

## 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.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)					FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Portfolio Manager's Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIN)
<b>ARN-167285</b>					<b>E072728</b>

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

<b>SIGN</b>			
	First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)**  
In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. 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.

**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).**  
Folio No. \_\_\_\_\_ / \_\_\_\_\_ The details in our records under the folio number mentioned alongside will apply for this application.

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

**3. UNIT HOLDER INFORMATION (Refer instruction 4)** **DATE OF BIRTH@** \_\_\_\_\_ **Proof of date of birth@**  Please (✓)

**NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)**  Attached

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

KYC Number \_\_\_\_\_ **KYC # [Please tick (✓)] (Mandatory)**  Proof Attached

**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)]

Resident Individual  Partnership  Trust  HUF  AOP  PIO  Company  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society / Club  
 NRI-Repatriation  NRI-Non Repatriation  Foreign National Resident in India  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_

**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)**  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)**

\_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code \_\_\_\_\_ STD Code \_\_\_\_\_

Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_

eAlerts Mobile \_\_\_\_\_ eDocs Email of First / Sole holder ^ \_\_\_\_\_

This email id belongs to:  Self  Family Member (Please refer instruction 10 and tick)

I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: [www.hdfcfund.com](http://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**

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

KYC Number \_\_\_\_\_ **KYC # [Please tick (✓)] (Mandatory)**  Proof Attached

**2. NAME OF THIRD APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

KYC Number \_\_\_\_\_ **KYC # [Please tick (✓)] (Mandatory)**  Proof Attached

**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 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<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 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 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"/>	25 lac- 1 cr	<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"/>	> 1 cr	<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 \_\_\_\_\_ DD MM YYYY

# 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.

**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/ dividend 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 \_\_\_\_\_ Bank City \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 MICR Code \_\_\_\_\_ (The 9 digit code appears on your cheque next to the cheque number)  
 Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify) \_\_\_\_\_  
 IFSC Code\*\*\* \_\_\_\_\_  
\*\*\* 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 / DIVIDEND PROCEEDS (refer instruction 11)**

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT facility  
 I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system into my / our bank account

**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"/> <b>Regular Plan</b> (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> <b>Direct Plan</b> (Purchase/ Subscription made directly with the Fund) Mention <b>DIRECT</b> in Key Partner/ Agent Information					
<b>Scheme/Plan/Sub Option</b>	Growth Option if Growth or Dividend Option is not selected					
<b>Mode of Payment</b>	<input type="checkbox"/> <b>Cheque</b> <input type="checkbox"/> <b>Demand Draft</b> <input type="checkbox"/> <b>NEFT/ RTGS/ Fund Transfer</b> <input type="checkbox"/> <b>One Time Mandate (OTM)</b>					
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						
<b>Payment Type [Please (✓)]</b> <input type="checkbox"/> <b>Non-Third Party Payment</b> <input type="checkbox"/> <b>Third Party Payment</b> (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

**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)

<b>NSDL</b>	DP Name _____	DP ID	<input type="checkbox"/> I <input type="checkbox"/> N	<b>Beneficiary Account No.</b> _____
<b>CDSL</b>	DP Name _____	<b>Beneficiary Account No.</b> _____		

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

All holders must sign here if the application form is signed by POA

\_\_\_\_\_  
First / Sole Applicant

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

**13. DECLARATION & SIGNATURE/S (refer instruction 14)**

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgement 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.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and 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.
- (d) 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 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.
- (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 registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered/paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (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.
- (h) 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.**

**Consent for Telemarketing (Refer Instruction 20):**

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

**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.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

**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 on account of change in residential status.

**For NRIs/ 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

**SIGN HERE** ↴

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

First / Sole Applicant / Guardian



Second Applicant



Third Applicant



SIGNATURE(S)