HDFC MUTUAL FUND
BHAROSA APNO KA

Application Form (Except for ETFs, HDFC Retirement Savings Fund and HDFC Children's Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on page 165 to 165 before completing this Form.
The Application Form should be completed in English and in **BLOCK LETTERS** only.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN-							

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN →

First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 6, 7, 9 AND 13 ONLY. Refer instruction 2).

Folio No. _____ / _____ The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Joint (Default) ☐ Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 3) DATE OF BIRTH@/DATE OF INCORPORATION [D D M M Y Y Y Y] Proof of date of birth@ **Please (✓)** ☐ Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records(all unitholder))
☐ Mr. ☐ Ms. ☐ M/s. _____
Nationality _____ PAN#/ PEKRN# _____
KYC Number _____ KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)
☐ Mr. ☐ Ms. _____
Nationality _____ Designation _____ Contact No. _____
PAN#/ PEKRN# _____ DATE OF BIRTH [D D M M Y Y Y Y]
KYC Number _____ KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

Relationship with Minor@ Please (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian Proof of relationship with minor@ Please (✓) ☐ Attached @ Mandatory Refer instruction 4c

CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code - Mobile _____
STD Code _____ STD Code _____ Res. _____ Telephone No. Office _____
eAlerts Mobile _____ eDocs Email of First / Sole holder ^ _____ IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

☐ I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 8)

☐ I/ We would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 11.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 8)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 3a)
_____
CITY _____ STATE _____ PIN CODE _____

OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs/ OCIs) (P. O. Box Address may not be sufficient)
_____ CITY _____
STATE _____ COUNTRY _____ PIN CODE _____

KYC Details

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual* *[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 3 & 17)*

☐ Resident Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Pvt. Ltd. Company ☐ Public Ltd. Company ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP
☐ Society/Club ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Foreign National Resident in India ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others _____ (please specify)

LEI No. _____ Expiry Date: [DD] [MM] [YYYY]
(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)
* Trust/Societies/Section 8 companies to give below declaration

We are a **"Non-Profit Organization" [NPO]** which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ YES ☐ NO
If yes, please quote Registration No. of Darpan portal of Niti Aayog. *(If not registered already, please register immediately and confirm with the above information)*	

Occupation Details [Please tick (✓)] ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Proprietorship ☐ Others (Please specify) _____

Gross Annual Income in Rs. [Please tick (✓)] ☐ Below 1 lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25 lac- 1 cr ☐ > 1 cr
OR Networth in Rs. (Mandatory for Non Individual) _____ as on [D D M M Y Y Y Y] (not older than 1 year)

For Individual [Please tick (✓)] ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

May 2025

4. JOINT APPLICANT DETAILS, If any (Refer instruction 3) (In case of Minor, there shall be no joint holders)

1. NAME OF SECOND APPLICANT   **DATE OF BIRTH** [D D M M Y Y Y Y]

Mr.   Ms.   M/s.

Nationality   PAN#/ PEKRN#

KYC Number   **KYC #** [Please tick (✓)] (Mandatory)   ☐ Proof Attached

Occupation Details [Please tick (✓)] ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Proprietorship ☐ Others (Please specify) _____

Gross Annual Income in Rs. [Please tick (✓)] ☐ Below 1 lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25 lac- 1 cr ☐ > 1 cr

For Individual [Please tick (✓)] ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable

CONTACT DETAILS OF SECOND APPLICANT

*e*Alerts Mobile   *e*Docs Email of First / Sole holder ^   IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

2. NAME OF THIRD APPLICANT   **DATE OF BIRTH** [D D M M Y Y Y Y]

Mr.   Ms.   M/s.

