

## TRANSACTION FORM

Please also sign in the 'Declaration & Signatures' section on the reverse of this form.

## Sr. No.

Distribu	itor Code	Sub-Distribu	tor Code	Internal Code	for Sub-brok	ker/ Empl	oyee		E	EUIN No.	
ARN- 11365	1	ARN-							E16	4733	
transaction without any distributor or notwithst	interaction or advice by anding the advice of in-	n intentionally left blank by n the employee/relationship r appropriateness, if any, pro	manager/sales person ovided by the employ	of the above ree/relationship	First Hold			econd Hold		Third H	
Upfront commission si	nall be paid directly by the	e investor to the AMFI regist	ered distributor based	d on the investors' a	ssessment of	f various fa	actors in	cluding ser	vice rend	ered by the dis	tributor.
Folio No		/		Mobile No.							
Email											
APPLICANT DETA	LS					I					10.00
		Name					PAN (r	mandatory	)	PAN Proof enclosed	KYC Compliance
First Holder											
Second Holder							$\perp$				
Third Holder											
It is mandatory for Investors to submit necessary documents for compliance with Know Your Customer (KYC) requirements specified under Anti Money Laundering regulations of SEBI to the designated Point of Service (POS) & complete KYC requirements (attach proof of KYC compliance). Investors are required to mention the PAN and provide the copy of PAN card. This will be applicable for each of the applicants. In case of investment by minor, the evidence of completion of KYC compliance of the guardian should be provided with the application form. In case of investment by minor, PAN of the guardian should be mentioned, if minor has no PAN. Application forms without these documents and information will be considered incomplete and are liable to be rejected without any reference to the investors.											
PEF, IDFC SS(50-50)EF, IDF	ount for Regular & Direct Plan C IF, IDFC India GDP, IDFC AF, IC Int for Regular & Direct Plan -	- Rs. 5000 for IDFC CF, IDFC UST, DFC APF, IDFC EF, IDFC SEF, IDFC. In Multiples of Rs. 500 for IDFC TA	AAF AG, IDFC AAF MP, ID AF, For all other schemes Ir	FC AAF CP, IDFC MIP; Rs	s. 24,000 for IDF	C ASBF; Rs.	10,000 fo	or PEF; Rs. 500	) for IDFC T	AF & IDFC NF.	F, IDFC IEF, IDFC
Option - Growth	Dividend - Payou	t Dividend - Reinve	est								
Dividend Frequency (In	case of Dividend option)										
Dividend Sweep O	otion From (Scheme & Pl	an Name)		To	(Scheme & Pl	lan Name)					
PAYMENT OPTIONS											
IDFC-SSIF-ST / IDFC-SSIF- PEF / IDFC-IGDPGF / IDFC-	MT / IDFC-GSF-IP / IDFC-GSF TA(ELSS)F / IDFC-EF / IDFC-S	t applicant's name on the reverse -ST / IDFC-GSF-PF / IDFC-DBF / SEF / IDFC-MIP / IDFC-AAF0F(CP RS. (in wo	IDFC-MMF-IP / IDFC-MN P) / IDFC-AAFoF(MP) / IDF	/IF-TP / IDFC-ASBF / IDF FC-AAFoF(AP) / IDFC-N	FC-USTF / IDFC F	-LF / IDFC-C					
_	se fill the attached Debit Man			☐ Cheque / DE			RTGS		☐ Fund T	ransfer	
Debit my SCB A/c				Instrument No.				Date	e		
SB / Current A/c No				Bank							
				Branch							
		narges) Rs. (in words)		(inclusive of DI	O charges)						
	figures)		(if paid)								
SWITCH REQUEST											
	figures)										
_		OR 🗌 All Unit	ts								
FROM Scheme	Dividend Deve	ut Dividend - Reinve	t				Plan _				
	Dividend - Payor	Ji Dividena - Reinve									
<b>TO</b> Scheme							Plan				
Option - Growth	Dividend - Payou	ıt Dividend - Reinve	est								
Dividend Frequency (li	n case of Dividend option)	nount of this request. I / we autho	orica vall to awitch the	icting halance and al	a my / our fall-						
		iount of this request. 17 we author Name)									
	, , , , , , , , , , , , , , , , , , , ,				,		,				
To Branch Manager - St I/We authorise you to debit m Rs. (in figures) to pay for the purchase IDFC-CF IDFC-	TE (For Standard Chartered andard Chartered Bank  by / our Bank Account no  Rs. (in words) _  of  SSIF-IP	Bank Account Holders Only)	Sr. No.:    IDFC-GSF-IP   IDFC-USTF   IDFC-PEF	(Name of the accour	nt holder)  □IDFC-G: □IDFC-CI	_ for  SF-PF EF A(ELSS)F	ACK IDFC Sr. No Receiv /STP f Mr./M	KNOWL Mutual Folia: wed for additi from ls./M/s or additiona Mandate/C	EDGE und tional Purcha al Purcha:	MENT SL chase / Redemp	ption / Switch
Date:	_	,	,				Amoui	IILOTKS	07777	0.0177	

