

Application Form (Except for HDFC Gold Exchange Traded 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.

EY PARTNER / AGENT INFORMAT	TON (Investors applying	under Direct Plan must men		,	Employee Unions	FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-94466					E100406	
UIN Declaration (only where EUIN box						
/We hereby confirm that the EUIN box I f the above distributor/sub broker or no	has been intentionally le otwithstanding the advic	eft blank by me/us as this t ce of in-appropriateness, i	transaction is executed wit f any, provided by the empl	hout any interaction oyee/relationship m	or advice by the employee/ anager/sales person of the	relationship manager/sales perso distributor/sub broker.
Sign Here	audian		Sign Here			ign Here
First/ Sole Applicant/ G			Second Applicant		Iniro	d Applicant
RANSACTION CHARGES FOR APP					- the same and deductible	
n case the purchase/ subscription an ubscription amount and payable to th egistered Distributor) based on the inv	nount is Hs. 10,000 or he Distributor. Units will estors' assessment of v	more and your Distributo I be issued against the ba arious factors including th	or nas opted in to receive Mance amount invested. U Die service rendered by the A	Transaction Charge pfront commission s ARN Holder.	s, the same are deductible shall be paid directly by the	as applicable from the purchast investor to the ARN Holder (AMI
EXISTING UNIT HOLDER INFOR	MATION (IF YOU HAV	VE EXISTING FOLIO, PLEA			,	
Folio No.			The details in ou	r records under the f	folio number mentioned alo	ngside will apply for this applicati
MODE OF HOLDING [Please tick	∑ (✓) Single	Joint	Anyone or Survivor			
UNIT HOLDER INFORMATION (RONAME OF FIRST / SOLE APPLICANT	•	re shall be no joint holder	DATE OF BIRTH@ s)	DD MM	YYYY	f of date of birth@ Please () Attached</td
Mr. Ms. M/s.			DANI # / DEV/DAL#			[Please tick (V)] Droot Attack
Nationality NAME OF GUARDIAN (in case of First	t / Sole Applicant is a M		PAN#/ PEKRN# CT PERSON – DESIGNATION	N (in case of non-ind	lividual Investors) KYC#	[Please tick (🗸)] 🗌 Proof Attach (Mandatory)
Mr. Ms.						
Nationality		Designation		Cont	tact No.	
PAN#/ PEKRN#] (Mandatory) Proof Attached
Relationship with Minor@ Please (<) MAILING ADDRESS OF FIRST / SOL		Court appointed Legal Gory) (Refer Instruction 4a)		Proof of relationship wi	th minor@ Please (<!--)</b--> At	tached @ Mandatory
CITY		STA			DIM O	ODE
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5. JOINT APPLICANT DETAILS, If any (con 2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality a. Occupation Details [Please tick (\(\sigma\))]	PAN:	#/ PEKRN# Governm		KYC# [Please tick ([Mandatory) Professional Housewife Business
Retired Agriculture Propriet	torship Others	(please specify)		
b. Gross Annual Income (Rs.) Belowc. Politically Exposed Person (PEP) Status				
6. FATCA & CRS INFORMATION (for Indivi	idual including Sole Proprietor) (Self C	ertification) (Refer instr	uction 4)	
The below information is required for a Address Type: Residential or Busils the applicant(s)/ guardian's Country If Yes, please provide the following infor Please indicate all countries in which yo Category	ness Residential Business Re of Birth / Citizenship / Nationality / Ta mation [mandatory]	x Residency other than	e Numbers below.	sting address appearing in Folio) No Third Applicant
Place/ City of Birth	rst Applicant (including ininor)	оссона Аррис	any duarulan	типа Аррисана
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 indivi	idual is a citizen/ green card holder of US	SA. ^ In case Tax Iden	tification Number is not availa	able, kindly provide its functional equivalent.
7. POWER OF ATTORNEY (PoA) HOLDER I	<u>-</u>			, , , ,
Name of PoA Mr. Ms. M/s. PAN#/PEKRN# # Please attach Proof. Refer instruction No 16 fo 8. BANK ACCOUNT DETAILS OF THE FIRS (Mandatory to attach proof, in case the pay-c For unit holders opting to hold units in demat fo Bank Name Branch Name Account Number MICR Code Account Type (Please ✓) IFSC Code***	r PAN/PEKRN and No 18 for KYC. T / SOLE APPLICANT (For redemption) but bank account is different from the bank a corm, please ensure that the bank account link orm, please ensure that the bank account link	ed with the demat account ne 9 digit code appears on y FCNR Oth *** Refer Instruc cheque leaf. If you	section 10 below.) is mentioned here. Bank City Four cheque next to the cheque nuers (please specify) tion 5C (Mandatory for Credit via NE u do not find this on your cheque lea	Imber) EFT / RTGS) (11 Character code appearing on your f, please check for the same with your bank)
9. MODE OF PAYMENT OF REDEMPTION /	DIVIDEND PROCEEDS VIA NEFT / ECS	S / DIRECT CREDIT (ref	er instruction 11)	
' '	nd proceeds directly into their bank account (a	,		
I/We want to receive the redemption / divi	idend proceeds (if any) by way of a demand dra	aft instead of direct credit / c	redit through NEFT system / credit	through ECS into my / our bank account
10. INVESTMENTS & PAYMENT DETAILS [P	lease (\checkmark)] (refer instruction 6 & 7 for Scheme (details and instruction 8 & 9 fo	or Payment Details) The name of the	first/ sole applicant must be pre-printed on the cheque.
Regular Plan (Purchase/ Subscript Mention valid ARN in Key Partner/ A	,		n (Purchase/ Subscription ma IRECT in Key Partner/ Agent Inf	,
	For Default Plan (viz.	Direct / Regular Plan) refer	instruction 7.	
Scheme/Plan/Sub Option	<u> </u>			
Payment Type [Please (✓)]	Non-Third Party Payment Thi	ird Party Payment (Plea	ase attach 'Third Party Paymen'	t Declaration Form')
Cheque/ DD/ Cheque/ Payment Instrument/ Payment Inst UTR No. UTR Da	DD/ Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	Charges, Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)
UTA NO. UTA DA	ate mus/ NET Fillingules (ns.)			
		Particulars		
Scheme Name / Plan / Option / Sub-option /	Cheque / DD / Payment Instrument /	Drawn on (Marsa	of Rank and Pranch)	Amount in figures (Ps.)
Payout Option	UTR No. / Date	Diawii dii (ivame	of Bank and Branch)	Amount in figures (Rs.)

