

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

MUTUAL FUND www.hdfcfund.com		ey Information Memorandum uld be completed in English a			er page before completing t	his Form.
(EY PARTNER / AGENT INFO	ORMATION (Investors applying	ng under Direct Plan must ment	ion "Direct" in ARN column	.) (Refer Instruction 1)		FOR OFFICE USE ONLY
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)
RN- 102683					E 024075	
UIN Declaration (only where El We hereby confirm that the EU f the above distributor/sub bro			ransaction is executed w i any, provided by the emp	ithout any interaction lloyee/relationship m	or advice by the employee anager/sales person of the	/relationship manager/sales perso distributor/sub broker.
	Here		Sign Here			Sign Here
	licant/ Guardian	_	Second Applicant			rd Applicant
RANSACTION CHARGES FO		JGH DISTRIBUTORS ONI		2)		
n case the purchase/ subscrip subscription amount and payal egistered Distributor) based or	ption amount is Rs. 10,000 o ble to the Distributor. Units w n the investors' assessment o	or more and your Distributo vill be issued against the ba f various factors including th	r has opted in to receive lance amount invested. I e service rendered by the	: Transaction Charge Jpfront commission : ARN Holder.	s, the same are deductibl shall be paid directly by th	e as applicable from the purchase e investor to the ARN Holder (AMF
EXISTING UNIT HOLDER	INFORMATION (IF YOU H	IAVE EXISTING FOLIO, PLEA	SE FILL IN SECTIONS vi	z. 1, 4, 6, 10 AND 13	ONLY. Refer instruction 3)	
Folio No.			The details in o	ur records under the	folio number mentioned ald	ongside will apply for this application
. MODE OF HOLDING [Plea	ase tick (✓) Single	e	Anyone or Survivor			
NAME OF FIRST / SOLE APP	CION (Refer instruction 4) PLICANT (In case of Minor, th	nere shall be no joint holders	DATE OF BIRTH@s)	DD MM	YYYY	of of date of birth@ Please (<) Attached
Nationality			AN#/ PEKRN#		KYC.#	[Please tick (✓)] ☐ Proof Attach (Mandatory)
· .	e of First / Sole Applicant is a	Minor) / NAME OF CONTAC	T PERSON – DESIGNATIO	N (in case of non-ind	ividual Investors)	(Mandatory)
Mr. Ms. Nationality		Designation		Con	tact No.	
PAN#/ PEKRN#		Dosignation		Con)] (Mandatory) Proof Attached
Relationship with Minor@ Plea				Proof of relationship wi	th minor@ Please (√) ☐ A	ttached @ Mandatory
MAILING ADDRESS OF FIRS	ST / SOLE APPLICANT (Manda	atory) (Refer Instruction 4a)) 			
CITY		STA	ГЕ			CODE
Telephone : Off.	T / SOLE APPLICANT	Country Code Res.		STD Co		
eAlerts Mobile		eDocs Email ^		10	IA	
☐ I/ We would like to regist	ter for my/our HDFCMF Person	al Identification Number (HPI	N) to transact online as pe	r the terms & conditio	ns displayed on website:ww	w.hdfcfund.com (Email id mandatory
	tors (individual with mode of h					l on website. s by email. (Refer Instruction 10 & 1
. FIRST/ SOLE APPLICANT		·	igou cummury moroon, ac	out outomonto, ou	natory and onlor accument	s by omain (noter mendenen 10 a 1
a. Status of First/ Sole App	olicant [Please tick (√)]	Individual Non - In	dividual <i>[Please attach U</i>	Itimate Beneficial Ov	vnership (UBO) Declaratio	n Form and FATCA/ Foreign Tax Lav
D II II I D NDI	Departmention I NOL Non Do	notriotion Doutnouchin		n] (Refer Instruction	•	w through guardian
	Society / Club Foreign I					r through guardian BOI OC thers (please specify)
b. Occupation Details [Plea					Student Profession	
Retired Agriculture		Others	(please specify)			
c. Gross Annual Income (R	Rs.) [Please tick (🗸)]	Below 1 Lac 1 - 5	5 Lacs 5 - 10 L	.acs 10 - 2	5 Lacs	cs - 1 Crore >1 Crore
Not would the date of the	No. 1042 14 of the		OR	_		
. Net-worth (Mandatory for				as on		(Not older than 1 year)
d. Politically Exposed Perso	on (PEP) Status (Also applica	able for authorised signatories,	Promoters/ Karta/ Trustee	e/ Whole time Directors	s) 🗌 I am PEP 🗌 I am	Related to PEP Not Applicable
e. Non-Individual Investors	s involved/ providing any	of the mentioned service	Foreign Exchang Money Lending	ge / Money Changer S / Pawning	Gervices Gaming / G	ambling / Lottery / Casino Services above
. JOINT APPLICANT DETAIL		4) (In case of Minor, there	shall be no joint holders)		
1. NAME OF SECOND APPLIC	CANT					
Mr. Ms. M/s. Nationality			AN#/ PEKRN#		KYC#	[Please tick (✓)] ☐ Proof Attach (Mandatory)
a. Occupation Details [PI Retired Agricultur	· /• —	ce Private Sector Others	Public Sector G	overnment Service y)	Student Profess	sional Housewife Busi
