



KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 6, 10 AND 13 ONLY. Refer instruction 3).

2. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 4) **DATE OF BIRTH@** | D | D | M | M | Y | Y | Y | Y | Proof of date of birth@ Please (✓)

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory) (Refer Instruction 4 & 19)]

[illegible]

(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Mr.	Ms.										
Nationality				Designation				Contact No.			
PAN#/ PEKRN#											
KYC Number				KYC # (Please tick (✓)) (Mandatory)				<input type="checkbox"/> Proof Attached			

Relationship with Minor@ Please (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian ☐ Proof of relationship with minor@ Please (✓) ☐ Attached @ Mandatory

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)[illegible]**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code										STD Code																			
Telephone : Off.										Res.										Fax									
eAlerts Mobile										eDocs Email of First / Sole holder ^										IN CAPITALS									

This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

☐ I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 10)

☐ I/ We would like to register for online access to transact on HDFCFundOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 10 & 12)

4. JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders)

1. NAME OF SECOND APPLICANT

[illegible]2. NAME OF THIRD APPLICANT[illegible]

ACKNOWLEDGEMENT 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 Free))

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.

an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

... continued overleaf

5. ADDITIONAL KYC DETAILS (Refer instruction 4b)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)				

Non-Individual Investors involved/ providing any of the mentioned services

☐ Foreign Exchange / Money Changer Services

☐ Gaming / Gambling / Lottery / Casino Services

☐ Money Lending / Pawning

☐ None of the above

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR

Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)

as on

DDMMYYYY

Politically Exposed Person (PEP) details:

	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
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/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA

Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments 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

Account Number

MICR Code

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)

IFSC Code***

Bank City

(The 9 digit code appears on your cheque next to the cheque number)

*** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

9. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 11)

☐ directly into my / our bank account (as per Section 8) (Default mode) OR ☐ via cheque / demand draft

10. 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.

<input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information			<input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information			
Scheme/Plan/Sub Option/ Frequency						
<input type="checkbox"/> Growth Option <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)					<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment	
Mode of Payment		<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> NEFT/ RTGS/ Fund Transfer <input type="checkbox"/> One Time Mandate (OTM)				
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM						
Payment Type [Please (✓)]		<input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')				
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount
Cheque/ DD Amount (in words):						

11. UNIT HOLDING OPTION ☐ DEMAT MODE* ☒ PHYSICAL MODE (Default) (refer instruction 13)

*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

[illegible]

*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

12. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals and Sole Proprietors where mode of holding is single) (For Units in Non-Demat Form)

☐ I/We wish to nominate as under: **OR** ☐ I/We do not wish to Nominate (Sole applicant's signature mandatory)

Name and Address of Nominee(s) (IN CAPITALS)	PAN	Relationship of Guardian with Nominee (Proof to be attached)	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
			(to be furnished in case the Nominee is a minor)			
Nominee 1						
Nominee 2						
Nominee 3						

☐ I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

POA holder cannot nominate. So sole/all joint applicants must sign	_____	_____	_____
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Third Applicant

First/sole Applicant	Second Applicant	Third Applicant
13. DECLARATION & SIGNATURE/S (refer instruction 14)		

(a) I/We am/are eligible investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgment passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We 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.

(c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.

(e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/Stock Broker registered in the concerned folio, if applicable.

(g) 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 me/us.

Consent for disclosure of Personal Information in terms of Privacy Policy
I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/Fund.

For Foreign Nationals Resident in India only:

For NBIs/ PIO/ OCIs/ FPIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

For NRIs/ PIO/OCIs Please (✓) ☐ Repatriation basis ☐ Non-repatriation basis

(Please write Application Form No. / Folio No.
on the reverse of the Cheque / Demand Draft /
Payment Instrument)



Third
Applicant

SIGNATURE(S)