

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

MUTUAL FUND www.hdfcfund.com		y Information Memorandum Ild be completed in English :	*	•	er page before completing t	nis form.
EY PARTNER / AGENT INFO	ORMATION (Investors applying	g under Direct Plan must men	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-					(- /	
	UIN box is left blank) (Refer In JIN box has been intentionally ker or notwithstanding the adv		ransaction is executed w fany, provided by the emp	ithout any interaction oloyee/relationship m	or advice by the employee anager/sales person of the	/relationship manager/sales pers distributor/sub broker.
Sign	Here		Sign Here		c	Sign Here
First/ Sole Appl		_	Second Applicant			rd Applicant
ANSACTION CHARGES FO	OR APPLICATIONS THROU		LY (Refer Instruction	•	s. the same are deductible	e as applicable from the purcha
ıbscription amount and payal gistered Distributor) based on	ble to the Distributor. Units wind the investors' assessment of	II be issued against the ba various factors including th	lance amount invested. e service rendered by the	Upfront commission s ARN Holder.	shall be paid directly by th	e as applicable from the purchas e investor to the ARN Holder (AN
EXISTING UNIT HOLDER	INFORMATION (IF YOU HA	AVE EXISTING FOLIO, PLEA	ISE 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 f	folio number mentioned ald	ongside will apply for this applica
MODE OF HOLDING [Plea	se tick ()</td <td>Joint</td> <td>Anyone or Survivor</td> <td></td> <td></td> <td></td>	Joint	Anyone or Survivor			
UNIT HOLDER INFORMAT NAME OF FIRST / SOLE APP Mr. Ms. M/s.	TON (Refer instruction 4) LICANT (In case of Minor, the	ere shall be no joint holder	DATE OF BIRTH@ s)	DD MM	YYYY	of of date of birth@ Please (<) Attached
Nationality		F	AN#/ PEKRN#		KYC#	[Please tick (✓)] ☐ Proof Attac
NAME OF GUARDIAN (in case Mr. Ms.	e of First / Sole Applicant is a		T PERSON – DESIGNATIO	DN (in case of non-ind	ividual Investors)	(Mandatory)
Nationality		Designation		Conf	tact No.)1 (Mandatam) D. (All I
PAN#/ PEKRN# Relationship with Minor@ Plea MAILING ADDRESS OF FIRS	ase (√) ☐ Father ☐ Mother T / SOLE APPLICANT (Manda	Court appointed Legal 6		Proof of relationship wi	KYC# [Please tick (✓ th minor@ Please (✓))] (Mandatory)
		,, (
CITY CONTACT DETAILS OF FIRST	F / COL F ADDI ICANT	STA [*]	TE	OTD O-		CODE
Telephone : Off.	I / SULE APPLICANT	Country Code Res.		STD Co		
eAlerts Mobile		eDocs Email ^				
On providing email id Investo ^ On providing email-id inv FIRST/ SOLE APPLICANT	ors (individual with mode of ho estors shall receive scheme w OTHER DETAILS (Mandat	olding as single and for HUF ise annual report or an abri Ory) (Refer instruction 4)	s) shall receive HPIN to tr dged summary thereof/ ac	ansact online as per to count statements/ sta	erms& conditions displayed tutory and other documents	s by email. (Refer Instruction 10 &
. Status of First/ Sole App	llicant [Please tick (✓)]	_ Individual Non - In	dividual [Please attach U Information Fori	lltimate Beneficial Ov n] (Refer Instruction 4	vnership (UBO) Declaratio 4 & 19)	n Form and FATCA/ Foreign Tax L
_	Repatriation NRI-Non Rep					r through guardian BOI 0
Body Corporate LLP Coccupation Details [Plea	, <u> </u>				Profit Organisation 0	
Retired Agriculture		Private Sector F Others	ublic Sector Government Governmen	rnment Service	Student Profession	al Housewife Busine
. Gross Annual Income (R		Below 1 Lac		_acs	5 Lacs	cs - 1 Crore >1 Crore
Net-worth (Mandatory for	Non-Individuals) Rs			as on	DD MM Y	(Not older than 1 ye
Politically Exposed Perso	n (PEP) Status (Also applical	ole for authorised signatories	/ Promoters/ Karta/ Truste	e/ Whole time Directors		
Non-Individual Investors	s involved/ providing any o	of the mentioned servic	Foreign Exchan	ge / Money Changer S / Pawning	ervices Gaming / G	ambling / Lottery / Casino Service
JOINT APPLICANT DETAIL	LS, If any (Refer instruction	4) (In case of Minor, there				
1. NAME OF SECOND APPLIC	CANT					
Mr. Ms. M/s. Nationality		F	AN#/ PEKRN#		KYC#	[Please tick ()] Proof Attac<br (Mandatory)
a. Occupation Details [PI Retired Agricultur		e Private Sector Others	Public Sector G (please specif	overnment Service y)	Student Profess	sional Housewife Bu
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 Pers	son (PEP) Status (Also applic	able for authorised signatorie	s/ Promoters/ Karta/ Truste	ee/ Whole time Director	s) 🗌 I am PEP 🗌 I am	Related to PEP Not Applica
# Please attach Proof. Refer ins	struction No 16 for PAN/PEKRN ar	nd No 18 for KYC.				
KNOWLEDGEMENT SLIP	(To be filed in by the Investor) [Fo	r any queries please contact o	ır nearest Investor Service (Centre or call us at our C	ustomer Service Number 1800	3010 6767 / 1800 419 7676 (Toll Fr
			DFC MUTUAL FUND	and the Ma	Date :	
			House, 2nd Floor, H.T. Pa amation, Churchgate, Mu			100 0: 0.0:
Received from Mr. / Ms. / M/s.						ISC Stamp & Signature
	Units of the Scheme(s) alongwith	Cheque / DD / Payment Instru	ment as detailed overleaf.			

