

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)

ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN-93643 DHANANJAY KUMAR					E 097712	

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

I/We hereby confirm that the EUIIN 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.

SIGN	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 (✓) Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) Ensure that name is as per Aadhaar Card

Mr. Ms. M/s. _____ PAN#/ PEKRN# _____

Nationality _____ 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 and Aadhaar Updation Form] (Refer Instruction 4, 19 & 18 c) (Mandatory)

Resident Individual Partnership Trust HUF AOP PIO Company FIs 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. _____ Designation _____ Contact No. _____

Nationality _____ 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 _____

Alerts Mobile _____ Docs Email ^ _____

I/ We would like to register for online access to transact on HDFCFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory)

^ On providing email-id investors shall receive the physical copy of scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

However, if the investors wish to receive 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. _____ PAN#/ PEKRN# _____

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

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____ PAN#/ PEKRN# _____

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

5. ADDITIONAL KYC DETAILS (Refer instruction 4b)

Mandatory	Occupation details for				Politically Exposed Person (PEP) details:			
	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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

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.

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.

Received from Mr. / Ms. / M/s. _____ ISC Stamp & Signature

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

5. ADDITIONAL KYC DETAILS, If any (Refer instruction 4b) Contd.

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	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"/>	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

AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs (Refer instruction 18c)

Particulars	Aadhaar Number* (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#
1st Applicant		DD MM YYYY			<input type="checkbox"/>
2nd Applicant		DD MM YYYY			<input type="checkbox"/>
3rd Applicant		DD MM YYYY			<input type="checkbox"/>
Guardian		DD MM YYYY			<input type="checkbox"/>
POA		DD MM YYYY			<input type="checkbox"/>

* All the applicants whose Aadhaar Number is mentioned are required to sign the form.

If Aadhaar number is applied for, please enclose proof of enrolment.

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)
Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes 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 _____ Bank City _____
 Branch Name _____
 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.

Mandatory

Mandatory

Mandatory

July 2018

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/ECS 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 / credit through ECS 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.

Regular Plan (Purchase/ Subscription routed through Distributor)
Mention valid ARN in Key Partner/ Agent Information

Direct Plan (Purchase/ Subscription made directly with the Fund)
Mention **DIRECT** in Key Partner/ Agent Information

Scheme/Plan/Sub Option

Growth Option if Growth or Dividend Option is not selected

Mode of Payment Cheque Demand Draft NEFT/ RTGS/ Fund Transfer 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 (✓)] Non-Third Party Payment 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

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

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

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

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

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

[Please (✓) and sign] I/We do not wish to Nominate

First / Sole Applicant	Second Applicant	Third Applicant			
OR					
<input type="checkbox"/> I/We wish to nominate as under:					
Name and Address of Nominee(s)	Relationship with Applicant	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)					

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) 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.
- (c) 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.
- (d) 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 or 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.
- (e) 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.
- (f) **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 authentication and sharing of Aadhaar data:

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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 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

SIGN HERE

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

First / Sole Applicant / Guardian

SIGN →

Second Applicant

SIGN →

Third Applicant

SIGN →

SIGNATURE(S)

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 / FIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	✓			✓
3.	Notarised Power of Attorney					✓
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			✓		
5.	PAN Proof	✓	✓	✓	✓ [#]	✓
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvindia.com)	✓	✓	✓	✓ [#]	✓
7.	Proof of Date of Birth				✓	
8.	Proof of Relationship with Guardian				✓	
9.	PIO / OCI Card (as applicable)			✓		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		✓			
11.	Ultimate Beneficial Owner	✓	✓			✓
12.	FATCA & CRS	✓	✓	✓	✓	✓
13.	Aadhaar updation form for non individuals	✓				

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

* For FIs, 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.

APPLICATION FORM FOR SIP & FLEX SIP

[For Investments through NACH/ ECS (Debit Clearing)/
Direct Debit Facility/ Standing Instruction]



Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

September 2018

Please tick ✓ as applicable:

- OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.
- OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH or ECS modalities.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)					FOR OFFICE USE ONLY (TIME STAMP)	
ARN/ RIA Code	ARN/ RIA Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
ARN-93643	DHANANJAY KUMAR				E 097712	

EUIIN Declaration (only where EUIIN box is left blank) (Refer Item No. 2(l)a)
I/We hereby confirm that the EUIIN 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.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Transaction Charges for Applications through Distributors only (Refer Item No. 13) Date: D D M M Y Y Y Y

If the total commitment of investment through SIP (i.e. amount per SIP instalment X no. of instalments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the instalment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 instalments. Units will be issued against the balance of the instalment amounts 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.