Nationality   PAN#/ PEKRN#

KYC Number   **KYC #** [Please tick (✓)] (Mandatory)   ☐ Proof Attached

Occupation Details [Please tick (✓)] ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Proprietorship ☐ Others (Please specify) _____

Gross Annual Income in Rs. [Please tick (✓)] ☐ Below 1 lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25 lac- 1 cr ☐ > 1 cr

For Individual [Please tick (✓)] ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable

CONTACT DETAILS OF THIRD APPLICANT

*e*Alerts Mobile   *e*Docs Email of First / Sole holder ^   IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

5. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. ☐ Ms. ☐ M/s. ☐

PAN#/ PEKRN#

KYC Number   **KYC #** [Please tick (✓)] (Mandatory)   ☐ Proof Attached

*e*Alerts Mobile   *e*Docs Email of PoA holder ^   IN CAPITALS

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

6. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 3)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			

Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA.   ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

7. UNIT HOLDING OPTION   ☐ DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement)   ☐ PHYSICAL MODE (Default)   (refer instruction 11)

*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	DP Name _____	DP ID [I][N]	Beneficiary Account No.

CDSL	DP Name _____	Beneficiary Account No.	

Particulars

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / Payment Instrument.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (refer instruction 5 & 6 for Scheme details and instruction 7 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.

Sr No.	Name of the Schemes	Plan	Option	Sub-Option for IDCW	Investment Amount (Rupees)
1	HDFC	☐ Regular ☐ Direct	☐ Growth ☐ IDCW ^	☐ Payout ☐ Reinvestment	
2	HDFC	☐ Regular ☐ Direct	☐ Growth ☐ IDCW ^	☐ Payout ☐ Reinvestment	
3	HDFC	☐ Regular ☐ Direct	☐ Growth ☐ IDCW ^	☐ Payout ☐ Reinvestment	
	In case of multiple schemes, Cheque should be drawn in favour of "HDFC MF LUMP SUM COLLECTION A/C" and the cheque amount should match with the total Investment amount mentioned here.			**Total Amount**	

Mode of Payment ☐ Cheque ☐ NEFT/ RTGS/ Fund Transfer ☐ One Time Mandate (OTM)*

Sr No.	Cheque/NEFT/RTGS/UTR no.	Date of Cheque/NEFT/ RTGS/Fund Transfer	Amount of Cheque/ NEFT/RTGS/ Fund Transfer	Drawn on Bank & Branch	Bank Account No. (For Cheque/NEFT/RTGS/OTM)
1					
2					
3					

*Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM.   ^ The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.

9. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments if any)   (refer instruction 4)
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 above.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Mandatory

Bank Name

Branch Name   Bank City

Account Number   Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____ (please specify)

IFSC Code***   *** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

10. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 9)   The redemption / IDCW proceeds will be directly credited to the investor's bank account.

11. NOMINATION FOR UNITS IN NON-DEMAT MODE Please refer to instruction no. 13 (Nomination is mandatory for all folios held Singly)

☐ I/We wish to make a nomination. [As per details given below]   **OR**   ☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account/ folio in the event of my / our demise, as trustee and on behalf of my/ our legal heir(s)*. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
	Mandatory information		
1 **Name of the nominee(s) (Mr./Ms.)**			
2 **Share of each Nominee#**	%	%	%
3 **Date of Birth (for Minor)**	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
4 **Relationship with the Applicant (select one)**	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son Others _____ (please specify)	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son Others _____ (please specify)	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son Others _____ (please specify)
5 **Nominee/ Guardian (in case of Minor) Identification details** [Please tick any one of the following and provide ID Number and no copies required].	☐ PAN _____ ☐ Aadhaar (masked last 4 digits) **** **** _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____	☐ PAN _____ ☐ Aadhaar (masked last 4 digits) **** **** _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____	☐ PAN _____ ☐ Aadhaar (masked last 4 digits) **** **** _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____
6 **Address of Nominee(s)/ Guardian in case of Minor** [Tick ✓ if same as First Applicant, or provide the complete address if different] City / Place: State & Country	☐ Same as First Applicant Pincode:	☐ Same as First Applicant Pincode:	☐ Same as First Applicant Pincode:

11. NOMINATION FOR UNITS IN NON-DEMAT MODE Please refer to instruction no. 13 (Nomination is mandatory for all folios held Singly) *(Contd...)*

7	Mobile of nominee(s)/ Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			

Non-mandatory details

9	Nominee Guardian Name (in case Nominee is Minor)			

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) with %   ☐ Nomination: Yes / No (Default)

This nomination shall supersede any prior nomination made by the account holder(s), if any

Signature(s) – As per mode of holding in demat accounts / MF Folio(s).