	(Rs.) Below 1 Lac 1					
c. Politically Exposed Pers	son (PEP) Status (Also applic	cable for authorised signatories	s/ Promoters/ Karta/ Truste	e/ Whole time Director	s) 🗌 I am PEP 🔲 I am	Related to PEP Not Applicable
# Please attach Proof. Refer ins	struction No 16 for PAN/PEKRN a	nd No 18 for KYC.	-			
CKNOWLEDGEMENT SLIP	(To be filed in by the Investor) [Fo	or any queries please contact ou	ır nearest Investor Service C	entre or call us at our C	ustomer Service Number 1800	3010 6767 / 1800 419 7676 (Toll Free)
			OFC MUTUAL FUND		Date :	
			House, 2nd Floor, H.T. Pa amation, Churchgate, Mui			
			, Silai Silgato, Mul			ISC Stamp & Signature
Received from Mr. / Ms. / M/s.	I-14-44-01 /	Obs / P.D. / D.				
an application for Purchase of U	Jnits of the Scheme(s) alongwith	ו הופque / DD / Payment Instru	ment 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 tick (\(\sigma\)] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	roof Attached									
a. Occupation Details [Please	tick (✓)] ☐ Ser	vice Private Sector	Public Sec	tor Governr	nent Service Student	(Mandatory) Professional Housewife	Business									
Retired Agriculture	Proprietorship	Others	(r	lease specify)												
b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs > 25 Lacs - 1 Crore 7 Net worth Rs. c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable																
FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)																
The below information is req				, (0011 001 11110 11	(1.0.0											
Address Type: Residenti	al or Business	Residential 🗌 Business	Registere	d Office (for ad	dress mentioned in form/ex	isting address appearing in Fol	io)									
Is the applicant(s)/ guardian	-		/ Tax Resi	dency other tha	n India? Yes	No										
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 Applicant										
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)	HOI DER DETAILS															
	IIOEDEII DEIAIEO		1 1 1	1 1 1												
Name of PoA Mr. Ms. M/s. PAN#/ PEKRN#		KYC# [Ple	ase tick (√)]	(Mandatory)	Proof Attached											
# Please attach Proof. Refer instruct	tion No 16 for PAN/PEK	-	. /2	`												
B. BANK ACCOUNT DETAILS OF	THE FIRST / SOLI	APPLICANT (For redemp	tion/ divide	nd if any) (refe	r instruction 5)											
(Mandatory to attach proof, in cas For unit holders opting to hold units																
Bank Name	in domac form, prod	So chould that the bank accoun	It illinou with	and domat doodune	io monacinea nere.											
Branch Name					Bank City											
Account Number																
MICR Code			۱, _		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	EFT / RTGS) (11 Character code appearin	na on vour									
IFSC Code***				cheque leaf. If yo	u do not find this on your cheque le	EFT / RTGS) (11 Character code appearing af, please check for the same with your better the same with the same w	pank)									
). MODE OF PAYMENT OF REDE	MPTION / DIVIDE	ND PROCEEDS VIA NEFT,	/ ECS / DIRI	ECT CREDIT (ref	er instruction 11)											
· ·	•	•	•	,	ia Direct credit/ NEFT/ECS facility redit through NEFT system / credit	y :through ECS into my / our bank accou	nt									
O. INVESTMENTS & PAYMENT DI	ETAILS [Please ()] (refer instruction 6 & 7 for Sch	ieme details an	d instruction 8 & 9 f	or Payment Details) The name of the	first/ sole applicant must be pre-printed o	n the cheque.									
Regular Plan (Purchase	·	,			an (Purchase/ Subscription ma	• •										
Mention valid ARN in Key	Partner/ Agent Info		/ D:		DIRECT in Key Partner/ Agent In	formation										
Scheme/Plan/Sub Option		FOR DETAULT PLAN	(viz. Direct / I	Regular Plan) refer	Instruction 7.											
Payment Type [Please (✓)] Non-Th	ird Party Payment	Third Par	ty Payment (Ple	ase attach 'Third Party Paymer	nt Declaration Form')										
Cheque/ DD/	Cheque/ DD/ ayment Instrument/	Amount of Cheque / DD / Payment Instrument /	DD Charges	Net Cheque/ DD	Drawn on Bank / Branch	Pay-In Bank Account	t No.									
UTR No.	UTR Date	RTGS/ NEFT in figures (Rs.)	if any	Amount	Drawn on Dank, Branor	(For Cheque Only	/)									
Cohomo Namo / Dian / Online / C.	ontion / Char	ue / DD / Bormont Instrument	Particu	liars												
Scheme Name / Plan / Option / Sub-o Payout Option		ue / DD / Payment Instrument , No. / Date		Drawn on (Name	of Bank and Branch)	Amount in figures (Rs.)										

