

**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

Systematix ARN: 64917 EUIN: E-029678

Application  New  
Type\*  Update KYC Number\*   
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

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth\*  DD -  MM -  YYYY

Gender\*  M- Male  F- Female  T-Transgender

Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN- Indian  Others - Country  Country Code

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

**Photo**

Signature/  
Thumb Impression

**2. Proof of Identity (PoI)\*** (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 [PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date  DD -  MM -  YYYY

B- Voter ID Card

D- Driving Licence  Driving Licence Expiry Date  DD -  MM -  YYYY

E- Aadhaar Card

F- NREGA Job Card

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

**3. Proof of Address (PoA)\***

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**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

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

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

Proof of Address\*

Passport Number  Passport Expiry Date  DD -  MM -  YYYY

Voter ID Card

Driving Licence  Driving Licence Expiry Date  DD -  MM -  YYYY

Aadhaar Card

NREGA Job Card

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

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\*

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

**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 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

**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.

[Signature / Thumb Impression]  
Signature / Thumb Impression of Applicant

Date:  Place:

**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]

**Institution Details**

Name   
Code   
Emp. Branch   
[Institution Stamp]

**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]



**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.

<b>For office use only</b> <i>(To be filled by financial institution)</i>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change
	KYC Number <input type="text"/> (Mandatory for KYC update request)

**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.

[Signature / Thumb Impression]

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Signature / Thumb Impression of Applicant

Date:   -   -     Place:



**Annexure B1 – Addition/Deletion of Related Persons**

Fields marked with "\*" are mandatory fields.  
Please fill the form in English and in BLOCK letters.

<b>For office use only</b> <small>(To be filled by financial institution)</small>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change	
	KYC Number	<small>(Mandatory for KYC update request)</small>

**1. Details of Related Person** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)
Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee
	<input type="checkbox"/> 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)**

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

**2. 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.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date:  Place:

**3. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

KYC Verification Carried Out by	
Date	<input type="text"/>
Emp. Name Emp. Code	<input type="text"/>
Emp. Designation	<input type="text"/>
Emp. Branch	<input type="text"/>
[Employee Signature]	

Institution Details	
Name	<input type="text"/>
Code	<input type="text"/>
[Institution Stamp]	

# Supplementary CKYC Form

## Know Your Client (KYC) Application Form For Individuals Only

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



IDFC MUTUAL FUND

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

Fields marked with \* are mandatory fields

KYC Type:  Normal (PAN is mandatory)

PAN Exempt Investors

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

PAN  Please enclose a duly attested copy of your PAN Card

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

(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)

### 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.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date:  Place:

# 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)



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## 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 (for KYC address)  Residential  Registered Office  BusinessAre 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 _____
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 _____

## 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 (for KYC address)  Residential  Registered Office  BusinessAre 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 _____
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 _____

## 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 (for KYC address)  Residential  Registered Office  BusinessAre 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 _____
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 _____





# KYC Details Change form (For Individuals Only)

Systematix ARN: 64917 EUIN: E-029678

Application No. :



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

www.camskra.com

PAN           PAN Exempt Ref. No.            UID/Aadhaar, if any:

Title Please tick (✓) Mr.  Ms.

Name

### (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)

1. New Address for Correspondence

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

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. 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)

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



# Form for Aadhaar Updation (Individuals)

Systematix ARN: 64917 EUN: E-029678



To,  
IDFC Mutual Fund

PAN  Refer instructions# 1

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

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)

Received from Mr. / Ms.

PAN

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

IDFC Asset Management Company Ltd.  
Tower 1, 6th Floor, One India Bulls Centre,  
Jupiter Mills Compound, 841, Senapati Bapat Marg,  
Elphinstone Road (West), Mumbai - 400 013.

For Non Financial Queries/Requests  
Toll free 1-800-300-66688  
Available between 8.00 am to  
7.00 pm on business days only.

Please note our investor  
service email id  
investormf@idfc.com

www.idfcmf.com