

Application Form (Except for HDFC Gold Exchange Traded Fund and HDFC Children's Gift Fund)

ARN ARN Name Sup Agent's ARN Business according under Direct Plan Franch Code Integration (only where EURH box is left black) (Refer Instruction 1) EURID Observation (only where EURH box is left black) (Refer Instruction 1) When box by comit in the EURH box is left black) (Refer Instruction 1) EURID Observation (only where EURH box is left black) (Refer Instruction 1) For 24075 EURID Observation (only where EURH box is left black) (Refer Instruction 1) For 24075 EURID Observation (only where EURH box is left black) (Refer Instruction 1) For 24075 EURID Observation (only where EURH box is left black) (Refer Instruction 1) For 24075 EURID Observation (only where EURH box is left black) (Refer Instruction 1) For 24075 EURID Observation (only where EURH box is left black) (Refer Instruction 1) For 24075	MUTUAL FUND www.hdfcfund.com		ey Information Memorandum ald be completed in English			er page before complet	ting this Fo	rm.		
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Body Corporate LLP Society / Club Foreign National Resident in India QF FP Sole Proprietorship Non Profit Organisation Others Others Details Please tick (**) Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others Qflease Specify) 6. Gross Annual Income (Rs.) Please tick (**) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs - 25 Lacs - 1 Crore > 1 Crore OR As on OD MM YMY (Not older than 1 year) 6. Net-worth (Mandatory for Non-Individuals) Rs. OR As on OD MM YMY (Not older than 1 year) 6. Non-Individual Investors involved Providing any of the mentioned services Foreign Exchange Money Changer Services Gaming Gambling Lottery Casino Services Money Lending Fawning None of the above None of the above	On providing email id Inves ^ On providing email-id in 4. FIRST/ SOLE APPLICANT	stors (individual with mode of ho ovestors shall receive scheme w T OTHER DETAILS (Mandat	olding as single and for HUF ise annual report or an abric ory) (Refer instruction 4)	s) shall receive HPIN to to dged summary thereof/ a dividual <i>[Please attach l</i>	ransact online as per ccount statements/ st Ultimate Beneficial O	terms& conditions displ atutory and other docun wnership (UBO) Declai	layed on w nents by e	ebsite. mail. (Refe	er Instruct	tion 10 & 1
b. Occupation Details [Please tick (*/)] Service Private Sector Quality Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others Quality Sector Qual	Resident Individual NR	I-Repatriation NRI-Non Rep	patriation Partnership			•	Minor thro	ugh guardi	an 🗌 B	301 🗌 OC
Retired Agriculture Proprietorship Others (please specify) c. Gross Annual Income (Rs.) [Please tick (*)] Below 1 Lac		_ , ,		QFI FPI Sole	Proprietorship No	on Profit Organisation	Others .	(please	specify)	
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Net-worth (Mandatory for Non-Individuals) Rs. As on DD MM YYYY (Not older than 1 year)					Jana - 10 /	05 Loop 0	Floor 1	C****		1 0
d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) 1 am PEP 1 am Related to PEP Not Applicable e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders) 1. NAME OF SECOND APPLICANT Mr. Ms. M/s. Nationality PAN#/PEKRN# KYC# [Please tick (~)] Proof Attached (Mandatory) a. Occupation Details [Please tick (~)] Service Private Sector Public Sector Government Service Student Professional Housewife Busine Retired Agriculture Proprietorship Others (please specify) b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs - 25 Lacs - 1 Crore > 1 Crore OR Net worth Rs. C. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) 1 am PEP 1 am Related to PEP Not Applicable Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC. CKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 5767 / 1800 419 7676 (Toll Free)] HDFC MUTUAL FUND Date : Head Office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	46. Gross Allitual Ilicollie (I	ns.) [Flease lick (*)]	Below I Lac I - :		Lacs 10 - 2	25 Lacs >25	5 Lacs - I	Crore	>	1 Crore
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Nationality PAN#/PEKRN# KYC# [Plaase tick (")] Proof Attached (Mandatory) Proof P	1. NAME OF SECOND APPL		4) (In case of Minor, there			None C	or the abov			
Retired Agriculture Proprietorship Others (please specify) b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs > 25 Lacs - 1 Crore 7 lam PEP 1 am Related to PEP Not Applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP 1 am Related to PEP Not Applicable # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC. CKNOWLEDGEMENT SLIP (To be filled in by the Investor) [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)] HDFC MUTUAL FUND Date: Head Office: HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. ISC Stamp & Signature	Nationality									
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Head Office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. ISC Stamp & Signature Received from Mr. / Ms. / M/s.	AUKNOWLEDGEMENT SLIP	(to be tiled in by the Investor) [Fo			Centre or call us at our (b/b7 / 180	J 419 767(b (IOII Free)
Received from Mr. / Ms. / M/s.			Head Office : HUL	House, 2nd Floor, H.T. Pa	•	Date .				
								ISC Stan	np & Sign	nature
			Cheque / DD / Payment Instru	ıment as detailed overleaf.						