	Name of the Holder	Signature / Thumb Impression*
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.
If % is not specified, then the assets shall be distributed equally among all the nominees. **#** Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Note: *The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)*

12. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 19)

☐ Smart ODR   **OR**   ☐ by harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India

13. DECLARATION & SIGNATURE/S (refer instruction 12)

I / We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:

(a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.

(b) I / We will be bound by the Fund's terms and conditions as amended from time to time.

(c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.

(d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.

(e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.

(f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.

(g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

(h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

Consent for Telemarketing (Refer Instruction 18):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on https://www.hdfcfund.com) ("Policy") of HDFC AMC/ Fund.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

For Foreign Nationals Resident in India only:

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

For NRIs/ PIO/ OCIs/ FPIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.
For NRIs/ PIO/OCIs Please (✓) ☐ Repatriation basis ☐ Non-repatriation basis

SIGN HERE ⟳ (Please write Application Form No. / Folio No. on the reverse of the Cheque / Payment Instrument.)			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

Application Form for Equity and Debt Systematic Investment Plan (SIP)
[For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use
(Please refer Product labeling available on page 162 to 165 and terms and conditions overleaf)

HDFC MUTUAL FUND
BHAROSA APNO KA
May 2025

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) | **FOR OFFICE USE ONLY (TIME STAMP)**

ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA /Stock Broker/ Portfolio Manager's Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN-					

EUIN Declaration (only where EUIN box is left blank)
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

Date: D D M M Y Y Y Y

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.	☐ **NEW REGISTRATION**	☐ **CANCELLATION**$

Please (✓) as applicable:

☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 7 Days i.e. for debit date 15th, form can be submitted till 7th of the month.

☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 21 days depending on NACH modalities.

1) INVESTOR DETAILS$

Application No. (For new investor)/ **Folio No.** (For existing Unitholder) [_____]

Applicant Name: [_____]

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))

☐ Purchase of Residence   ☐ Children's Education   ☐ Children's Marriage   ☐ Retirement   ☐ Others _____ *Please Specify* _____

Target Amount [_____]

2) INVESTMENT DETAILS FOR SIP$ [Please tick (✓)]

Scheme Name	HDFC	HDFC	HDFC
Plan	☐Regular ☐Direct	☐Regular ☐Direct	☐Regular ☐Direct
Option / Facility	☐Growth ☐IDCW | ☐Reinvest ☐Payout	☐Growth ☐IDCW | ☐Reinvest ☐Payout	☐Growth ☐IDCW | ☐Reinvest ☐Payout
Frequency	☐Daily++ ☐Weekly## (Any days from Monday to Friday) ☐Monthly+ ☐Quarterly ☐Half-Yearly ☐Yearly	☐Daily++ ☐Weekly## (Any days from Monday to Friday) ☐Monthly+ ☐Quarterly ☐Half-Yearly ☐Yearly	☐Daily++ ☐Weekly## (Any days from Monday to Friday) ☐Monthly+ ☐Quarterly ☐Half-Yearly ☐Yearly
SIP Installments (For Daily & Weekly frequency)###	_____	_____	_____
SIP Date+	D D	D D	D D
Enrolment Period (MM/YY)	From M M Y Y To M M Y Y	From M M Y Y To M M Y Y	From M M Y Y To M M Y Y
SIP Amount	_____	_____	_____

SIP TOP-UP (3) Not available for Daily and Weekly SIP

Frequency	☐Half Yearly ☐Yearly+	☐Half Yearly ☐Yearly+	☐Half Yearly ☐Yearly+
Amount	_____	_____	_____
Percentage$ (%)	_____	_____	_____
SIP Top-Up Cap Amount or CAP Month-Year#:	_____ M M Y Y	_____ M M Y Y	_____ M M Y Y