Signature of Applicant(s) / Authorised Signatory(s)

REDEMPTION REQUEST (Please tick one option onl	ly)	
Amount Rs. (in figures) Rs. (in v	words)	
OR No. of Units	OR  All Units	
FROM Scheme		
Plan - ☐ Direct ☐ Regular ☐ Others	Option - ☐ Growth ☐ Dividend - Payout	☐ Dividend - Reinvest
Dividend Frequency (In case of Dividend option)		
	st, I/we authorise you to redeem all units under the scheme, close my/our folio and s	,
In case you wish to get the proceeds credited to any (other than the default Bank Name & Account No.:	t one) of the bank account mentioned in the multiple bank mandate, please specify th	e bank details below:
Builk Haille & Abbouilt Ho		
SYSTEMATIC TRANSFER PLAN (STP)		
Rs. (in figures) Rs. (in	words)	
STP Frequency: Daily	Weekly (Debit date will be 7th/14th/21st/28th of	the month)
☐ Fortnightly (Debit date will be 1st/16t	both of the month) Monthly - Please Provide the Date	DD
STP Period: Start MM/DD/YY End	MM/DD/YY	
From Scheme		Plan
Option - ☐ Growth ☐ Dividend - Payout ☐ D	Dividend - Reinvest	
Dividend Frequency (In case of Dividend option)		
To Scheme		Plan
	Dividend - Reinvest	
Dividend Frequency (In case of Dividend option)		
Dividend Sweep Uption From (Scheme & Plan Name)	To (Scheme & Plan N	ame)
		ame)
DECLARATION & SIGNATURES		
DECLARATION & SIGNATURES  Having read and understood the contents of the Scheme Information	tion Document of the Scheme(s), I / we hereby apply for units of the Schem	ne(s) and agree to abide by the terms, conditions, rules and regulations
DECLARATION & SIGNATURES  Having read and understood the contents of the Scheme Informat governing the Scheme(s). I/We hereby declare that the amount is		ne(s) and agree to abide by the terms, conditions, rules and regulations involve and is not designed for the purpose of the contravention of any
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MUTUAL FUND

## IDFC Asset Management Co. Ltd.

One India Bulls Centre, 6" Floor, 841, Jupiter Mills Compound, Senapati Bapat Marg, Elphinstone Road (West), Mumbai - 400 013. Tel. No.: +91-22-24398799 / 66289999. Fax No.: +91-22-24215051 / 52 / 53. Website: www.idfcmf.com

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+91-484-3012639/4029291
+91-484-3012639/4029291
+91-482-25242645/2542678
+91-832-6560403
+91-9375568099
+91-40-42014646/47
+91-731-4206927/4208048 Agra
Ahmedabad
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Bangalore
Chandigarh
Chennai
Cochin
Coimbatore
Dehradun
Goa
Guwahati
Hyderabad
Indore

Jaipur Jalandhar Jamshedpur Kanpur Kolkata Lucknow Ludhiana Madurai Mangalore Mumbai Nagpur Nashik New Delhi

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Patna Pune Raipur Rajkot Surat Trivandrum Vadodara Varanasi Visakhapatnam +91-612-6510353 +91-20-66020965/4 +91-9926908790 +91-281-6626012 +91-261-2475060/2475070 +91-94470 48028 +91-265-6620919/39 +91-0542-2226527/6540214 +91-9701163444

Call Free: 1800-2-6666-88\*
\*Available from 8.00 am to 7.00 pm on all business days.