

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. The Application Form should be completed in English and in BLOCK LETTERS only.

ARN-3-4386 WEND-3-42004 ARN-3-4386 Feed Sold Published Sold Pub	(EY PARTNER / AGENT INFO	INVE	stors applying und	aer Direct Plan must r	nention "Direct"	ın AKN column.) (Refer Instruction 1) Internal Code	Employee Unique	FOR OFFICE (TIME S	
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MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) COUNTACT DETAILS OF FIRST / SOLE APPLICANT Country Code STD Code PIN CODE Telephone : Off. Res. Fax Alerts Mobile Docs Email ** We would like to register for my/our HDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website: www.hdrcfund.com (Email id mandator) on providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 JUINT 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 PANA/PEKRINE WYC# (Please tick (*/)] Proof Att. (Mandatory) ADDITIONAL KYC DETAILS Mandatory (Refer instruction 4b) Occupation details for 1*Applicant 2*Applicant details for 1*Applicant 2*Applicant details for PANA/PEKRINE details for PANA/PEKRIN		e (P) Father	Mother (Court appointed Lec	al Guardian		Proof of relationshin w	-		
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V We would like to register for my/our HDPCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website-www.hdfcfund.com (Email Id mands ^ 0 n providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 JOINT APPLICANT DETAILS, If any (Refer instruction 4) (in case of Minor, there shall be no joint holders) 1. NAME OF SECOND APPLICANT Ms. M/s.	Telephone : Off.									
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Private Sector Service	ADDITIONAL KYC DETAILS	Mandatory (R	efer instruction 4	4b)					(Manuatory)	
Public Sector Service	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically E	xposed Person (PEP) details: Is a P	EP Related to PEP	Not Applica
Government Service										
Business										
Professional							τ	L		<u> </u>
Agriculturist							Signatories			
Retired Housewife Student Proprietorship Others (Please specify) Whole-time Directors Trustee Partners Whole-time Directors Whole-time Directors Trustee Caming / Gambling / Lottery / Casino Set							oigilatulies			
Student										
Whole-time Directors Whole-time Directors Trustee Directors Trustee Directors				<u> </u>						
Others (Please specify) Non-Individual Investors involved/ providing any of the mentioned services # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC. **KNOWLEDGEMENT 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 F HDFC MUTUAL FUND Date: Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. ISC Stamp & Signature							Directors			
Non-Individual Investors involved/ providing any of the mentioned services # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC. Money Lending / Pawning None of the above										
# Please attach Proof. Refer instruction No 16 for PAN/PERRN 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 F HDFC MUTUAL FUND Date: Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. ISC Stamp & Signature Received from Mr. / Ms. / M/s.	Non-Individual Investors i	•	• .		rices	-				/ / Casino Ser
HDFC MUTUAL FUND Date: Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. Received from Mr. / Ms. / M/s.										
Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. Received from Mr. / Ms. / M/s	CKNOWLEDGEMENT SLIP (to be filed in by the	investor) [For any	queries please conta			entre or call us at our (1800 3010 6767 / 1800 41 <u>9</u>	9 7676 (Toll Fre
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. Received from Mr. / Ms. / M/s					UNIO INDIC					
Received from Mr. / Ms. / M/s				Head Office · H	DEC House 2nd		rekh Maro	Date :		
			1			d Floor, H.T. Pa		Date :		
an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.			1			d Floor, H.T. Pa		Date :	ISC Stamp 8	Signature