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

NEW REGISTRATION **CHANGE OTM DEBIT MANDATE** (Refer Item No. 3) **CANCELLATION** (Refer Item No. 7)

1) INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder)

First/ Sole Applicant Details

Mobile No. Email Id

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number	KYC	Proof
			Mandatory	Attached
Sole / First Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA Holder			<input type="checkbox"/>	<input type="checkbox"/>

* Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP. Refer Item No. 11 and 12.

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-individual Investors)/ PoA HOLDER

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR

AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs [Refer Item No. 12 (c)]

Particulars	Aadhaar Number* (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment
					Proof#
1st Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
2nd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
3rd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
Guardian		D D M M Y Y Y Y			<input type="checkbox"/>
POA		D D M M Y Y Y Y			<input type="checkbox"/>

* All the applicants whose Aadhaar Number is mentioned are required to sign the form. # If Aadhaar number is applied for, please enclose proof of enrolment.

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 15))

Purchase of Residence Children's Education Children's Marriage Retirement Others *Please Specify*

Target Amount

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

HDFC MUTUAL FUND

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

Application/ Folio No.

Received from Mr./Ms./M/s. SIP application

Scheme / Plan / Option Scheme 1

Scheme 2

ISC Stamp & Signature

2A) INVESTMENT DETAILS FOR SIP [Please tick (✓)]

Scheme Name (1)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default Dec 2040)*	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily SIP Amount (₹) ^ _____ OR Percentage* (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ CAP Month-Year*: _____ (Investor has to choose only one option)	
Scheme Name (2)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default Dec 2040)*	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily SIP Amount (₹) ^ _____ OR Percentage* (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ CAP Month-Year*: _____ (Investor has to choose only one option)	
Scheme Name (3)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default Dec 2040)*	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily SIP Amount (₹) ^ _____ OR Percentage* (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ CAP Month-Year*: _____ (Investor has to choose only one option)	

*Default, if not selected. • **Triggered and processed only on all Business Days and SIP Top up facility shall not be available. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-up frequency. • ^ TOP UP amount has to be in multiples of Rs.100 only. Please see Item v (a). • \$The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. Top-up will be applicable from next effective SIP installment.

*TOP-UP CAP amount: Please refer Item v (b){1} # TOP-UP CAP Month-Year: Please refer Item v (b){2}

Maximum amount of debit (SIP+Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

First SIP Transaction via Cheque No. _____ Cheque Dated _____ Amount@ (Rs.) _____

Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled cheque Copy of cheque @The first cheque amount should be same as each/total SIP Amount.

The name of the first/ sole applicant must be pre-printed on the cheque.

2B) INVESTMENT DETAILS FOR FLEX SIP [Please tick (✓)]

Scheme Name (1)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option Growth
SIP Installment Amount (₹)	SIP Frequency [Please refer Item No. E] <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year	
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			
Scheme Name (2)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option Growth
SIP Installment Amount (₹)	SIP Frequency [Please refer Item No. E] <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year	
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			

*Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date.

First SIP Transaction via Cheque No. _____ Cheque Dated _____ Amount (Rs.) _____

Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled cheque Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.



COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTION

Request For	Change of Bank Details / Mode of payout	PAN & KYC Updation	Change of Address	Updation of contact details	Consolidation of Folios	Nominee Updation / Cancellation	HDFCMF eServices
Fill Section (s)	A+B+I	A+C+I	A+D+I	A+E+I	A+F+I	A+G+I	A+H+C+I

For Existing Unitholder(s) holding units in physical mode. Please read documentation requirements and Terms and Conditions overleaf. Please fill in the information below legibly in English and in CAPITALS.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

DATE
DD MM YYYY

A. UNIT HOLDER INFORMATION

Folio No(s)

Sole/First Unit Holder

B. CHANGE OF BANK MANDATE / MODE OF PAYMENT [Refer (i) from instructions overleaf]

If you wish to change the mode of payout in your folio(s) to 'NEFT/RTGS', fill only the IFSC Code section below and submit a cancelled original cheque leaf OR a copy of cheque leaf.

Ac No. Account Type [Please tick (✓)] Savings Current NRE NRO FCNR Others _____

Bank Name :

Branch : Bank City : State :

IFSC Code MICR Code

NOTE :
 Unitholders will receive redemption/ dividend proceeds directly into their bank account via Direct Credit/ NEFT/ECS facility.
 I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS (only for dividend) into my / our bank account. [Please tick (✓)]

Important: The charges, if any, levied by the unit holder's bank for receiving payments (i.e. dividend / redemption proceeds) through NEFT / RTGS and crediting the unitholder's account, will be borne by the unit holder.

