

Know Your Client (KYC)**Application Form (For Individuals only)**

(Please fill the form in English and in BLOCK Letters)

Fields marked with '*' are mandatory fields

Application ☐ New

Type*

☐ Update KYC Number*

South Gujarat ARN: 54854

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)**1. Identity Details** (Please refer instruction A at the end)PAN* Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		

Photo

Signature/
Thumb Impression**2. Proof of Identity (Pol)*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)**Address**

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	City / Town / Village*	<input type="text"/>
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>
		State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/>	Country*	<input type="text"/>
		Country Code	<input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified	

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)**Proof of Address***

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>		
<input type="checkbox"/> Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>	City / Town / Village*	<input type="text"/>
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>
		State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/>	Country*	<input type="text"/>
		Country Code	<input type="text"/> as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

 Country of Birth*

 Country Code

 as per ISO 3166

Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988
State/UT*

 Country*

 Country Code

 as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Name* Prefix

 First Name

 Middle Name

 Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number

 Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

 Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

 Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address

Fields marked with '*' are mandatory fields.

Please fill the form in English and in BLOCK letters.

For office use only <i>(To be filled by financial institution)</i>	Application Type*	<input type="checkbox"/> New <input type="checkbox"/> Update/Change															
	KYC Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>															<i>(Mandatory for KYC update request)</i>

☐ **1. Correspondence / Local Address Details** (Please see instruction E at the end) Enclose relevant documentary proof

☐ Same as Current / Permanent / Overseas Address details

Line 1*																																																						
Line 2																																																						
Line 3																										City / Town / Village*																												
District*											Zip / Post Code*										State/UT Code												as per Indian Motor Vehicle Act, 1988																					
State/UT											Country*																						Country Code												as per ISO 3166									

☐ **2. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

Fax -

3. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[illegible]

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

[Institution Stamp]

Supplementary CKYC Form

Know Your Client (KYC) Application Form

For Individuals Only

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

(To be additionally filled by customers using old KYC form)

KYC Type: ☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors



IDFC MUTUAL FUND

South Gujarat ARN: 54854

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Status* ☐ Resident Individual ☐ Non Resident Indian
☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector
☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student
☐ B-Business ☐ X-Not Categorised

2. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address
Line 1*
Line 2
Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

4. Remarks (If any)

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

5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts (Form 1A)

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency)

(Fields marked with * are mandatory for all and @ are mandatory for PAN exempt cases)



IDFC MUTUAL FUND

South Gujarat ARN: 54854

FIRST / SOLE APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PERN)

Place of Birth Country of Birth

Nationality ☐ Indian ☐ U.S. ☐ Others Tax Residence Address ☐ Residential ☐ Registered Office ☐ Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? → ☐ Yes ☐ No

If 'NO' please proceed for the signature of declaration

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

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>

SECOND APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PERN)

Place of Birth Country of Birth

Nationality ☐ Indian ☐ U.S. ☐ Others Tax Residence Address ☐ Residential ☐ Registered Office ☐ Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? → ☐ Yes ☐ No

If 'NO' please proceed for the signature of declaration

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

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>

THIRD APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PERN)

Place of Birth Country of Birth

Nationality ☐ Indian ☐ U.S. ☐ Others Tax Residence Address ☐ Residential ☐ Registered Office ☐ Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? → ☐ Yes ☐ No

If 'NO' please proceed for the signature of declaration

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

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>

GUARDIAN / POA / PROPRIETOR

Name

PAN or PAN Exempt KYC Ref No. (PERN)

Place of Birth Country of Birth

Nationality ☐ Indian ☐ U.S. ☐ Others Tax Residence Address ☐ Residential ☐ Registered Office ☐ Business

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? → ☐ Yes ☐ No

If 'NO' please proceed for the signature of declaration

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

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined overleaf)
1.				→Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→Reason <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 reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C → others, please state the reason thereof