+Default, if not selected. • ++Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. • ##Triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day and SIP TOP up facility shall not be available. • ###Number of installments have to be mentioned only in case of Daily/ Weekly frequencies. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-Up frequency. • ^ TOP UP amount has to be in multiples of Rs.100 only. • $The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 21 days prior to the SIP date. Top-up will be applicable from next effective SIP installment. • *TOP-UP CAP amount • **SIP tenure can be registerd upto a maximum of 40 years • # TOP-UP CAP Month-Year

- -

2) INVESTMENT DETAILS FOR SIP$ [Please tick (✓)] *(Contd...)*

Maximum amount of debit (SIP+Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

In case of SIP in multiple schemes, Cheque should be drawn in favour of "HDFC MF MULTI SIP COLLECTION A/C" and the cheque amount should match with the total SIP amount.

First SIP Transaction via Cheque No. [＿＿＿＿] **Cheque Dated** [D D M M Y Y Y Y] **Amount (Rs.)** [＿＿＿＿]

Mandatory Enclosure (if 1st Installment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.

3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: [＿＿＿＿]   Account Number: [＿＿＿＿]

4) UNIT HOLDING OPTION   ☐ DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement)   ☐ PHYSICAL MODE (Default)

*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name ＿＿＿＿	DP ID	I	N	☐☐☐☐☐☐	Beneficiary Account No.	☐☐☐☐☐☐☐☐
CDSL	Depository Participant (DP) Name ＿＿＿＿		Beneficiary Account No.		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		

5) DECLARATION AND SIGNATURE(S)$

I / We hereby confirm and declare as under:-

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ Debit Clearing / Direct Debit / Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURE (S)

＿＿＿＿＿＿＿＿＿＿   ＿＿＿＿＿＿＿＿＿＿   ＿＿＿＿＿＿＿＿＿＿
First/ Sole Unit holder/ Guardian/ POA Holder   Second Unit holder   Third Unit holder

Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.
#In case the OTM is not registered in the folio please submit duly filled and signed OTM form separately.

Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility, please visit our website www.hdfcfund.com and also refer to scheme related documents.

- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered.
- In case both SIP end date and no. of installments are mentioned in the SIP application for daily & weekly frequency then SIP shall get registered as per the no. of installments provided.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with HDFC Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. 5 lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- HDFC Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility and SIP facility in the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.

- The Enrolment Form should be submitted atleast 21 days before the first date ^ for NACH/ Direct Clearing/ Direct Debit / Standing Instruction.

  If the start period is not mentioned, the chosen/Default date falling 15 days from submission date will be considered as the start date and will be registered from that date (eg. If the application is submitted on June 1 without indicating the start period then the SIP start date would be July 1).

  In cases where D-SIP/W-SIP application is accompanied with fresh OTM mandates, the start date/day for D-SIP/W-SIP shall be 10 days after receipt of confirmation for registration of OTM from destination banks.

  Investors enrolling for D-SIP/W-SIP should select "As & when presented" as payment frequency in the OTM.

  In case the D-SIP/W-SIP instalment is not debited on a particular day on account of system constraints, technical/operational issues/actions of other parties or any other circumstances beyond the control of HDFC AMC/Fund, such missed debits will not be re-initiated.

  ^ In case the auto debit start date/day as mentioned in the form does not satisfy this condition, the first date/day shall be rolled over to begin from the immediately following month (provided the roll over date/day does not exceed the maximum time gap of 90 days between the SIP submission date and first installment of SIP through NACH/Direct Clearing or Direct Debit/ Standing Instruction) and the end date/day shall accordingly get extended.