		DEDING OPTION DEMAT MODE*	PHYSICAL M	•	Defa	ult)		(r	efer i	nst	ructi	on 1	3)												
	Jemai Ac	count details are mandatory if the investor wishes to hold th								_			Ren	eficiar	v			Т	<u> </u>			Т	Т	_	7
	NSDL	DP Name	I	DP ID	I	N							Acc	ount N	o.									<u></u>	_
	CDSL	DP Name			enefic ccoun																				
*Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as state 12. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single)																	For	m)							
	[Dlagga	(✓) and sign]									, ,							,							
	[FIEdSE	(v) and signif																							
		First / Sole Applicant		S	econd	Applica	ant									Thi	ird A	Applic	cant						
	☐ I/We	wish to nominate as under:		0R																					
			Date of Birth		Nam	ie and A	ddre	ess of C	Guardia	an		Si	nnatur	e of No	min	e (∩n	tions	al)/						hich	
	Name	and Address of Nominee(s)	(to be fur	nished	in cas	se the N	omir	nee is a	mino	r)				of Non					the units will be shared by each Nominee (should aggregate to 100%)						
			•																(3)	iouiu	. uyy	, oya	10	. 00 /0)	_
		Nominee 1																							
		Nominee 2																							
		Nominee 3																							
	3. DECLARATION & SIGNATURE/S (refer instruction 14) I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ We hereby confirm and declare as under: (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above. (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/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. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/ misleading, I/We will be liable for the consequences arising therefrom. (5) 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 Mutual 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, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) et wit												rite A erse (pplicate from the form of the	tion Che	Form que / I	No. Den								
	For Fore	We																							
	I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/V shall be fully liable for all consequences (including taxation) arising out of the failure to redeem account of change in residential status.								td																
	For NRIs/ PIO/OCIs only:								ird icant																
	I/We confirm that my application is in compliance with applicable Indian and foreign laws. Please (\(\sigma \) Yes																								

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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) @	✓	✓			1
3.	Notarised Power of Attorney					1
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)	✓	/	/	√ #	1
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.

Enrolment Form for SIP/ Micro SIP

[For Investments through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]



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

SIP/ Micro SIP via ECS (Debit Clearing) in select cities or via Direct Debit/Standing Instruction in select banks / branches only.

