> Weekly Re <input type="checkbox"/> Monthly
IDFC All Seasons Bond Fund (IDFC-ASBF)	<input type="checkbox"/>	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually
IDFC Liquidity Manager (IDFC-LM)	<input type="checkbox"/>	<input type="checkbox"/> Daily Re <input type="checkbox"/> Weekly Re <input type="checkbox"/> Monthly
IDFC Liquid Fund (IDFC-LF)	<input type="checkbox"/>	<input type="checkbox"/> Daily Re <input type="checkbox"/> Weekly Re <input type="checkbox"/> Monthly
IDFC Classic Equity Fund (IDFC-CEF)	<input type="checkbox"/>	
IDFC Premier Equity Fund (IDFC-PEF)	<input type="checkbox"/>	
IDFC Imperial Equity Fund (IDFC-IEF)	<input type="checkbox"/>	
IDFC Strategic Sector (50-50) Equity Fund (IDFC-SS(50-50)EF)	<input type="checkbox"/>	
IDFC India GDP Growth Fund (IDFC-IGDPGF)	<input type="checkbox"/>	
IDFC Tax Advantage (ELSS) Fund - (IDFC-TA(ELSS)F)	<input type="checkbox"/>	

**12. NOMINATION DETAILS**

I/We \_\_\_\_\_ do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. \_\_\_\_\_ in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Nominee's Name \_\_\_\_\_

Address \_\_\_\_\_

In case Nominee is a Minor \_\_\_\_\_

Name of Guardian \_\_\_\_\_

Address of Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_

**13. DECLARATION AND SIGNATURES**

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I / We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. 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 the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law.

For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that 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.

I / We confirm that details provided by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Third Party Cheque Issuer	POA Holder

The third party cheque signatory should sign in the signature box provided. Please refer to the attached Key Information Memorandum for details of the Scheme(s).

Call free 1-800-226622

Available between 8.00 am to 7.00 pm on business days only.





# 10A. Mandate Form for ECS (Debit) - Systematic Investment Plan (SIP)

Application No. \_\_\_\_\_

ECS Debit facility for SIP is currently available for account holders of all banks participating in local clearing at Agra, Ahmedabad, Allahabad, Amritsar, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Bhilwara, Bhopal, Bhubaneswar, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gorakhpur, Guwahati, Gwalior, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Lucknow, Ludhiana, Madurai, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Panjim, Patna, Pondicherry, Pune, Raipur, Rajkot, Ranchi, Salem, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Trivandrum, Udaipur, Varanasi, Vijaywada (also covers Guntur, Tenali & Mangalagiri), Vizag.

## Authorization to pay SIP instalments through Electronic Clearing Service (ECS)

I/We hereby, authorise Tech Process Solutions Ltd., the authorised service provider for IDFC Asset Management India Private Limited to debit my/our bank account by ECS (Debit Clearing) for the collection of SIP instalments.

### UNIT HOLDER INFORMATION

Name of first applicant \_\_\_\_\_  
PAN \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail \_\_\_\_\_  
Preferred messaging medium SMS -  Yes  No E-mail -  Yes  No

### SIP DETAILS

Scheme name \_\_\_\_\_  
SIP Frequency: Monthly SIP start date(DDMMYY) \_\_\_\_\_ SIP end date(DDMMYY) \_\_\_\_\_  
SIP amount Rs. (in figure) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_

### BANK DETAILS (Please attach a copy of the cheque of below mentioned bank account with this application form.)

Account holder's name \_\_\_\_\_  
Name of bank \_\_\_\_\_  
Branch \_\_\_\_\_ Account No. \_\_\_\_\_  
Account type  Current  Savings  NRO  NRE  Others (specify) \_\_\_\_\_  
9 digit MICR code (Please enter the 9 digit number that appears after your cheque number.)

Please specifically mention the MICR code of your bank branch in case you have a payable at par cheque book.

I / We hereby declare that the particulars given above are correct and express my willingness to pay the instalments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible. I / We will also inform IDFC Asset Management India Pvt. Ltd. about any changes in my bank account.

### Signatures

First / Sole Applicant	Second Applicant	Third Applicant
Place _____	Date _____	

### FOR BANK USE ONLY

We, hereby, certify that the particulars furnished above are correct as per our records, and we, hereby, declare that a copy of this form, duly completed, has been submitted to us.

Branch \_\_\_\_\_ Date \_\_\_\_\_

Signature of the authorised official from the bank	Bank stamp
--	------------

### AUTHORISATION OF THE BANK ACCOUNT HOLDER

This is to inform that I / we have registered for the RBI's ECS (Debit Clearing) and that my payment towards SIP installments shall be made from my / our below mentioned bank account with your bank. I / We authorise the representative carrying this ECS mandate form to get it verified and executed.

Account Holder's signature (As in bank records.)	Joint Account Holder's signature (As in bank records.)	Account number
---	---	----------------

### ACKNOWLEDGMENT SLIP FOR SIP (To be filled in by the investor.)

IDFC Mutual Fund	Application No.
Scheme _____	
Name _____	
Instrument no. _____	
Rs. (in figures) _____ Rs. (in words) _____	