

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.

www.hdfcfund.com KEY PARTNER / AGENT IN	FORMATION (Investors apply	ying under Direct Plan must mentio	n "Direct" in ARN colun	nn.) (Refer Instruction 1)	FOR OFFICE USE	ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN/	Internal Code for Sub-Agent/	Employee Unique Identification Number		
71111	71 IIV IVAIIIO	Bank Branch Code	Employee	(EUIN)		
RN-						
	EUIN box is left blank) (Refe				d.: b th	/l.kiki
we nereby confirm that the f the above distributor/sub b	EUIN box has been intentiona roker or notwithstanding the a	advice of in-appropriateness, if a	insaction is executed ny, provided by the en	without any interaction or a nployee/relationship manaç	dvice by the employee, jer/sales person of the	/relationship manager/sales perso distributor/sub broker.
Sig					c	
	n Here pplicant/ Guardian		Sign Here Second Applicant			ign Here d Applicant
·		OUGH DISTRIBUTORS ONLY		n 2)		- тррпомпс
				ve Transaction Charges, th . Upfront commission shall ne ARN Holder.	e same are deductible be paid directly by the	e as applicable from the purchas e investor to the ARN Holder (AM
		have existing folio, please fill in				
Folio No.			The details in	our records under the folio	number mentioned alo	ngside will apply for this applicati
MODE OF HOLDING [PIE	ease tick ()</td <td>gle Joint</td> <td>Anyone or Survivor</td> <td></td> <td></td> <td></td>	gle Joint	Anyone or Survivor			
UNIT HOLDER INFORM	ATION (Refer instruction 4)	1	DATE OF BIRTH@		Proo	f of date of birth@ Please (<)
	PPLICANT (In case of Minor,	there shall be no joint holders)	DAIL OF DITTING	DD MM	YYYY	Attached
Mr. Ms. M/s. Nationality		PAN	N#/ PEKRN#		10/0 #	[Please tick (✓)] ☐ Proof Attacl
	se of First / Sole Applicant is	a Minor) / NAME OF CONTACT		ION (in case of non-individu		(Mandatory)
Mr. Ms.		Designation				
Nationality PAN#/ PEKRN#		Designation		Contact	(VC # [Please tick (Proof Attached
Relationship with Minor@ PI	ease (🗸) Father Mothe	er Court appointed Legal Gu	ardian	Proof of relationship with mi	(Mandatory)	tached @ Mandatory
	,,	ndatory) (Refer Instruction 4a)	aruiari	r tool of relationship with this	nore ricase (*) A	lactied @ Mandatory
CONTACT DETAILS OF FIR	ST / SOI F APPI ICANT	Country Code		STD Code	PIN C	CODE
Telephone : Off.	31 / SOLL AIT LIGANT	Country Code Res.		Fax		
eAlerts Mobile		eDocs Email ^				
	,,,				1	hdfcfund.com (Email id mandato by email. (Refer Instruction 10 &
	T OTHER DETAILS (Mand		ou cummury moroon,	addam diatomonio, diatato	y and other documents	by cinalit (note: metraction to a
. Status of First/ Sole Ap	oplicant [Please tick (√)]	☐ Individual ☐ Non - Indi				n Form and FATCA/ Foreign Tax La
I B I F	N. Donatriation NDI Non F	Donatriation Doutnovskin D		rm] (Refer Instruction 4 & 1	•	through guardian DOI DO
		n National Resident in India			ofit Organisation 🔲 Ot	through guardian BOI 00 hers (please specify)
, ,	ease tick (<)] Service			ernment Service Stu		
Retired Agriculture	Proprietorship	Others	(please specify)	_	_	
. Gross Annual Income ((Rs.) [Please tick (✓)] □	Below 1 Lac 1 - 5 L	_acs 5 - 10	Lacs 10 - 25 La	cs	s - 1 Crore >1 Crore
Net-worth (Mandatory fo	or Non Individuals) De		OR	20.00		(Not older than 1 yea
	, <u></u>	inchia for authoricad aignotorica/ F	Dramatara / Marta / Trust	as on DD		YYY
		icable for authorised signatories/ F				Related to PEP Not Applicable
. Non-Individual Investo	rs involved/ providing an	y of the mentioned services	Foreign Excha Money Lendin	nge / Money Changer Serviong / Pawning	ces Gaming / G None of the	ambling / Lottery / Casino Service above
JOINT APPLICANT DETA	ILS, If any (Refer instruction	on 4)				
1. NAME OF SECOND APPI	LICANT					
Mr. Ms. M/s. Nationality		PAN	N#/ PEKRN#		KYC#	[Please tick (√)] ☐ Proof Attack (Mandatory)
a. Occupation Details [Retired Agricult	` '	vice Private Sector Others	Public Sector [Student Profess	ional Housewife Bus
b. Gross Annual Income	e (Rs.) Below 1 Lac	1 - 5 Lacs 5 - 10 Lacs	10 - 25 Lacs -> 2	5 Lacs - 1 Crore $\square >$ 1 Cr	ore OR Net worth Rs	
		olicable for authorised signatories/				Related to PEP Not Applicab
# Please attach Proof. Refer	instruction No 16 for PAN/PEKRN	l and No 18 for KYC.				
CKNOWLEDGEMENT SUI	P (To be filed in by the Investor)	For any queries please contact our	nearest Investor Service	Centre or call us at our Custor	mer Service Number 1800	3010 6767 / 1800 419 7676 (Toll Fre
AND WEED GENTERT SEN	(so mos m sy ale myester)		FC MUTUAL FUND	. John of Juli uo at our oustor	Date :	22.0 0101 / 1000 410 1010 (1011116
		Head Office : HUL H	ouse, 2nd Floor, H.T. F		_ 1.0 .	
		165-166, Backbay Reclan	nation, Churchgate, M			
			,	lumbai - 400 020.		ICC Ctomon O Ctomotom
Received from Mr / Ms / M/s	3.		, 2	lumbai - 400 020.		ISC Stamp & Signature
Received from Mr. / Ms. / M/s an application for Purchase o		vith Cheque / DD / Payment Instrum				ISC Stamp & Signature

