

Application Form (Except for ETFs, HDFC Retirement Savings fund and HDFC Children's Gift Fund)
Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form.

Y PARTNER / AGENT INFO	DILLETON										
	JKMAIIUN (In	vestors applying u	nder Direct Plan mus	t mention "Direct"	n ARN column	i.) (Refer Instructi	on 1)				CE USE ONLY
ARN/RIA	ARN/RIA	Name	Sub Agent's ARI	N Bank B	anch Code	Internal Confor Sub-Age	ent/ Id	Employee Union the entification Nu (EUIN)	nber	(TIIVIE	STAMP)
V-								(==)			
N Declaration (only where EU											
e hereby confirm that the EUI ne above distributor/sub brok	IN box has beer ker or notwithsta	intentionally let anding the advice	t blank by me/us as of in-appropriaten	s this transaction less, if any, provid	s executed w ed by the emp	ithout any intera ployee/relations	nction or ad hip manage	vice by the emer/sales perso	ployee/rel 1 of the dis	ationship man tributor/sub bi	ager/sales per oker.
	Applicant/ Guard				Applicant				Third /	Applicant	
NSACTION CHARGES FO ase the purchase/ subscript	tion amount is	Rs. 10.000 or m	nore and vour Dist	ributor has opted	r Instruction in to receive	Transaction Cl	harges, the	same are de	ductible a	s applicable fi	om the purcha
scription' amount and payab stered Distributor) based on XISTING UNIT HOLDER I	le to the Distril the investors' a	outor. Units will I essessment of va	be issued against t rious factors includ	he balance amou ling the service re	nt invested. I ndered by the	Upfront commis ARN Holder.	sion shall l	oe paid direct	y by the ir	vestor to the	ARN Holder (A
Folio No.			/ [ur records unde				side will apply	for this applica
ODE OF HOLDING [Pleas	se tick (✓)	Single	Joint	Anyone	or Survivor						
IIT HOLDER INFORMATI	•				BIRTH@				Proof of	date of birth@	Please (✓)
AME OF FIRST / SOLE APPL Mr. Ms. M/s.	LICANT (In case	e of Minor, there	shall be no joint h	olders)		DD N	1M	YYYY			Attached
Nationality				PAN#/ PEKRNa					KYC# [PI	ease tick ()]<br andatory)	Proof Atta
tatus of First/ Sole Appli	icant [Please	tick (√)] □	Individual 🗌 No				Jitimate Be	neficial Owne			ation Form] (I
Resident Individual NF	RI-Renatriation	NRI-Non Reg	natriation Partr	ins nership 🔲 Trust		9) (Mandatory)	Compa	any Fils	Minor th	nrough guardia	n BOI
			n National Resident	_		oprietorship		-	Oth		
ME OF GUARDIAN (in case	of First / Sole	Applicant is a Mi	nor) / NAME OF CO	ONTACT PERSON	- DESIGNATIO	ON (in case of no	on-individua	al Investors)			
Nationality			Designation				Contact N	0.			
PAN#/ PEKRN#									tick (√)] (Mandatory)	Proof Attach
elationship with Minor@ Pleas	. ,		Court appointed L	•		Proof of relations	hip with min	or@ Please (√	Attac	hed @ Mano	atory
AILING ADDRESS OF FIRST	I / SULE APPLI	CANT (Mandator	ry) (Refer Instructi	on 4a)							
CITY				STATE					PIN COD	DE	
ONTACT DETAILS OF FIRST	/ SOLE APPLIC	CANT	Country Code			ST	D Code				
Telephone : Off.			Res.								
			eDocs Em	ail ^			Fax				
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5. ADDITIONAL KYC DETAILS, If any	(Refer instruc	ction 4b) Contd							
Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac					10-25 lac				
1-5 lac					25 lac- 1 cr				
5-10 lac					> 1 cr				
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)						as o	on DD MM	YYYY	
6. FATCA & CRS INFORMATION (for	Individual in	icludina Sole	Pronrietor) (Self Certific	ation) (Refer instruction 4)				
Is the applicant(s)/ guardian's Co If Yes, please provide the following Please indicate all countries in whi Category	r Business [puntry of Bir g information ich you are r	Residential th / Citizensh [mandatory]	☐ Business ip / Nationali	ty / Tax Res	ed Office (for address mentioned in idency other than India? Yes ated Tax Reference Numbers below. Second Applicant/ Guardian		No	ppearing in F	olio)
Place/ City of Birth									
Country of Birth									
Country of Tax Residency#									
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/ gre	en card holde	r of USA. ′	`In case Tax Identification Number is	not available	e, kindly provi	de its function	al equivalent
7. POWER OF ATTORNEY (PoA) HOL	DER DETAIL	S							
Name of PoA Mr. Ms. M/s. PAN#/ PEKRN#			-	ease tick (<)]	(Mandatory) Proof Attached				
# Please attach Proof. Refer instruction N 8. BANK ACCOUNT DETAILS OF THE (Mandatory to attach proof, in case the For unit holders opting to hold units in d	FIRST / SOI pay-out bank	LE APPLICAN account is dif	T (For redem ferent from the	bank accoun	mentioned under Section 10 below.)				
Bank Name					D. J. O'I				
Branch Name Account Number					Bank City		,		
MICR Code Account Type (Please ✓)	Savings [Current	□ NRO □	The 9 dig	it code appears on your cheque next to the FCNR Others (please specify)		oer)		
IFSC Code***				,	*** Refer Instruction 5C (Mandatory for cheque leaf. If you do not find this on you	Credit via NEFT ir cheque leaf, p	/ RTGS) (11 Char lease check for th	racter code appea	aring on your r bank)
9. MODE OF PAYMENT OF REDEMPT	TION / DIVID	END PROCEE	DS (refer ins	truction 11)					
· ·	•	•		,	shed in Section 8) via Direct credit/ NEFT/ ad of direct credit / credit through NEFT sys		ough ECS into m	y / our bank acc	ount
10. INVESTMENTS & PAYMENT DETAIL	LS [Please (v	/)] (refer instru	ction 6 & 7 for S	cheme details a	nd instruction 8 & 9 for Payment Details) The	name of the first	t/ sole applicant m	nust be pre-printed	d on the cheque.
Regular Plan (Purchase/ Sul Mention valid ARN in Key Par		-	stributor)		Direct Plan (Purchase/ Subsc Mention DIRECT in Key Partne	•	•	e Fund)	
Scheme/Plan/Sub Option									
Payment Type [Please (✓)]		hird Party P			'ty Payment (Please attach 'Third Par	ty Payment De	eclaration Form	1')	
Cheque/ DD/ Payment Instrument/ UTR No.	Payment Payment	ue/ DD/ Instrument/ R Date F	Amount of Che Payment Inst RTGS/ NEFT in f	rument / I igures (Rs.)	DD Charges, Net Cheque/ DD Draw if any Amount Draw	n on Bank / Bra	anch	Pay-In Bank Ac (For Cheque	
				Partic	ulars				
Scheme Name / Plan / Option / Sub-option Payout Option		que / DD / Payr R No. / Date	ment Instrumen		Drawn on (Name of Bank and Branch)		Amount in figu	res (Rs.)	