... continued overleaf

5. JOINT APPLICANT DETAILS, If a 2. NAME OF THIRD APPLICANT	any <i>(contd)</i> (Re	fer instruction 4) (In case of	Minor, there s	hall be no joint h	olders)				
Mr. Ms. M/s. Nationality			PAN#/ PEKRN#				KVC 4	, [Please tick (✓)] ☐ Proof Attached	
a. Occupation Details [Please tid	:k (√)] □ Serv	ice Private Sector	Public Sector	r Governm	ent Service	Student	Professi	(Wandatory)	
Retired Agriculture	Proprietorship	Others	(ple	ase specify)					
b. Gross Annual Income (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									
The below information is requi Address Type: Residential Is the applicant(s)/ guardian's If Yes, please provide the follow Please indicate all countries in v	red for all applic or Business U Country of Birth ing information [r	ant(s)/ guardian Residential Business / Citizenship / Nationality nandatory]	Registered y / Tax Reside	Office (for add	ress mention India?	ned in form/ex	xisting add □ No	dress appearing in Folio)	
Category	First Appli	cant (including Minor)	:	Second Applica	ant/ Guardian	ı		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) H	OLDER DETAILS								
BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. Bank Name Branch Name Bank City Account Number MICR Code (The 9 digit code appears on your cheque next to the cheque number)									
IFSC Code***			NRE FO	*** Refer Instructi cheque leaf. If you		ry for Credit via N on your cheque le	IEFT / RTGS) eaf, please ch	(11 Character code appearing on your eck for the same with your bank)	
MODE OF PAYMENT OF REDEM Unitholders will receive redemption I/We want to receive the redemption	n/ dividend proceed	s directly into their bank accou	unt (as furnishe	d in Section 8) via	a Direct credit/ I	NEFT/ECS facilit	•	S into my / our bank account	
. INVESTMENTS & PAYMENT DET	AILS [Please (✓)	refer instruction 6 & 7 for Sch	neme details and i	instruction 8 & 9 fo	r Payment Detail	s) The name of the	e first/ sole ap	oplicant must be pre-printed on the cheque.	
Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information									
Sohomo/Blon/Sub Outin		For Default Plan	(viz. Direct / Re	gular Plan) refer i	nstruction 7.				
Scheme/Plan/Sub Option		al Barta Barrard	Third Barb	D					
Payment Type [Please (\sqrt{)}]	Cheque/ DD/	rd Party Payment Amount of Cheque / DD /		Payment (Plea	se attach 'Thir	a Party Paymer	nt Declarati	,	
Cheque/ DD/ Payment Instrument/ UTR No.	ment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, I	Net Cheque/ DD Amount	Drawn o	on Bank / Branch	1	Pay-In Bank Account No. (For Cheque Only)	
			— — — Particula	are					
cheme Name / Plan / Option / Sub-op	tion / Chequ	e / DD / Payment Instrument /	/		(D.)	1)			
Payout Option		o. / Date		Drawn on (Name	of Bank and Bra	anch)	Amoui	nt in figures (Rs.)	

	1. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 13) *Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode										
	NSDL DP Name DP ID I N Beneficiary Account No.										
				Beneficiary	, [Account No.				
	*Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.										
	2. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)										
[[Please (<') and sign]										
	First / Sole Applicant Second Applicant Third Applicant										
	OR [] I/We wish to nominate as under:										
	Name	and Address of Nominee(s)	Date of Birth	Date of Birth Name and Address of Guardian			Signature of Nominee (Optional)/ Proportion (%) in w				
	IVAIIIG	and Address of Northines(s)	(to be furi	nished in case th	e Nomi	nee is a minor)	Guardian of Nominee (Mandatory)	each Nominee (should aggregate to 100%)			
		Nominee 1									
		Nominee 2									
		Nominee 3									
13. DE	CLAR	ATION & SIGNATURE/S (refer instruction 14)									
ro fo	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. (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)										
(:	(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.										
(:	such Com	information given in / with this application form is true and c n other further/additional information as may be required apany Limited (AMC)/ Fund and undertake to inform the AN nt (RTA) in writing about any change in the information furnish	d by the HDFC Asset Management AMC / Fund/Registrars and Transfer			First / Sole Applicant / Guardian					
(-		in the event, the above information and/or any part of it eading, I/We will be liable for the consequences arising therefr		e false/ untrue/							
((5) I/We hereby authorize you to disclose, share, remit in any form/manner/mod and/or any part of it including the changes/updates that may be provided			us to the Mutual							
	Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third part service providers, SEBI registered intermediaries for single updation/ submission, any Indian of foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.			n, any Indian or out not limited to	SIGNATURE(S)						
(will indemnify the Fund, AMC, Trustee, RTA and other interding the eligibility, validity and authorization of my/our transaction.				Second Applicant					
ľ	form Sche me/u		them for the diffe cheme is being re			Αμμισαιτ					
((8) 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.										
		eign Nationals Resident in India only:									
S	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.					Third					
		s/ PIO/OCIs only:				Applicant					
I/	We con	nfirm that my application is in compliance with applicable India									
	Please	(✓) ☐ Yes ☐ No If Yes, (✓) ☐ Repatriation ba	sis Non-repat	riation 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.