... continued overleaf

5. JOINT APPLICANT DETAILS, If	any (contd) (Refer instruction 4)			
2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality		'AN#/ PEKRN#		KYC# [Please tick ()] Proof Attached
a. Occupation Details [Please ti	ick (<)] Service Private Sector	Public Sector Governi	ment Service Student I	Professional Housewife Business
Retired Agriculture	Proprietorship Others	(please specify)		
b. Gross Annual Income (Rs.) c. Politically Exposed Person (PE	Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs P) Status (Also applicable for authorised signatories/		- 1 Crore > 1 Crore OR Net wort ole time Directors) am PEP	
6. FATCA INFORMATION/ FOREIG	N TAX LAWS (Self Certification) (Refer instruc	ction 4)		
Is the applicant(s)/ guardian's	ired for all applicant(s)/ guardian c Country of Birth / Citizenship / Nationality /	Tax Residency other tha	n India? Yes 🗌	No
If Yes, please provide the follow Please indicate all countries in	ving information [mandatory] which you are resident for tax purposes and th	ne associated Tax Referen	ce Numbers below.	
Category	First Applicant (including Minor)	Second Applie	cant/ Guardian	Third Applicant
Place/ City of Birth				!
Country of Birth				
Country of Tax Residency 1				
Tax Payer Ref. ID No. 1				j
Country of Tax Residency 2				
Tax Payer Ref. ID No. 2				
Country of Tax Residency 3				
Tax Payer Ref. ID No. 3				
7. POWER OF ATTORNEY (PoA) H	IOLDER DETAILS			
Name of PoA Mr. Ms. M/s.				
PAN#/ PEKRN#		e tick (√)] (Mandatory) □	Proof Attached	
	on No 16 for PAN/PEKRN and No 18 for KYC. 'HE FIRST / SOLE APPLICANT (For redemption	on/dividend if any) (refe	r instruction 5)	
(Mandatory to attach proof, in case	the pay-out bank account is different from the bar in demat form, please ensure that the bank account l	nk account mentioned under	Section 9 below.)	
Bank Name	in definat form, please crisure that the bank account i	inked with the demar account	is mondoned nere.	
Branch Name			Bank City	
Account Number MICR Code		(The 9 digit code annears on	your cheque next to the cheque num	her)
	☐ Savings ☐ Current ☐ NRO ☐ N	RE □ FCNR □ Otl	ners (please specify)	, I
IFSC Code***		*** Refer Instru cheque leaf. If yo	ction 5C (Mandatory for Credit via NEFT ou do not find this on your cheque leaf, p	/ RTGS) (11 Character code appearing on your please check for the same with your bank)
	MPTION / DIVIDEND PROCEEDS VIA DIRECT			
'	on/ dividend proceeds directly into their bank accoun n / dividend proceeds (if any) by way of a cheque / der	,		tit through FCS into my / our bank account
·				
	TAILS (refer instruction 6 & 7 for Scheme details an at mention "Direct" against the Scheme name.)	id instruction 8 & 9 for Payme	nt Details) The name of the first/ sole	applicant must be pre-printed on the cheque.
Scheme/Plan/Option/Sub Option_				
Payment Type [Please (✓)]	·	Third Party Payment (Ple	ease attach 'Third Party Payment D	eclaration Form')
Payment Instrument/ Payment I	ue/ DD/ Instrument/ Payment Instrument / Payment Instrument / Payment Instrument / RTGS/ NEFT in figures (Rs.)		Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)
				li
		Doutieule:		
Scheme Name / Plan / Option / Sub-op	otion / Cheque / DD / Payment Instrument /	Particulars	of Barbard D I.)	Amount in figures (Dr.)
Payout Option	UTR No. / Date	Drawn on (Nam	e of Bank and Branch)	Amount in figures (Rs.)
Please Note: All Purchases are subject to	o realisation of cheques / demand drafts / Payment Inst	rument.		
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	DP Name		DP ID	I	N									Be Ac	neficia count l	ry Io.								