... continued overleaf

5. JOINT APPLICANT DETAILS, I	f any <i>(contd)</i> (R	efer instruction 4) (In case of	Minor, there	shall be no joint	holders)		
2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality			PAN#/ PEKRN:	#		KYC# [Please tic	k (<)] Proof Attached
a. Occupation Details [Please	tick (✓)] ☐ Ser	vice Private Sector	Public Sec	tor Governr	nent Service Student	(Wandator	y) Iousewife Business
Retired Agriculture	Proprietorship	Others	(r	lease specify)			
b. Gross Annual Income (Rs.) c. Politically Exposed Person (P							P Not Applicable
6. FATCA INFORMATION/ FOREIG	GN TAX LAWS (fo	r Individual including Sole	Proprietor	(Self Certificat	ion) (Refer instruction 4)		
The below information is req	uired for all appli	cant(s)/ guardian	-			ricting addrace anno-	aring in Folio)
Is the applicant(s)/ guardian				•		No	aring in rono,
If Yes, please provide the follo Please indicate all countries in			the associa	ited Tax Referen	ce Numbers below.		
Category	First Appl	icant (including Minor)		Second Applic	ant/ Guardian	Third App	plicant
Place/ City of Birth							
Country of Birth							
Country of Tax Residency 1							
Tax Payer Ref. ID No. 1							
Country of Tax Residency 2							
Tax Payer Ref. ID No. 2							
Country of Tax Residency 3							
Tax Payer Ref. ID No. 3							
. POWER OF ATTORNEY (PoA)	HOLDER DETAILS						
# Please attach Proof. Refer instruct B. BANK ACCOUNT DETAILS OF (Mandatory to attach proof, in cas	THE FIRST / SOLI	RN and No 18 for KYC. E APPLICANT (For redemp		nd if any) (refe			
For unit holders opting to hold units					,		
Bank Name					Donk City		
Branch Name Account Number					Bank City		
MICR Code			(The 9 digit	code appears on	our cheque next to the cheque n	umber)	
Account Type (Please ✓)	☐ Savings ☐	Current NRO	NRE		ners (please specify) tion 5C (Mandatory for Credit via N u do not find this on your cheque le	EFT / RTGS) (11 Character	r code appearing on your
IFSC Code***						af, please check for the sa	me with your bank)
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Unitholders will receive redempt I/We want to receive the rede	•	•	•	,	redit through NEFT system / credi		ur bank account
O. INVESTMENTS & PAYMENT D	ETAILS [Please (√)] (refer instruction 6 & 7 for Sch	eme details an	d instruction 8 & 9 f	or Payment Details) The name of the	e first/ sole applicant must b	pe pre-printed on the cheque.
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0-1 (D) (0 : 0 ::		For Default Plan	(viz. Direct / I	Regular Plan) refer	instruction 7.		
Scheme/Plan/Sub Option	\1	tul Bulling in the					
Payment Type [Please ()] Non-Th Cheque/ DD/	ird Party Payment Amount of Cheque / DD /			ase attach 'Third Party Paymer		Dank Assessment No
Cheque/ DD/ Payment Instrument/ UTR No.	ayment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges if any	Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In (For	Bank Account No. r Cheque Only)
			Particu	ılars			
Scheme Name / Plan / Option / Sub-o Payout Option		ue / DD / Payment Instrument / No. / Date			of Bank and Branch)	Amount in figures (Rs.)