KEY PARTNER / AGENT I	INFORMATION (Investors applying	under Direct Plan must men	tion "Direct" in ARN column	1.)		FOR OFFICE USE ONLY
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)
ARN- 102683					E 024075	
I/We hereby confirm the employee/relationship is	rhere EUIN box is left blank) (R hat the EUIN box has been manager/sales person of th nanager/sales person of the di	intentionally left blan e above distributor/su	ık by me/us as this b broker or notwiths	transaction is ex tanding the advic	ecuted without any i e of in-appropriatene	nteraction or advice by the ass, if any, provided by the
S	ign Here		Sign Here			gn Here
	Applicant/ Guardian		Second Applicant	,		I Applicant
_	Applications through Distributo am a First time investor across M	, ,		,	Date: D D M	M Y Y Y Y
	ctible as Transaction Charge and				n existing investor in Mutua as Transaction Charge ar	nd payable to the Distributor)
transaction Charges, the s installments. Units will be	same are deductible as applical issued against the balance of th be paid directly by the investor	ole from the installment a e installment amounts inv	amount and payable to t rested.	he Distributor. In su	ch cases Transaction Ch	Distributor has opted to receive narge will be recoverable in 3-4 us factors including the service
and of ECS (Debit Clearing) / Di The ARN holder has disclosed amongst which the Scheme is	nd agree to comply with the terms a rect Debit / Standing Instruction fac I to me/us all the commissions (in being recommended to me/us.	lities. the form of trail commissio	n or any other mode), pay			t for Systematic Investment Plan (S
NEW REGISTRATION	ence of indication of the option the	CHANGE IN BAI			CANCELLATION (Refer	Item No. 11)
INVESTOR & INVES	TMENT DETAILS					
	estor)/ Folio No. (For existing Unith	older)				
					SIGNAT	TURE (Refer Item No. 3(c))
Sole/1st applicant						
PAN# or PEKRN#			[£] (Mandatory) se tick (√)]	☐ Proof Attached	<u> </u>	
Name of Guardian (In case Applicant is minor)						
PAN# or PEKRN#			[£] (Mandatory) se tick (√)]	☐ Proof Attached	<u> </u>	
Second Applicant						
PAN# or PEKRN#			[£] (Mandatory) se tick (√)]	Proof Attached	j	
Third Applicant						
PAN# or PEKRN#			t (Mandatory) se tick (√)]	☐ Proof Attached	i	
	PEKRN/KYC is already validated pl	ease don't attach any proof	Refer Item No. 15 and 16	6.		
_ •	ase/ Subscription routed through Key Partner/ Agent Information	Distributor)		n (Purchase/ Subscr RECT in Key Partner/	iption made directly with Agent Information	the Fund)
		For Default Plan (viz. Di	rect / Regular Plan) refer i	nstruction 4.		
Scheme/Plan Option	to UDEC Children's Citt Fund		□ No /Dot	ioult\		
Lock-in Period (Applicable	to HDFC Children's Gift Fund)	Yes	No (Def			
	ACI	KNOWLEDGEMENT S	•	y the Unit holder)		
Date:	Head Office : HUL House	HDF(, 2nd Floor, H.T. Parekh Ma	C MUTUAL FUND rg,165-166, Backbay Rec	lamation, Churchgate.	Mumbai - 400 020.	
Application/ Folio No.				,,		ISC Stamp & Signature
Received from Mr./Ms./M	M/s.			'SIP/ Micr	o SIP' application for	
Scheme / Plan / Option						
instalment Amount (Rs.)		PI	ease Note: All purchases	are subject to realisati	on of cheques	