- In case of auto cancellation, the below given uniform timeline for treating an SIP as closed / cancelled shall be adopted by all AMCs:

S No.	SIP Interval	No. of failed debit attempts prior to cancellation of SIP
1.	Daily	3
2.	Weekly, Fortnightly	3
3.	Monthly	3
4.	Bi-monthly, Quarterly or Longer interval SIPs	2

  The AMC will send a communication to investor after 1st failed debit attempt, mentioning that the SIP will cease in case of 3 consecutive rejections and another communication after cancellation of SIP intimating the cancellation to the investor.

- SIP cancellation request will be processed within 2 working days from the submission of such request by the investor. However, it may be noted that any instalments for which debit instructions have already been sent to the investor's bank (for eg. 7 to 10 days in advance depending upon the mode of registration of the mandate) may continue to be processed. Investors should accordingly maintain sufficient balance in their bank account.

- -

ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)

Scheme / Plan / Option	Scheme 1
	Scheme 2
	Scheme 3

[For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

✉ **e-mail us at: hello@hdfcfund.com**   or   🌐 **visit our website: www.hdfcfund.com**   ☎ **Missed Call Number - +91 85069 36767**

Application Form for Equity and Debt Flex Systematic Investment Plan (Flex SIP)
[For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use
(Please refer Product labeling available on page 162 to 165 and terms and conditions overleaf)

HDFC MUTUAL FUND
BHAROSA APNO KA

May 2025

Enrolment Form no.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA /Stock Broker/ Portfolio Manager's Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-						

EUIN Declaration (only where EUIN box is left blank)
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

Date: D D M M Y Y Y Y

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected. ☐ **NEW REGISTRATION**   ☐ **CANCELLATION**

1) INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder)

Applicant Name:

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))

☐ Purchase of Residence   ☐ Children's Education   ☐ Children's Marriage   ☐ Retirement   ☐ Others _____ *Please Specify* _____

Target Amount

2) INVESTMENT DETAILS FOR SIP [Please tick (✓)]

Scheme Name	1.	2.	3.
Plan / Option			
Frequency	☐Monthly⁺ ☐Quarterly	☐Monthly⁺ ☐Quarterly	☐Monthly⁺ ☐Quarterly
Start Date I Month Year	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Tenure of Flex SIP	☐3 Years ☐5 Years⁺ ☐10 Years ☐15 Years ☐20 Years	☐3 Years ☐5 Years⁺ ☐10 Years ☐15 Years ☐20 Years	☐3 Years ☐5 Years⁺ ☐10 Years ☐15 Years ☐20 Years
First SIP Transaction via Cheque No.			
Cheque Dated	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Amount			

⁺Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 21 days prior to the SIP date.

Mandatory Enclosure (if 1st Installment is not by cheque)   ☐ Blank cancelled cheque   ☐ Copy of cheque
The name of the first/ sole applicant must be pre-printed on the cheque.

3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: **Account Number:**

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

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4) UNIT HOLDING OPTION   ☐ DEMAT MODE*   ☐ PHYSICAL MODE (Default)   (refer instruction 6)

*Demat Account details are mandatory for (I) Foreign Portfolio Investors and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name _____	DP ID	I	N								Beneficiary Account No.								

CDSL	Depository Participant (DP) Name _____	Beneficiary Account No.																

*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

5) DECLARATION AND SIGNATURE(S)

I / We hereby confirm and declare as under:-
I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Flex Systematic Investment Plan (Flex SIP) and of NACH/ Debit Clearing / Direct Debit / Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the Flex SIP.
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURE (S)

_____ _____ _____
First/ Sole Unit holder/ Guardian/ POA Holder   Second Unit holder   Third Unit holder

**Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.**

Terms and Conditions and Instructions

For detailed terms and conditions on Flex SIP, including for OTM facility, please visit our website www.hdfcfund.com and also refer to scheme related documents.

HDFC Flex Systematic Investment Plan ("Flex SIP"), a facility whereby investors can invest at predetermined intervals in the eligible schemes of the Fund, higher amount(s) determined by a formula linked to value of investments, to take advantage of market movements.

