

Sr. No. _____

Distributor Code¹ ARN - 2373 Sub-distributor Code¹ _____

Date _____ Folio No. _____ / _____

ADDITIONAL PURCHASE (Please mention the PAN without which, this application form will be considered incomplete and is liable to be rejected).

Plan A - Regular Plan (for all categories of Investors) - Minimum investment : Rs. 5,000/-; Plan B - Institutional Plan (for all categories of Investors) - Minimum investment : Rs. 1 Crore (Rs. 25,00,001/- for IDFC-GSF-PF, Rs. 1 Lac for IDFC-AF); Plan C - Super Institutional Plan (for all categories of Investors) - Minimum investment : Rs. 5 Crore; Plan D - MF Plan (for all categories of Investors) - Minimum investment : Rs. 5,000/-.

	Plan				Growth	Dividend mode		<input type="checkbox"/> Reinvestment (Re) <input type="checkbox"/> Payout	
	A	B	C	D		Dividend frequency			
Debt									
IDFC Cash Fund (IDFC-CF)	<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 ²	<input type="checkbox"/> Periodic ³
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 (IDFC-SSIF-ST)	<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 (IDFC-SSIF-MT)	<input type="checkbox"/>					<input type="checkbox"/> Daily Re	<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 (IDFC-GSF-ST)						<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		
IDFC Government Securities Fund-PF 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"/>				<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually		
IDFC Floating Rate Fund-Long Term (IDFC-FRF-LT)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Daily Re ⁴	<input type="checkbox"/> Weekly Re ²	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
IDFC Floating Rate Fund-Short Term (IDFC-FRF-ST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly	<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"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly	
IDFC Liquidity Manager Plus (IDFC-LMP)						<input type="checkbox"/> Daily Re	<input type="checkbox"/> Weekly Re	<input type="checkbox"/> Monthly	
Equity									
IDFC Classic Equity Fund (IDFC-CEF)					<input type="checkbox"/>				
IDFC Imperial Equity Fund (IDFC-IEF)					<input type="checkbox"/>				
IDFC Arbitrage Fund (IDFC-AF)					<input type="checkbox"/>				

First Holder PAN (mandatory) _____ **ENCLOSED** PAN proof KYC compliance.

Second Holder PAN (mandatory) _____ **ENCLOSED** PAN proof KYC compliance.

Third Holder PAN (mandatory) _____ **ENCLOSED** PAN proof KYC compliance.

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.

PAYMENT OPTIONS

Please mention the application serial number and the first applicant's name on the reverse of the cheque. Please ensure there is only one cheque per application form. Cheque should be drawn in favour of IDFC-SSIF-IP/IDFC-SSIF-ST/IDFC-SSIF-MT/IDFC-GSF-IP/IDFC-GSF-ST/IDFC-GSF-PF/IDFC-CF/IDFC-DBF/IDFC-FRF-ST/IDFC-FRF-LT/IDFC-ASBF/IDFC-CEF/IDFC-AF/IDFC-IEF/IDFC-LM/IDFC-LMP.

I/We want to invest Rs. (in figures) _____
Rs. (in words) _____

BANK DETAILS (Mandatory as per SEBI guidelines). Please note that the redemption proceeds would be credited to the said account.

Bank _____ Branch _____
City _____ State _____ Account No. _____
Account type Savings Current NRE NRO Others _____ (please specify)

Debit Mandate (Please fill the attached Debit Mandate).
Debit my SCB A/c. _____
SB/ Current A/c No. _____
Branch _____
Total amount Rs. (in figures) (inclusive of DD charges) _____
Rs. (in words) (inclusive of DD charges) _____
DD charges Rs. (in figures) (if paid) _____

Cheque/ DD Payment
Cheque/ DD No. _____
Cheque/ DD Date _____
Drawn on (Bank & Branch) _____

¹As per SEBI Circular No. MFD/CIR No. 10/31/01 dated Sep. 25, 2001, only ARN holders and empanelled distributors are permitted to offer Units to Investors and as per SEBI circular no. MFD/CIR/20/23230/2002 dated Nov. 28, 2002, a distributor is not entitled to receive commission on his own investments. ²Applicable for Plan C only. ³Applicable for Plan B only. ⁴Applicable for Plan A & B.

DEBIT MANDATE (For Standard Chartered Bank Account Holders Only)

To Branch Manager – Standard Chartered Bank

I/We _____ (Name of the account holder)

authorise you to debit my/ our Bank Account no. _____ for

Rs. (in figures) _____

Rs. (in words) _____

to pay for the purchase of

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> IDFC-SSIF-IP | <input type="checkbox"/> IDFC-SSIF-ST | <input type="checkbox"/> IDFC-SSIF-MT | <input type="checkbox"/> IDFC-GSF-IP | <input type="checkbox"/> IDFC-GSF-ST | <input type="checkbox"/> IDFC-GSF-PF |
| <input type="checkbox"/> IDFC-DBF | <input type="checkbox"/> IDFC-FRF-ST | <input type="checkbox"/> IDFC-FRF-LT | <input type="checkbox"/> IDFC-CF | <input type="checkbox"/> IDFC-ASBF | <input type="checkbox"/> IDFC-CEF |
| <input type="checkbox"/> IDFC-AF | <input type="checkbox"/> IDFC-IEF | <input type="checkbox"/> IDFC-LM | <input type="checkbox"/> IDFC-LMP | | |

Date: _____

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

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

ACKNOWLEDGEMENT SLIP

IDFC Mutual Fund

Sr. No.: _____
Received for additional Purchase/
Redemption/ Switch/ STP from
Mr./Ms./M/s. _____

Only for additional Purchase:

Debit Mandate/ Cheque No. _____

Amount of Rs. _____

STAMP & DATE