I/WE W	OULD LIKE TO INVE	ST 1	TO ME	EET M	IY/Ol	JR FIN	IANC	IAL G	OALS	S (ch	oose	any	one ((√) (Refe	er Iten	n N	o. 20)												
☐ Marr		eam	Home	9	. [Dre	am C	ar		☐ Children's Education ☐ Children's Marriage										е	☐ World Tour ☐ Retirem										
Target A	Amount																														
SIP &	DEBIT DETAILS	(Ple	ease n	ote th	at a	minim	um o	f 30 c	lays i	is req	uired	to s	set up	the	ECS	/ Dire	ct [Debit)													
Each SIP	/ Micro SIP Amount	t (Rs	.)							F	reque	ncy			M	onthly	+			Qua	rterly	(*De	faul	t Freq	uer	ncy)	[Refe	er Iter	m No.	6(iv)]
SIP/ Micr	ro SIP Date 1	st		5th		10th	+	15t	:h	2	0th		25tl	h ((†De	fault	Dat	e) [R	efei	r Iter	n No.	6(iv)]					_ ;	**Dlc	ease r	ofor I	ltom
SIP/ Micr	o SIP Period Start F	rom	M	M	Υ	Υ	Υ	Υ	E	nd Or	า**	M	M	Υ	. ,	YY	′	Υ	OF	R De	fault [Oate (I	Dec	embe	r 20	032)			s(ii) an		
First SIP	/ Micro SIP Transac	tion	via Ch	neque	No.							Che	que I	Date	d	D		M	M	Υ	Υ	Υ	Υ	Amo	oun	t@ (Rs.)				
	ory Enclosure (if 1st e of the first/ sole ap						,	the ch	neque		lank o	cand	elled	che	que				Co	ру с	f ched	que							amou SIP An		
	Top-up (Optional) efer Item No. 7 e)		(Pl	lease ·	√ to	avail t	his fac	cility)	1 .		Amoui up Fre	,				Half-y	ear	ly	Y	Tr) early									Rs. 50 early int		- /
	n amount of debit (S		Top-ı	ıp) un	der (direct	debit	facili	ty for	inve	stors	witl	h ban	ık ac	cou	nts wi	th S	State	Ban	k of	India	shall ı	not	excee	ed F	Rs. 5,	00,0	00/-	per ir	ıstal	lment.
	HOLDING OPTIC ccount details are man		v if the			AT MO		tho ur	ite in		SICA		ODE	(Def	ault)			(r	efer i	nstru	ction 1	10)								
			,			isiies it	Holu	uie ui	1115 111	Dema			. [T	∃Ben	eficiar	v [$\overline{}$		
NSDL	DP Name										DP II	ر ر	I	N						<u>_</u>		ount N			_						
CDSL	DP Name										_		eficia ount l																		
I/we here Direct De	opting to hold units in o bby authorise HDFC M bit/Standing Instructi DETAILS me	lutual	Fund	/HDFC	Asse	et Mana	igeme	nt Co	mpan																ınk a	accou	int by	ECS	(Debi	t Clea	aring) /
Branch N	lame		+	<u> </u>		<u> </u>					_		+	+	4	_					_	+	Ļ	+	ᆜ			<u> </u>	<u></u>	<u> </u>	
Account			<u> </u>	<u> </u>		<u> </u>					Ļ		Ļ	_	_	_		Ва	nk C	ity	Ļ	<u> </u>	Ļ								
9 Digit M	IICR Code										•	(Pleas	se er	nter	the 9	diç	git nu	ımb	er th	at ap	oears	aft	er the	e c	hequ	e nı	ımbe	er)		
Account	Type (Please √)		Savi	ngs		Currei	nt	□ N	R0		NRE		FC	NR] Othe	ers	(pleas	se s _l	pecif	y)				_		_		_		
as in Bar	holder Name nk Account																											L	<u></u>		
	orisation of the		ık Ac	cou	nt H	oldei	r (to	be s	sign	ed b	y th	e Ir	ives	,																	
** To, 1 Bank)	The Branch Manager	, 													(Nar	ne of t	the														
Debit / S Mutual	to inform that I/We h Standing Instruction Fund shall be mad se the representative	and e fro	that n	ny/ou y/our	r pay belo	yment w mer	towa ntione	rds m	ıy/ou nk ad	r inv cour	estme nt with	ent ìi h yo	n the our b	Sche ank.	eme I/W	of HD e here	FC by						Don	k Asse	ount	t Numl	hov				
Form to	get it verified & exec	uted.			,			-,					-																		
I/ We ha correct Fund/H	ave read and agree to and agree to make DFC Asset Managen	con payı nent (nply w ments Comp	rith the refer any L	e terr red a imite	ns and above d, abo	conc throu ut any	litions gh pa char	s men ırticip ıges i	itione pation n my	d ove i in E(bank	rlea CS (acco	f and (Debit ount.	be bo t Clea	ound aring	d by th g) / Di	e sa rec	ame. t Deb	I/We it / S	e here Stan	eby de ding Ir	clare i istruc	that	the p	arti We	cular will	s giv also	en at infor	ove a	re tru FC N	ue and Vlutual
Applic	able to SIP Top-u	p fac	cility	(not a	avail	able ι	ınder	Mic	ro SI	P):																					
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