

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

MUTUAL FUND www.hdfcfund.com		ild be completed in English			n page before completing the	iis ruiii.		
KEY PARTNER / AGENT INFO	ORMATION (Investors applying	g under Direct Plan must men	tion "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)		
ARN-				Į į				
EUIN Declaration (only where EU/We hereby confirm that the EU of the above distributor/sub brol	IIN box has been intentionally	left blank by me/us as this	ransaction is executed w fany, provided by the emp	ithout any interaction loyee/relationship ma	or advice by the employee, anager/sales person of the	/relationship manager/sales perso distributor/sub broker.		
			Sign Here			ign Here		
First/ Sole Appli	icant/ Guardian		Second Applicant		Thir	Third Applicant		
RANSACTION CHARGES FO In case the purchase/ subscrip subscription amount and payat registered Distributor) based on				•	s, the same are deductible hall be paid directly by th	e as applicable from the purchase e investor to the ARN Holder (AMF		
. EXISTING UNIT HOLDER	INFORMATION (IF YOU HA	AVE EXISTING FOLIO, PLEA	ASE 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	olio number mentioned ald	ngside will apply for this application		
. MODE OF HOLDING [Plea	se tick (✓) Single	Joint	Anyone or Survivor					
B. UNIT HOLDER INFORMATION NAME OF FIRST / SOLE APPLIANCE Mr. Ms. M/s.  Nationality			DATE OF BIRTH@ s) PAN#/ PEKRN#	DD MM	YYYY Proc	f of date of birth@ Please (<)  Attached  [Please tick (<)] Proof Attache		
NAME OF GUARDIAN (in case Mr. Ms.	of First / Sole Applicant is a	Minor) / NAME OF CONTAC	T PERSON – DESIGNATIO	N (in case of non-indi		(Mandatory)		
Nationality		Designation		Cont	act No.			
PAN#/ PEKRN#  Relationship with Minor@ Plea	se (✓) Father Mother	Court appointed Legal G	Guardian	Proof of relationship wit		)] (Mandatory)		
	T / SOLE APPLICANT (Manda	_		Froot of relationship wit	III IIIIIIIII (V) A	ttached @ Mandatory		
CITY		STA	TE		PIN (	CODE		
CONTACT DETAILS OF FIRST	/ SOLE APPLICANT	Country Code		STD Coo				
Telephone : Off.		Res.		Fax	X			
On providing email id Investo ^ On providing email-id invo . FIRST/ SOLE APPLICANT a. Status of First/ Sole App	OTHER DETAILS (Mandat	ise annual report or an abri ory) (Refer instruction 4)	dged summary thereof/ ac dividual [Please attach U	count statements/ statements/ statements/ statements/	tutory and other documents nership (UBO) Declaratio	on website. by email. (Refer Instruction 10 & n Form and FATCA/ Foreign Tax La		
Resident Individual NRI-	Repatriation NRI-Non Rep	patriation Partnership		n] (Refer Instruction 4 AOP PIO CO	<b>! &amp; 19)</b> mpany	r through guardian		
Body Corporate LLP		lational Resident in India			Profit Organisation 0			
b. Occupation Details [Plea	ase tick (✓)] ☐ Service	Private Sector	Public Sector Gover	nment Service	Student Professiona	al Housewife Busines		
Retired Agriculture	Proprietorship (	Others	(please specify)					
c. Gross Annual Income (R	s.) [Please tick (✓)] □	Below 1 Lac 1 -	5 Lacs	acs 10 - 25	5 Lacs	es - 1 Crore		
. <b>Net-worth</b> (Mandatory for	Non-Individuals) Rs			as on	DD MM Y	(Not older than 1 year		
d. Politically Exposed Perso	n (PEP) Status (Also applical	ble for authorised signatories	/ Promoters/ Karta/ Trustee	e/ Whole time Directors	) 🗌 I am PEP 🗌 I am	Related to PEP Not Applicable		
e. Non-Individual Investors			Money Lending		ervices Gaming / G None of the	ambling / Lottery / Casino Services above		
1. NAME OF SECOND APPLIC		4) (In case of Minor, there	shall be no joint holders	)				
Mr. Ms. M/s.  Nationality		Ī	PAN#/ PEKRN#		KYC#	[Please tick (✓)] ☐ Proof Attack (Mandatory)		
a. Occupation Details [Pl	_ ` ` -	e Private Sector  Others	Public Sector G	overnment Service y)	Student Profess	ional Housewife Bus		
b. Gross Annual Income (				**	1 Crore <b>OR</b> Net worth Rs.			
<u></u>	, ,					Related to PEP Not Applicabl		
# Please attach Proof. Refer ins	truction No 16 for PAN/PEKRN ar	nd No 18 for KYC.						
CKNOWLEDGEMENT SLIP	(To be filed in by the Investor) [Fo	r any queries please contact o	ur nearest Investor Service C	entre or call us at our Cu	ustomer Service Number 1800	3010 6767 / 1800 419 7676 (Toll Free		
		H Head Office : HUL	DFC MUTUAL FUND House, 2nd Floor, H.T. Pa	rekh Marg,	Date :			
		165-166, Backbay Rec	amation, Churchgate, Mu	mbai - 400 020.		ISC Stamp & Signature		
Received from Mr. / Ms. / M/s.						100 Starrip & Signature		
-	Inits of the Scheme(s) alongwith	Cheque / DD / Payment Instru	ment as detailed overleaf.					

