



**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 Floating Rate Fund-Long Term Plan (IDFC-FRF-LT)	<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>1</sup>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
IDFC Floating Rate Fund-Short Term Plan (IDFC-FRF-ST)	<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 Liquidity Manager Plus (IDFC-LMP)	<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"/>				

<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 Offer 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>
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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.

