

TRANSACTION REQUEST FOR PURCHASE / SWITCH / REDEMPTION

(Please use separate transaction slip for each scheme.
For updating your contact details, please submit a separate request)

TIMESTAMP (FOR OFFICE USE ONLY)

Folio Number : _____ Scheme / Plan / Option* : _____
(Switch-out scheme for switch request)

Name of Sole/ First Unit Holder : _____

*Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in the ARN column below)

ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN -		ARN -			

Note: Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.
Important: Please strike off any unused portion of this sheet.

☐ **ADDITIONAL PURCHASE** (Please write your folio number and name on the reverse of the cheque/Payment Instrument no.)

Payment Mode: (Please tick any one only) ☐ OTM (One Time Bank Mandate) Bank Account No. _____ ☐ Cheque ☐ Funds Transfer ☐ RTGS / NEFT

Cheque/Instrument No: _____ IF APPLICABLE Payment Date/Instrument Date : ____ / ____ / ____ Amount (Rs.) : _____

Bank Name: _____ MANDATORY FOR OTM Branch: _____ City : _____

I/We hereby confirm having initiated the Transfer/ RTGS for transfer of INR _____ from our account no. _____ with _____ (Bank) to your account no. _____ with _____ (Bank).

Payment Reference No. _____

Documents attached to avoid Third Party Payment Rejection where applicable: ☐ Bank Certificate ☐ Third Party Declaration Form

In case, the additional purchase amount is Rs. 10,000 or above and distributor has opted to receive transaction charges Rs. 100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

Investors desiring to get allotment of units in dematerialized mode instead of physical mode should provide the details in their demat account below:

NSDL	CDSL
DP Name _____	_____
DP ID _____	_____
Beneficiary Account No. _____	_____

Please attach a copy of the DP statement / Client Master Form to enable us to verify the demat account details.

IMPORTANT: Names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. **The units will be credited to the beneficiary (demat) account only after successful verification with the depository records and realization of payment.**

☐ **SWITCH REQUEST** (Please tick any one only) ☐ All Free Units ☐ No. of units : _____ ☐ Amount (in Rs.) : _____

To Scheme / Plan / Option : _____

* Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

☐ **REDEMPTION - Subject to Lock-in Period, if any (Please tick only one of the below options.)**

Redeem ☐ All Free Units ☐ No. of Units _____ ☐ Amount (in Rs.) _____ (in words) _____

IFSC Code : _____ (If not provided earlier for electronic payment)

Note: If a redemption request is submitted alongwith a request for changing the bank account details, the redemption will be processed into the registered/default bank account in the aforesaid scheme/folio and the request for changing the bank account details will not be processed.

For investors who have registered for Multiple Bank Accounts facility* in the above folio:

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us (This bank account has already been registered in the folio):

Name of the Bank : _____ Branch : _____

Account No. : _____ Account Type : _____ Bank City : _____

* **Important Note:** If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HDFC Mutual Fund or HDFC Asset Management Company Ltd. will not be liable for any loss arising to the unit holder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio. In case the value / number of available units held in the Unit holder's folio / account under the Plan / Option of the Scheme is less than the amount / number of units specified in the redemption / switchout request, then the transaction shall be treated as an 'all units' redemption and the entire balance of available Units in the folio / account of the Unit holder under the stated Plan / Option of the Scheme shall be redeemed.

DECLARATION : I/We am/are not prohibited from accessing capital markets under any order/ruling/ judgement etc. of any regulatory body including SEBI. I/We confirm that my/our application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

- 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, especially with respect to the load structure.
- 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.
- I/We hereby confirm that, the details provided in/with this form are true and correct and undertake to inform the AMC/Fund/Registrars and Transfer Agent ('RTA') in writing about any change in the said details and to furnish additional details as may be required and further undertake that I/We shall be liable, in the event the details and/or any part thereof is found to be false/untrue/misleading.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above details and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and/or 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 any intimation/advice to me/us.
- 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.
- 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.

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.

Applicable to 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 on account of change in residential status.

Applicable to NRIs/PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓) ☐ Yes ☐ No If Yes, (✓) ☐ Repatriation basis ☐ Non-repatriation basis

Declaration for Purchase/Switch transaction where EUIN box is left blank

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

▲ TO BE SIGNED BY ALL UNIT HOLDERS IF MODE OF HOLDING IS JOINT. ALTERATIONS, IF ANY, SHOULD BE COUNTERSIGNED.

Signature(s) _____

Sole/ First Unit holder/ Guardian/ POA ▲ Second Unit holder ▲ Third Unit holder

Important alert: In case there is any change to your KYC information please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency

ACKNOWLEDGEMENT SLIP For Purchase / Switch / Redemption

HDFC MUTUAL FUND: Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

DATE D | D | M | M | Y | Y | Y | Y | **FOLIO NO.** | | | | | | | |

Received, subject to verification and without prejudice, request for ☐ ADDITIONAL PURCHASE ☐ SWITCH REQUEST ☐ REDEMPTION

Name of the Sole/First Unit Holder _____

[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)]

✉ e-mail us at: hello@hdfcfund.com or 🌐 visit our website: www.hdfcfund.com 📞 Missed Call Number - +91 85069 36767

ISC Stamp & Signature