A.   Flex SIP facility is currently available under growth option of open ended equity schemes and open ended hybrid schemes of the Fund (eligible schemes). The eligible schemes for Flex SIP investments are subject to change from time to time. Investors are requested to email us at hello@hdfcfund.com or visit our website www.hdfcfund.com or contact nearest Investor Service Centre (ISC) of the Fund for the updated list of eligible schemes.

B.   a.   The first Flex SIP installment will be processed for the fixed amount specified by the Unitholder in the enrolment form. The installment amount mentioned shall not exceed Rs. 1 Lakh. From the second installment onwards, the investment amount shall be computed as per the formula stated below:

b.   For installments under Flex SIP, the amount to be invested in the Scheme as on the date of SIP shall be higher of:
o   Fixed amount to be invested per installment; or
o   The amount determined by the formula: (fixed amount to be invested per installment X number of installments including the current installment) – market value of the investments through Flex SIP 2 business days prior to the SIP date.

c.   At any given point in time, the subsequent Flex SIP installment amount determined by the above formula shall be capped at 2 times the first Flex SIP installmentt amount or Rs.1,99,999/- whichever is lower.
The installment amount shall be rounded off to nearest multiple of Re. 1/-.

d.   The total amount invested during the tenure of the Flex SIP shall not exceed the total enrolment amount i.e. fixed amount per installment X total number of installments under the Flex SIP registration. Thus, the last installment will be adjusted accordingly.

C.   **Illustration 1:** How would the Flex SIP installment be calculated?
Flex SIP Enrolment Details:

Scheme Name	:	HDFC Large Cap Fund - Growth Option ("the Scheme")
Installment Date & Frequency of Flex SIP	:	15th of every month (T)
Fixed Installment Amount	:	Rs. 5000/-
Number of Installments	:	36
Total Enrolment Amount	:	Rs 5000 X 36 = Rs 1,80,000
Period	:	January 2018 to December 2020

Calculation of Flex SIP installment amount for instance on the date of the fourth installment i.e. April 15, 2018 (T):
•   Total units allotted upto the date of previous installment i.e. March 15, 2018 is assumed as 685.50;
•   The NAV of the Scheme on April 13, 2018 (T-2) is assumed as Rs. 18/- per unit;
•   Hence the market value of the investment in the Scheme on April 13, 2018 is Rs. 12,339 [685.50 X 18].
The installment amount will be calculated as follows:

Fixed amount specified at the time of enrolment	:	Rs. 5,000/-
	or	
As determined by the formula	:	[(5,000 X 4) – 12,339.00] = Rs. 7,661.00
whichever is higher		

Hence, the installment amount on April 15, 2018 will be Rs. 7,661.00

Illustration 2: How would maximum Flex SIP installment be calculated?
Calculation of Flex SIP installment amount for instance on the date of the seventh installment i.e. July 15, 2018 (T):
•   Total units allotted upto the date of previous installment i.e. June 15, 2018 is assumed as 1,558.675;
•   NAV of the Scheme on July 13, 2018 (T-2) is assumed as Rs. 14/- per unit;
•   Hence the market value of the investment as on July 13, 2018 is Rs. 21,821 [1558.675 X 14].
The installment amount will be calculated as follows:

Fixed amount specified at the time of enrolment	:	Rs. 5,000/-
	or	
As determined by the formula	:	[(5,000 X 7) – 21,821.00] = Rs. 13,179.00
whichever is higher; subject to 2 times the initial installment amount		

Hence, the installment amount on July 15, 2018 amount will be Rs. 10,000/-

Thus this Flex SIP facility helps to buy more units when the NAVs are lower. HDFC Flex SIP in any manner whatsoever is not an assurance or promise or guarantee on part of HDFC Mutual Fund/ HDFC Asset Management Company Limited to the Unit holders in terms of returns or capital appreciation or minimization of loss of capital or otherwise.

Illustration 3: How would the total enrolment amount under Flex SIP be calculated?
As per the details of Flex SIP provided in the above illustration, the total enrolment amount for Flex SIP will be equal to Rs 1,80,000 (5000 X 36 months).
If the total amount invested in Flex SIP till the 34th month is Rs 1,77,000, then the 35th installment will be Rs. 3000 (Rs. 1,80,000 – Rs. 1,77,000) and the Flex SIP will cease.