	OLDING OPTION	DEMAT		PHYSICAL de the unite in Dem		(Defa	ult)		(r	efer i	instr	ucti	on 1	3)									
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NSDL	DP Name					<u> </u>	N .	_	\perp	\perp	\perp	_	<u> </u>	Accou	nt Nó.	<u></u>			_		<u> </u>		=
CDSL	DP Name					Benefi Accour																	
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[Please	(√) and sign]	/e do not wish to	o Nominate																				
	First / Sole Applicant				Second Applicant							Third Applicant											
☐ I/We	wish to nominate as un	nder:			0R																		
			Relationship	Date of Birth		Nam	ne and A	ddres	s of G	Guardi	ian			Signat	ure of	Nomi	nee) in wh		
Name	and Address of Nomine	ee(s)	with Applicant										-	(Option	al)/ G	uardia	n of		the units will be shared by each Nominee (should aggregate to 100%)				
				(to be furnished in case the				01111110	,0 13 u		,,,							+					
	Nominee 1																						
	Nominee 2																						
	Nominee 3																	1					
	RATION & SIGNATURI																	_					
foreign land forei	information given in / with other further/additional pany Limited (AMC)/ Funt (RTA) in writing about at in the event, the above leading, I/We will be liable ehereby authorize you to /or any part of it including, I/We will be liable eighereby authorize you to /or any part of it including, its Sponsor/s, Trusteetrice providers, SEBI reging statutory, regulatory, incial Intelligence Unit-Indie will indemnify the Fund eigher eligibility, validit ARN holder (AMFI registing of trail commission or emes of various Mutual us. E HEREBY CONFIRM TOTALIS INVESTMENT. eigh Nationals Resident II redeem my/our entire in fully liable for all consets of change in residential star (PIO/OCIs only:	m and declare as od and hereby a and apply for allow or (s) as per the strict the Constitutive gitimate sources julations, notifical information as any change in the even information are for the consequent of the consequence of the	sunder:- agree to comply vortinent of Units of scheme related de documents/ auttonly and is not for attions or directions on form is true and s may be require alse to inform the einformation furni ind/or any part of tences arising ther remit in any form, updates that may tenent Company, i diaries for single to udicial authorities without any intiem ry has disclosed to de), payable to hi nongst which the AVE NOT BEEN CATIVE YIELD BY fore I/We change to ding taxation) aris with applicable In	with the terms and the Scheme(s) of I ocuments and am torization(s). The art the purpose of coal issued by any regular correct and furth d by the HDFC A AMC / Fund/Regis shed from time to till it is/are found to efrom. If manner/mode the be provided by mits employees, age updation/ submiss //agencies including tition/advice to me/ thermediaries in cas actions. If me with the me to the discheme is being the me to the discheme is being the full of the fail may be a submission of the fail may be a submissi	condition /are auth //are auth //ar	ons of utual F horisee hovestee ion and uthorit to furnagem d Tran: e/ untuforma he Muthird particular limite in li	the und din din din din din din din din din d	ii UnE(a)	SIGN	ond icant /				rite Appresse of Paym		eque /	' Dema						