

KEY INFORMATION
MEMORANDUM (KIM) &
APPLICATION FORM

IDFC Equity Opportunity – Series 6

Multi Cap Fund - a close-ended equity scheme investing across large cap, mid cap, small cap stocks

NFO Opens : July 09, 2018

NFO Closes : July 23, 2018

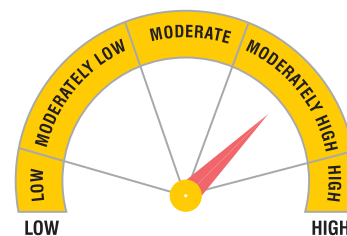
Tenure : 1194 days

Offer of Units of Rs 10/- each for cash during the New Fund offer.

This product is suitable for investors who are seeking*:

- Long-term capital growth.
- Investment predominantly in Indian as well as overseas Equity and Equity related securities in either growth stocks or value stocks or both without any capitalization bias.

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the Investor Service Centres or distributors or from the website www.idfcmf.com.**

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

Dated : June 26, 2018

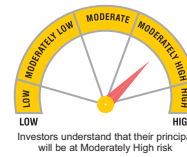
Name of Mutual Fund : IDFC Mutual Fund • Name of Asset Management Company : IDFC Asset Management Company Limited • Name of Trustee Company : IDFC AMC Trustee Company Limited • Addresses of the entities : One India Bulls Centre, 841, Jupiter Mills Compound, Senapati Bapat Marg, Elphinstone Road (West), Mumbai - 400 013. • Website : www.idfcmf.com



IDFC MUTUAL FUND

IDFC Equity Opportunity - Series 6 (Tenure : 1194 days)

New Fund Offer Period : July 09, 2018 to July 23, 2018



Application No.

This product is suitable for investors who are seeking*:

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- Investment predominantly in Indian as well as overseas Equity and Equity related securities in either growth stocks or value stocks or both without any capitalization bias.
- *Investors should consult their financial advisors if in doubt about whether the product is suitable for them.

ARN- 48012 <small>utor / RIA Code#</small>	ARN- <small>Sub-Distributor Code</small>	E E053085	<small>Internal Code for Sub-broker/ Employee</small>
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#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of IDFC Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – I/we hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. ☐

Signature of First / Sole Applicant /
Guardian / Authorised Signatory

TRANSACTION CHARGES

(Please ☒ any one of the below) (Refer Instruction No. L)

- ☐ I am a first time investor in mutual funds (₹ 150 will be deducted) OR ☐ I am an existing investor in mutual funds (₹ 100 will be deducted)
- Applicable for transactions routed through a distributor who has opted in for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1 EXISTING FOLIO NO.	2 MODE OF HOLDING / OPERATION	<input type="checkbox"/> Single <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint <small>(Default option is anyone or survivor)</small>
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3 APPLICANT'S DETAILS (Please refer to the Instruction No. A, B, C) All fields are mandatory.

Gender ☐ Male ☐ Female

1st APPLICANT	Mr Ms M/s	Date of Birth**	D D M M Y Y
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PAN/PEKRN*	Aadhaar No.	KIN* <input type="checkbox"/> Proof Attached
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GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUALS) /POA HOLDER	Mr Ms	Date of Birth	D D M M Y Y
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PAN/PEKRN*	Aadhaar No.	KIN* <input type="checkbox"/> Proof Attached
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Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian

2nd APPLICANT	Mr Ms M/s	Date of Birth	D D M M Y Y
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PAN/PEKRN*	Aadhaar No.	KIN* <input type="checkbox"/> Proof Attached
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3rd APPLICANT	Mr Ms M/s	Date of Birth	D D M M Y Y
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PAN/PEKRN*	Aadhaar No.	KIN* <input type="checkbox"/> Proof Attached
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*Mandatory information - If left blank, the application is liable to be rejected. ** Mandatory in case the Sole/First applicant is minor. * Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Tel. No.	Office	Residence	Mobile No.
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Email ID

Account Statement and other communications (statutory or otherwise) will be sent by default to the registered e-mail id/Mobile no. I wish to receive account statement and other communications in physical form. (please ☒ here). ☐

I wish to opt-in to receive the abridge summary of scheme annual report in physical form. (please ☒ here). ☐