... continued overleaf

5. JOINT APPLICANT DETAILS, If 2. NAME OF THIRD APPLICANT	any <i>(contd)</i> (Re	efer instruction 4) (In case of	Minor, there s	hall be no joint h	olders)			
Mr. Ms. M/s.  Nationality			PAN#/ PEKRN#				<b>C#</b> [ <b>Please tick</b> (✓)] ☐ Proof Attached	
a. Occupation Details [Please ti	<b>ck (√)]</b>	vice Private Sector	Public Sector	r Governm	ent Service Stud		(Mandatory) ssional Housewife Business	
Retired Agriculture	Proprietorship	Others	(plea	ase specify)				
b. Gross Annual Income (Rs.)								
c. Politically Exposed Person (PE	<b>P) Status</b> (Also app	licable for authorised signatories	s/ Promoters/ Ka	ırta/ Trustee/ Whol	e time Directors) 🔲 I	I am PEP 🔲 I ai	m Related to PEP Not Applicable	
The below information is requested Address Type: Residential Is the applicant(s)/ guardian's If Yes, please provide the follow Please indicate all countries in versions.	ired for all applic I or Business  Country of Birth ring information [	cant(s)/ guardian Residential	Registered y / Tax Reside	Office (for add	ress mentioned in India? Yes	•	nddress appearing in Folio)	
Category	First Appli	cant (including Minor)	:	Second Applica	int/ 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) H	OLDER DETAILS							
For unit holders opting to hold units i Bank Name Branch Name Account Number MICR Code	n demat form, pleas	e ensure that the bank accoun			Bank City  our cheque next to the	cheque number)		
Account Type (Please ✓) [FSC Code***	☐ Savings ☐	Current NRO	NRE  FC	CNR Other  *** Refer Instruction cheque leaf. If you	ers (please specify) on 5C (Mandatory for Cr do not find this on your	redit via NEFT / RTG cheque leaf, please	GS) (11 Character code appearing on your check for the same with your bank)	
MODE OF PAYMENT OF REDEN	•	•		,	,			
Unitholders will receive redemption  I/We want to receive the redem		,		,		•	ECS into my / our bank account	
INVESTMENTS & PAYMENT DE	TAUS [Please (√)	1] (refer instruction 6 & 7 for Sch	neme details and i	instruction 8 & 9 fo	r Payment Details) The na	ame of the first/ sole	e applicant must be pre-printed on the cheque	
O. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant 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								
		For Default Plan	(viz. Direct / Re	gular Plan) refer i	nstruction 7.			
Scheme/Plan/Sub Option								
Payment Type [Please (✓)]	·	ird Party Payment			se attach 'Third Party	Payment Declar	ration Form')	
Cheque/ DD/ Payment Instrument/ Pay UTR No.	Cheque/ DD/ yment 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 Bank Account No. (For Cheque Only)	
	. — — —							
		(DD (D	Particula	ars				
cheme Name / Plan / Option / Sub-op ayout Option		ue / DD / Payment Instrument / No. / Date	/	Drawn on (Name	of Bank and Branch)	Am	ount in figures (Rs.)	

		LDING OPTION DEMAT MODE*	PHYSICAL M	• •		( refer instruc	etion 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.					
CD		DP Name		Beneficiary	, [		Account No.				
						mat details as stated	in the application form.				
	*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)										
[PI	[Please (✓) and sign] ☐ I/We do not wish to Nominate										
	First / Sole Applicant Second Applicant Third Applicant										
	OR I/We wish to nominate as under:										
	Jama	and Address of Nominee(s)	Date of Birth	Name and Address of Guardian			Proportion (%) in with the units will be share				
	vailie	and Address of Northinee(s)	(to be furnished in case the Nominee is a minor)			nee is a minor)	Guardian of Nominee (Mandatory)	each Nominee (should aggregate to 100%)			
		Nominee 1									
		Nominee 2									
		Nominee 3									
(2) (3) (4) (5)	<ul> <li>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:-</li> <li>(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.</li> <li>(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.</li> <li>(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.</li> <li>(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.</li> <li>(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) etc without</li></ul>			RE(S)	First / Sole Applicant / Guardian	ease write Application Form No. / Found the reverse of the Cheque / Demand Payment Instrument.)					
(7)	regarding the eligibility, validity and authorization of my/our transacti (7) The ARN holder (AMFI registered Distributor) has disclosed to me form of trail commission or any other mode), payable to him/th Schemes of various Mutual Funds from amongst which the Schme/us.  (8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFF INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FOR THIS INVESTMENT.  For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/o			missions (in the rent competing commended to	SIGNATURE(S)	Second Applicant					
sha	shall be fully liable for all consequences (including taxation) arising out of the failure to redeem account of change in residential status.					Third					
	For NRIs/ PIO/OCIs only:					Applicant					
	/e con ease	firm that my application is in compliance with applicable India $\checkmark$ ) $\square$ Yes $\square$ No If Yes, $(\checkmark)$ $\square$ Repatriation ba									

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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) @	✓	<b>✓</b>			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	<b>√</b> #	1
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	✓	/	/	<b>√</b> #	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			

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

<sup>\*</sup> 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.