Note: The dates in the illustrations above are assumed to be Business Days. The above illustrations are for understanding purpose only. The amount for subsequent installments (i.e. installments after the 1st installment) will be calculated based on the market value of the investment 2 days before the Installment date (T). However, the installment will be processed on SIP debit date subject to applicable NAV as per cut-off timing guidelines.

D.   **An investor has an option to choose from 5 Flex SIP tenures viz. 3 years, 5 years, 10 years, 15 years and 20 years. If a tenure is not chosen, 5 years shall be the default Flex SIP tenure.**

E.   The facility offers Monthly Flex Systematic Investment Plan (MFLEX) and Quarterly Flex Systematic Investment Plan (QFLEX) frequencies. In case the frequency is not indicated, Monthly frequency shall be treated as the Default Frequency.

	Schemes other than HDFC ELSS Tax saver*	HDFC ELSS Tax saver*
	i) Minimum Amount per Installments	
MFLEX	Rs. 500/- and in multiples of Rs. 100/-	Rs. 500/- and in multiples of Rs. 500/-
QFLEX	Rs. 1,500/- and in multiples of Rs. 100/-	Rs. 1,500/- and in multiples of Rs. 500/-

*open-ended equity linked savings scheme with a lock-in period of 3 years.

F.   SIP Top-Up is not available under Flex SIP.

G.   Mode of Payment: Flex SIP shall be processed only through NACH mode.
Unitholders are requested to ensure that the amount mentioned in the OTM mandate shall be atleast 2 times the amount of fixed installment to be invested per installment.

H.   In case, there is a reversal of any SIP installment due to insufficient balance or technical reasons, the balance installments under Flex SIP will be processed for the fixed installment amount specified by the unitholder at the time of enrolment.

I.   In case there is a redemption/ switch-out of any units allotted under Flex SIP, the balance installments under Flex SIP will be processed for the fixed installment amount specified by the unitholder at the time of enrolment. However, in case of any errors in processing, particularly redemptions, by the Registrar and Transfer Agent, the same may be rectified and Flex-SIP may continue.

J.   SIP cancellation request will be processed within 2 working days from the submission of such request by the. However, it may be noted that any instalments for which debit instructions have already been sent to the investor's bank (for eg. 7 to 10 days in advance depending upon the mode of registration of the mandate) may continue to be processed. Investors should accordingly maintain sufficient balance in their bank account.

ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)

Scheme / Plan / Option	Scheme 1
	Scheme 2
	Scheme 3

[For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

✉ **e-mail us at: hello@hdfcfund.com**   or   🌐 **visit our website: www.hdfcfund.com**   ✆ **Missed Call Number - +91 85069 36767**

OTM Debit Mandate Form NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes]

HDFC MUTUAL FUND *BHAROSA APNO KA*

UMRN						OFFICE USE ONLY									Date	D	D	M	M	Y	Y	Y	Y

Utility Code						OFFICE USE ONLY							☐ Create	☐ Modify	☐ Cancel

Sponsor Bank Code: OFFICE USE ONLY

I/We authorize **HDFC Mutual Fund**

To debit (tick✓): SB/CA/CC/SB-NRE/SB-NRO/OTHER

Bank A/c number: | | | | | | | | | | | | | | | | | |

With Bank:

IFSC/MICR: | | | | | | | | | | |

an amount of Rupees: ₹

Debit Type   ☐ Fixed Amount   ③ Maximum Amount

Frequency   ☐ Monthly   ☐ Quarterly   ☐ Half Yearly   ☐ Yearly   ③ As & when presented

PAN/PEKRN:

Reference 2:

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only.

Phone No.

Signature of Primary Account Holder   Signature of Account Holder   Signature of Account Holder

1. _____ Name as in Bank Records   2. _____ Name as in Bank Records   3. _____ Name as in Bank Records