		ILDING OPTION DEMAT MODE*	PHYSICAL M		Defa	ult)		(r	efer i	nstı	ructi	on 1	3)												
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	NSDL	DP Name		DP ID	<u> </u>	N .	_	\perp	<u> </u>	_	_	ᆜ	Acc	ount N	Ó.				<u> </u>	_				<u></u>]
	CDSL	DP Name			enefi ccour																				
		opting to hold units in demat form, may provide a copy of th TION (refer instruction 15) (Mandatory for new fol															For	m)							
	[Please	(√) and sign] ☐ I/We do not wish to Nominate																							
		First / Sole Applicant	_	s	econo	I Applica	ant							_		Thi	ird A	Applic	ant						
		. not, coo , pp. noan		0R		. , .рро.										•••		.ppc	, u						
1	I/We	wish to nominate as under:																							_
	Name	and Address of Nominee(s)	Date of Birth		Nam	ne and A	Addro	ess of (Guardia	an				e of No						e uni	ts w	ill be	ı (%) in which II be shared by		
	raumo	and radioos of Horimioo(o)	(to be fur	nished	in cas	se the N	lomi	nee is a	mino	r)		Gua	ardian	of Nom	nine	e (Man	ndato	ory)	each Nominee (should aggregate to 100%)						
		Nominee 1																							
																									_
		Nominee 2																							
		Nominee 3																							
10.		ATION & SIGNATURE/S (refer instruction 14)																							_
	regulation foreign la (1) I / W sche ('Fur (2) I/We mask the S evas India (3) The Such Com Ager (4) That misle (5) I/We and/ Fund servi forei Finar (6) I/We regar (7) The form Sche me/L (8) I/WE INDI	information given in / with this application form is true and conther further/additional information as may be required a pany Limited (AMC)/ Fund and undertake to inform the AM at (RTA) in writing about any change in the information furnished in the event, the above information and/or any part of it eading, I/We will be liable for the consequences arising therefor hereby authorize you to disclose, share, remit in any form/mayor any part of it including the changes/updates that may be it, its Sponsor/s, Trustees, Asset Management Company, its conceproviders, SEBI registered intermediaries for single upour statutory, regulatory, judicial, quasi-judicial authorities/agonial Intelligence Unit-India (FIU-IND) etc without any intimation will indemnify the Fund, AMC, Trustee, RTA and other interding the eligibility, validity and authorization of my/our transact ARN holder (AMFI registered Distributor) has disclosed to not frail commission or any other mode), payable to him/emes of various Mutual Funds from amongst which the So	pliance with application the terms and consciences of HE uments and am/a zation(s). The ame is purpose of continued by any regulatorized from time to time is/are found to be compared to the compared from time to time is/are found to be compared from time to time is/are found to be compared from time to time is/are found to be compared from time to time is/are found to be compared from time to time is/are found to be compared from time to time is including the in/advice to me/us including the compared from the difference is being reference from the difference in the first the f	cable li condition conditi	ns of of tual F or ised over the contract of the contract of turn agent of tur	the und d in	SIGNAI UKE(S)	Appli Gua Sec	/ Sole cant / rdian				rite A erse (pplication of the Comment of the Comme	ion Che	Form que / I	No. Dem								
		ign Nationals Resident in India only: redeem my/our entire investment/s before I/We change my,	our Indian rooids	nev et	itue I	ΔMe																			
	shall be	fully liable for all consequences (including taxation) arising of change in residential status.						Τ.	ird																
		s/ PIO/OCIs only:							ird licant																
	I/We con	firm that my application is in compliance with applicable India	, ,		basis																				

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CHECKLIST

- Please ensure that your Application Form is complete in all respect and signed by all applicants:
 - Name, Address and Contact Details are mentioned in full. Status of First/Sole Applicant is correctly indicated. Bank Account Details are entered completely and correctly.
 - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
 - Please attach proof of KYC Compliance status if not already validated. Appropriate Plan / Option is selected.
 - If units are applied by more than one applicant, Mode of Operation of account is indicated.
- Your investment Cheque / DD is drawn in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name' dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Companies / Trusts / Societies/ Partnership Firms / LLP / FIIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	/			✓
3.	Notarised Power of Attorney					✓
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			1		
5.	PAN Proof	✓	1	1	√#	✓
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	✓	/	/	√ #	✓
7.	Proof of Date of Birth				1	
8.	Proof of Relationship with Guardian				1	
9.	PIO / OCI Card (as applicable)			1		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		1			

[@] Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

^{*} For FIIs, copy of SEBI registration certificate should be provided. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.