Additional KYC Information*	First Applicant (Including Minor)	Second Applicant	Third Applicant	Guardian/POA/Proprietor
Gross Annual Income (Rs.) - Categories * Below 1 Lac, 1 - 5 Lac, 5 Lac - 10 Lac, 10 Lac - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr, 5 Cr - 10 Cr, above 10 Cr	Gross annual Income (Rs.) <div>Please write from options given</div>	Gross annual Income (Rs.) <div>Please write from options given</div>	Gross annual Income (Rs.) <div>Please write from options given</div>	Gross annual Income (Rs.) <div>Please write from options given</div>
Net-worth (Mandatory for Non-Individuals) (Rs.)	Rs. <input type="text"/> as on <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> (Not older than 1 year)	Rs. <input type="text"/> as on <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> (Not older than 1 year)	Rs. <input type="text"/> as on <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> (Not older than 1 year)	Rs. <input type="text"/> as on <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> (Not older than 1 year)
Source of Wealth				
Occupation - Categories* Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer & Others	<div>Please write from options given</div>	<div>Please write from options given</div>	<div>Please write from options given</div>	<div>Please write from options given</div>
In case of business / profession, indicate the details (Including nature of goods/ services dealt in)	<div></div>	<div></div>	<div></div>	<div></div>
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)	<div><input type="checkbox"/> I am PEP</div> <div><input type="checkbox"/> I am a relative / associate of PEP</div> <div><input type="checkbox"/> None of these</div>	<div><input type="checkbox"/> I am PEP</div> <div><input type="checkbox"/> I am a relative / associate of PEP</div> <div><input type="checkbox"/> None of these</div>	<div><input type="checkbox"/> I am PEP</div> <div><input type="checkbox"/> I am a relative / associate of PEP</div> <div><input type="checkbox"/> None of these</div>	<div><input type="checkbox"/> I am PEP</div> <div><input type="checkbox"/> I am a relative / associate of PEP</div> <div><input type="checkbox"/> None of these</div>
Any other KYC related information which you wish to provide				

Note : Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

*Under Rule 9 of PMLA Rules, 2005, investments in MF schemes of upto Rs. 50,000/- per investor per Mutual Fund per Financial year shall be exempted from requirement of Additional KYC information.

DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above 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 to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA, Additional KYC & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
<div></div>	<div></div>	<div></div>	<div></div>

Date

D

D

M

M

Y

Y

Y

Y

Place

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

[illegible]

(please see guidelines overleaf)

1. **New Name** (As appearing in supporting identification document).

2. **New Status** Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. **New PAN** Please enclose a duly attested copy of your PAN Card

4. **Father's / Spouse's Name**

5. **Marital Status** Please tick (✓) ☐ Single ☐ Married

6. **Nationality** Please tick (✓) ☐ Indian ☐ Others | Please specify

C. New Address Details (please see guidelines overleaf)

City / Town / Village					Pin Code				
State			Country						

2. New Contact Details

Tel. (Off.) (ISD) (STD)			Tel. (Res.) (ISD) (STD)		
Mobile (ISD) (STD)			Fax (ISD) (STD)		
E-Mail Id.					

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport
 ☐ Ration Card
 ☐ Registered Lease/Sale Agreement of Residence
 ☐ Driving License
 ☐ Voter Identity Card
 ☐ *Latest Bank A/c Statement/Passbook
 ☐ *Latest Telephone Bill (only Land Line)
 ☐ *Latest Electricity Bill
 ☐ *Latest Gas Bill
 ☐ Others (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted**

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village					Pin Code				
State			Country						

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached

☐ Passport
 ☐ Ration Card
 ☐ Registered Lease/Sale Agreement of Residence
 ☐ Driving License
 ☐ Voter Identity Card
 ☐ *Latest Bank A/c Statement/Passbook
 ☐ *Latest Telephone Bill (only Land Line)
 ☐ *Latest Electricity Bill
 ☐ *Latest Gas Bill
 ☐ Others (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted**

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

D. Other Details (please see guidelines overleaf)

1. **Gross Annual Income Details** Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs
[OR]
Net-worth in ₹ _____ (* Net worth should not be older than 1 year) as on (date)

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

2. **New Occupation** (Please tick (✓) any one and give brief details):
☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify) _____

3. **Please tick, if applicable:** ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person
For definition of PEP, please refer guideline overleaf

4. **Any other information:**

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. I hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/ SEBI Registered Intermediaries

Place:

Date _____

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ on / /

AMC/Intermediary name OR code

☐ (Originals Verified) Self Certified Document copies received☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Emp.No./ARN. No

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name:

Emp.No./ARN. No

Designation

Name of the Organization

Signature

Date _____

To,
IDFC Mutual Fund

[illegible]

Name _____

Aadhaar No.

Enclosed ☐ Self attested copy of Aadhaar Card **OR** ☐ Letter issued by UIDAI containing Aadhaar Enrolment No. (wherever physical Aadhaar card not received / official Aadhaar card number is issued)

Consent & Signature

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my consent for sharing/disclosing of my Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folios.

I have read, understood and agree to abide by the Instructions/guidelines.

Place										
Date	D	D	M	M	Y	Y	Y	Y		

Signature

Instructions & Guidelines

1. This form should be submitted separately for each PAN.
2. Not applicable for NRIs, Non-Individuals, HUFs
3. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.
4. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios", sign on the copy with date.
5. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.
6. Submit duly filled and signed form to your nearest AMC / CAMS branches.
7. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.

ACKNOWLEDGEMENT of Form for Updation of Aadhaar (To be filled in by Investor)

[illegible]

PAN									
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Aadhaar linking request form received for the above referred PAN. Linking your Aadhaar in MF Folios will be subject to verification and authentication of your Aadhaar with concerned authorities.

IDFCAMC Stamp & Signature, Date