5 TAX STATUS (Please ☒)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other <small>Specify</small>
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
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7 BANK DETAILS (Mandatory)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number	Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others <small>(please specify)</small>
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Bank Name & Branch

Branch City	IFSC Code	MICR Code
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IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions

From

Stamp & Signature

8 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ YES ☐ NO (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <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 reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.idfcmf.com or at the Investor Service centres (ISCs) of IDFC Mutual Fund

9 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)

Scheme	IDFC Equity Opportunity - Series 6	Plan	Regular	Option	
Mode of payment	<input type="checkbox"/> Self <input type="checkbox"/> Third Party Payment (Please fill the Third Party Payment Declaration Form)	Payment mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> IDFC OTM <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS/NEFT		
Amount (figures)	<input type="text"/>	Cheque/DD/UTR/UMR No.	<input type="text"/>	Cheque Date	<input type="text"/>
Account No.	<input type="text"/>	Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others <small>Please specify</small>		
Bank & Branch Name	<input type="text"/>				

10 NOMINATION DETAILS Individuals (single or joint applicants) are advised to avail Nomination facility. ☐ I/We wish to nominate ☐ I/We DO NOT wish to nominate and sign here 1st Applicant signature (mandatory)

Nominee Name & Address	In case of Minor		Allocation %	Relationship with Investor	Nominee/ Guardian sign
	Guardian Name & Address	Date of birth			
Nominee 1		<input type="text"/>			
Nominee 2		<input type="text"/>			
Nominee 3		<input type="text"/>			

11 KYC DETAILS (Mandatory)

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify

GROSS ANNUAL INCOME [Please tick ✓]

First Applicant / Guardian	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore
	OR Net worth (Mandatory for Non-Individuals) ₹ <input type="text"/> as on <input type="text"/> as on (Not older than 1 year)
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ <input type="text"/>
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ <input type="text"/>

OTHERS [Please tick ✓]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)); (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA) and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to IDFC Asset Management Company Limited ("IDFCAMC") for (i) collecting, storing and usage; (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under IDFC Mutual Fund, based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise IDFCAMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (Rs.)	Scheme
	<input type="text"/>		IDFC Equity Opportunity - Series 6

Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non-Individuals / Legal Entity) (Form 1A)

(All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)



Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

"Address of residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

PAN

Date of incorporation

City of incorporation Country of incorporation

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number [®]	Identification Type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[®]In case Tax Identification Number is not available, kindly provide its functional equivalent⁵.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here (Refer Instruction No. viii)

FATCA & CRS DECLARATION

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, ☐ Global Intermediary Identification Number (GIIN)

Financial institution³ ☐ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

or
Direct reporting NFE⁴ ☐ Name of sponsoring entity

GIIN not available (please tick as applicable)

☐ Applied for

If the entity is a financial institution

☐ Not required to apply for (please specify 2 digits sub-category)

☐ Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ¹ Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ² Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

...Continued Overleaf

IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)



Received, subject to realisation, verification and conditions, form for application KYC Details, FATCA and CRS declarations for Non Individual Accounts.

From

In Folio No.

On Date

Stamp & Signature

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.

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category) ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association / body of individuals ☐ Private Trust ☐ Public Charitable Trust ☐ Religious Trust ☐ Others

Details	UBO1	UBO2	UBO3
Name (Beneficial Owner/Controlling Person)			
UBO Type code (refer 3 (iv) (A) of Part (D))			
PAN/ Any other identification Number@			
Type of ID Document@ (If PAN not Provided)			
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
Father's Name (Mandatory if PAN is not available)			
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Percentage of Holding/ Beneficial Interest			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

@ PAN, Aadhaar, Passport, Election Id, Government ID, Driving Licence, NREGA Job Card, Others (Please Specify)

* To include US, where controlling person is a US citizen or green cardholder.

% In case Tax identification number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114 F to 114H as part of the Income-tax Rules 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If No TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

PART C CERTIFICATION

☐ I / We have understood the information requirements of this Form (read along with the FATCA & 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.

Name

Designation

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

Date

Place

For Financial Transactions
Toll free 1-800-2-666688
Available between 8.00 am to
7.00 pm on business days only.

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