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i. ADDITIONAL KYC DETAILS, If any	(Refer instru	ction 4b) Contd	l.						
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)							DD MM	YYYY	
. FATCA & CRS INFORMATION (for	Individual i	ncludina Sole	Proprietor) (Self Certific	ation) (Refer instruction 4)				
Is the applicant(s)/ guardian's Co	Business [Duntry of Bir Dinformation Control of the second control of the second control Control of the second control of the s	Residential th / Citizensh [mandatory]	I	ty / Tax Resi	ed Office (for address mentioned i dency other than India? Yes ated Tax Reference Numbers below.	s	No	ppearing in Fo	olio)
Place/ City of Birth	1110171	pilouiit (illoiu	uning minior,		Cocona Applicant, Guardian		111114	пррпоин	
·									
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]									
IFSC Code*** MODE OF PAYMENT OF REDEMPT Unitholders will receive redemption/	FIRST / SO e pay-out ban emat form, ple Savings FION / DIVID dividend proce on / dividend pr	LE APPLICAN k account is dif ease ensure that Current DEND PROCEE eeds directly into occeds (if any)	IT (For redem ferent from the the bank according to the bank according to the bank according to the bank according to their bank according to their bank according to their bank according to the by way of a dem	in the struction 11) count (as furnished with the struction 11) count (as furnished with the struction 11)	the demat account is mentioned here. Bank City to code appears on your cheque next to the fence of the cheque leaf. If you do not find this on your cheque leaf. If you do not find this on your cheque leaf. If you do not find this on your cheque leaf. If you do not find this on you cheque leaf. If you do not find this you cheque leaf. If you do not find this you cheque leaf. If you do not find this you cheque leaf. If you do not find this you cheque leaf. If you do not find this you cheque leaf. If you do not find this you cheque leaf. If you do not find this you cheque leaf. If you do not find this you cheque leaf.	Credit via NEFT ur cheque leaf, p /ECS facility stem / credit thro	/ RTGS) (11 Cha lease check for the	y / our bank acco	ount
. INVESTMENTS & PAYMENT DETAI	LS [Please (√)] (refer instru	ction 6 & 7 for S	cheme details a	nd instruction 8 & 9 for Payment Details) The	e name of the firs	t/ sole applicant n	nust be pre-printed	on the che
Regular Plan (Purchase/ Su Mention valid ARN in Key Par		-	stributor)		Direct Plan (Purchase/ Subso Mention DIRECT in Key Partne	•	-	e Fund)	
Scheme/Plan/Sub Option									
Payment Type [Please (✓)]	□ Non-	Third Party P	-		ty Payment (Please attach 'Third Par	rty Payment D	eclaration Form	1')	
Cheque/ DD/ Payment Instrument/ UTR No.	Cheq Payment UTI	ue/ DD/ Instrument/ R Date F	Amount of Che Payment Inst RTGS/ NEFT in f	eque / DD / trument / figures (Rs.)	DD Charges, Net Cheque/ DD Amount Draw	n on Bank / Br	anch	Pay-In Bank Aco (For Cheque	count No. Only)
				- — — Partic					
cheme Name / Plan / Option / Sub-optio		eque / DD / Payı	ment Instrumen	t/	Drawn on (Name of Bank and Branch)		Amount in figu	res (Rs.)	
ayout Option	UTI	R No. / Date			and or sum and station)			. ()	

11. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default)						lt)	(refer instruction 13)																		
*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode																									
	NSDL	DP Name				DP ID									Beneficia Account	ry No.									
	CDSL	DP Name				/	Benefic Accoun	ary No.																	
		opting to hold units in dema																Form	1)						
	[Please	(√) and sign]	lo not wish	to Nominate																					
X	x X									X															
		First / Sol	le Applicant	<u> </u>			Second	Applic	ant		_				-		Th	nird App	plica	ant		-			
						0R	ł																		
☐ I/We wish to nominate as under:																									
	Name and Address of Nominee(s)			Relationship with Applicant					and Address of Guardian							/ Gu	Nominee uardian of			Proportion (%) in whith the units will be shared each Nominee				ared by e	
		Nominos 1		7 фриоши	(to be it	e furnished in case the Nominee is a minor)								- I VOITIII CO	(IVIG		· y)	+	(should aggregate to 100%))	
		Nominee 1																	+						
		Nominee 2																							
		Nominee 3																							
13.	13. 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								SIGN HERE()																
	_	aws. I/ We hereby confirm a													rite Applica										
	(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											U		the reverse of the Cheque / Demand Draft / Payment Instrument.)											
	,	nd') indicated above. : am/are eligible Investor(s)) as per the	e scheme related do	cuments and am	are aut	horised	to																	
	(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/o							in																	
		ion of any act, rules, regulat																							
		ι. information given in / with t	this applicat	tion form is true and	correct and furthe	er agree	to furn	sh		First / Sole	st / Sole														
	such other further/additional information as may be required by the HDFC Asset Managemen Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfe Agent (RTA) in writing about any change in the information furnished from time to time.									plicant / uardian	X														
	(4) That in the event, the above information and/or any part of it is/are found to be false/ untrumisleading, I/We will be liable for the consequences arising therefrom.						ie/																		
		hereby authorize you to dis or any part of it including t																							
	and/or any part of it including the changes/updates that may be provided by me/us to the Mutua 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						ty																		
	foreiç	foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to						to .	6																
	Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to						ite 🖺	əlginai ure(ə)	S	econd	X	(
							he 5	A P	Ap	plicant															
							ng c	5																	
	me/us.																								
	(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.							-																	
	For Foreign Nationals Resident in India only:																								
	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 or account of change in residential status.								Thind																
		s/ PIO/OCIs only:								Third Applicant X				C											
	I/We con	firm that my application is in	n complianc	ce with applicable Ind	an and foreign lav	/S.																			
	Please (✓) Yes No If Yes, (✓) Repatriation basis Non-repatriation basis																								
		. , _ 100 _ 110	, (,																					

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