CDSL	DP Name			enefic		Г			T			T	T						Τ	T	T	$\overline{\top}$		
nvestor	opting to hold units in demat form, may provide a copy of					e de	emat	det	tails	as	state	d in	the	e app	lication	forn	 1.							
OMINA	ATION (refer instruction 15) (Mandatory for new f	olios of Individu	ıals wh	ere n	node (of h	oldi	nq	is s	ino	ıle)	(Fo	r U	nits	in Noi	ı-De	emat	For	m)					
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Please	(\checkmark) and sign] $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$																							
	First / Sole Applicant	-	S	econd	Applic	ant		_							-		Thi	ird A	Applic	ant		_		
			0R																					
] I/We	e wish to nominate as under:																							
		Date of Birth		Nam	e and	Addr	ess	of (Guar	dia	1			ianati	uro of Ne	min	00 (On	tions	J)/	Proportion (%) in which the units will be shared				
Name	e and Address of Nominee(s)	(to be fu	ırnishad	in cae	a tha N	lomi	inaa	ie a	n mir	nor'					ure of No In of No					each Nominee				
		(10 06 10	IIIISIIGU	III Gas		101111	11166	15 0	2 111111	101							(should aggregate to 1							
	Nominee 1																							
	Nominee 2																							
	Nominee 3																							
as unde (1) I/W app (2) I/W	/e have read, understood and hereby agree to comply with th ly for allotment of Units of the Scheme(s) of HDFC Mutual Fur e am/are eligible Investor(s) as per the scheme related docu	e terms and condit nd ('Fund') indicate ments and am/are	ions of the dabove.	he sch ed to r	eme re nake tl	lated	d doc	um	nents ent a	s an	d er				Please v n the re	/ers		ne Cl	heque	e / Do	ema			
not	Constitutive documents/ authorization(s). The amount inves for the purpose of contravention and/or evasion of any act ulatory authority in India.																							
(3) The	information given in / with this application form is tr her/additional information as may be required by the HDF ertake to inform the AMC / Fund/Registrars and Transfer	C Asset Managen	nent Coi	mpany	Limite	ed (A	AMC)/ F	und	an	d			Appli	/ Sole cant / rdian									
und	nished from time to time.							L .	liahl	le fo	r													
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CHECKLIST

- Please ensure that your Application Form is complete in all respect and signed by all applicants:
 - Name, Address and Contact Details are mentioned in full. Status of First/Sole Applicant is correctly indicated. Bank Account Details are entered completely and correctly.
 - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
 - Please attach proof of KYC Compliance status if not already validated. Appropriate Plan / Option is selected.
 - If units are applied by more than one applicant, Mode of Operation of account is indicated.
- Your investment Cheque / DD is drawn in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name' dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Companies / Trusts / Societies/ Partnership Firms / LLP / FIIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	1			✓
3.	Notarised Power of Attorney					✓
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			1		
5.	PAN Proof	✓	1	1	√#	1
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	1	1	1	√ #	1
7.	Proof of Date of Birth				1	
8.	Proof of Relationship with Guardian				1	
9.	PIO / OCI Card (as applicable)			1		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		✓			

[@] Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

^{*} For FIIs, copy of SEBI registration certificate should be provided. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.