	DLDING OPTION DEM/ ccount details are mandatory if the in	AT MODE* evestor wishes to hold to	PHYSICAL M the units in Demat	•	efau	ilt)		(rete	er in	nstru	ctio	n 13)										
NSDL	DP Name			OP ID	ı	N				Τ		T	B	eneficia ccount N	ry lo. [Τ	T	
CDSL	DP Name				nefici count																T		
	opting to hold units in demat form, m	* * * * * * * * * * * * * * * * * * * *																					
IOMIN <i>i</i>	ATION (refer instruction 15) (Ma	andatory for new fo	lios of Individua	ils whe	re m	ode o	f ho	lding	g is	sing	gle) (For	Units	s in Non	-De	emat	Forn	n)					
[Please	(\checkmark) and sign] $\ \ \ \ \ \ \ \ \ \ \ \ \ $	h to Nominate																					
	First / Sole Applica	nt	_	Sec	cond	Applica	ant		-					_		Th	ird Ap	olia	ant		_		
_				OR																			
I/We	wish to nominate as under:																						
Name	and Address of Nominee(s)	Relationship with	Date of Birth		Name	e and A	Addre	ess of	Gua	ardiaı	n			ture of No					Pro the u	inits		é sh	ared
	, and , ladi 500 51 No	Applicant	(to be furi	nished ir	n cas	e the N	omin	nee is	a m	ninor))		Guard	ian of Nor	nine	e (Ma	ndator						
	Nominee 1																						
												+						+					
	Nominee 2																						
	Nominee 3																						
scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above. (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. (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. (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. (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				l in /or v in ssh ent fer ue/		App	t / So blican ardia	nt /															
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 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 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				rty or to to the ing to NY	SIGNALURE(S)		econo																
	RTHIS INVESTMENT. eign Nationals Resident in India onl	lv·																					
I/We wil shall be	Il redeem my/our entire investment/s fully liable for all consequences (in	before I/We change my						=-	.														
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.						Third Applicant																	
	s/ PIO/OCIs only:																						
For NRI	s/ PIO/OCIs only: nfirm that my application is in complian	nce with applicable Indi	an and foreign laws																				