C. PAN AND KYC UPDATION

Sole / First Applicant / Guardian <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	KYC Letter attached
Second Applicant <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	KYC Letter attached
Third Applicant <input style="width: 150px;" type="text"/>	<input type="checkbox"/>	KYC Letter attached

D. CHANGE OF ADDRESS [Refer (ii) from instructions overleaf]

New Address

State Pin City Country

E. NEW CONTACT DETAILS

STD Code TEL. (Off.) TEL. (Res.) Fax

Mobile E-mail^

^ On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements / statutory and other documents by email. It is deemed that the unit holder is aware of all the security risks associated with online communication including possible third party interceptions of documents sent via email.

F. CONSOLIDATION OF FOLIOS [Refer (iii) from instructions overleaf]

I/ We wish to consolidate all my / our investments under specified folios into one folio.
 Folios to be consolidated (i.e. source folios):

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Target folio~[MANDATORY] :

- This folio has to be one of the source folios.
- After consolidation, the unit holder(s) agree that the details in the target folio will be applicable even if there were different details in source folio(s)
- All Joint holders should sign, even in case of 'Anyone or Survivor'.
- In case there is no nominee in the target folio, please fill section G.

NOTE: For additional folios, if any, use a separate form.

G. REGISTRATION / CHANGE / CANCELLATION OF NOMINATION [Refer (iv) from instructions overleaf]

I / We wish to nominate I / We do not wish to nominate

I / We* do hereby nominate the person(s) more particularly described hereunder/ and* / cancel the nomination made by me/ us on the _____ day of _____ in respect of the Units under Folio No. _____ (*strike out which is not applicable). All Joint holders should sign, even in case of 'Anyone or Survivor'.

No.	Name and address of Nominee(s)	Relationship with Applicant	Date of Birth	Name & Address of the 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	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Nominee 2	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Nominee 3	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

\$ The allocation/share should be in whole numbers without any decimals making a total of 100 percent. If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

H. HDFCFM eServices

HDFCFM Online : I / We would like to transact online and so would like to register for my / our HDFCFM Personal Identification Number (HPIN)

E-mail: _____ Mother's Maiden Name : _____

The HPIN will be allotted subject to form being complete in all aspects. In case of multiple Folios, one HPIN per Folio will be allotted. I/We have read and understood the terms and conditions applicable to **HDFCFM Online** facility and confirm that I / We shall be bound by them. Terms and conditions are available at our Investor Service Centres or on our website www.hdfcfund.com. Furnishing of your PAN & KYC proof is compulsory for investments irrespective of value. In the absence of PAN & KYC proof such application will not be accepted. In case you have already submitted the PAN proof /KYC compliance proof for the folio(s) mentioned under Section A, you need not attach the document(s) again. For updation of PAN & KYC, please fill Section C.

I. UNITHOLDER(S) SIGNATURE(S)

Note:

- To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/cancellation of nomination and/or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'.
- Alterations in the form, if any should be countersigned.

Declaration :

"I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

First/Sole Unitholder/Guardian

Second Unitholder

Third Unitholder

INSTRUCTIONS

i. Change of Bank Mandate

Proof of any one of the existing bank accounts in the folio and proof of the new bank account mentioned in this application form should be submitted. Any one of the following documents are valid supporting documents for a bank account.

- A cancelled original cheque leaf (where the account number and first Unitholder name is printed on the face of the cheque). Unitholders should without fail cancel the cheque and write 'Cancelled' on the face of it to prevent any possible misuse.
 - A letter from the bank on its letterhead certifying that the Unitholder maintains/maintained an account with the bank, the bank account information like bank account number, bank branch, account type, the MICR code of the branch and IFSC Code (where available). The letter should be certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number.
 - A copy of the bank pass book or a statement of bank account with current entries not older than 3 months having the name, address and account number of the account holder.
 - The copy should be certified by the bank manager with his/her full signature, name, designation, employee code, bank seal and contact number.
- Unitholders may also bring a copy of any of the documents mentioned above along with the original documents to the ISCs/Official Points of Acceptance of HDFC Mutual Fund ("Fund"). The copy of such documents will be verified with the original documents to the satisfaction of the Fund. The original documents will be returned across the counter to the Unitholder after due verification. In case the original of any document is not produced for verification, then the copies should be attested by the bank manager with his/her full signature, name, designation, employee code, bank seal and contact number.
- HDFC AMC / Fund may call for any additional documents if required.
 - The new bank account mentioned in this form will be registered as the default account.

In the event of a request for change in bank account information being invalid / incomplete / not satisfactory in respect of signature mismatch/document insufficiency/ not meeting any requirements more specifically as indicated in aforesaid clauses, the request for such change will not be processed. Redemptions / dividend payments, if any, will be processed and the last registered bank account information will be used for such payments to Unit holders.

Unit holders may note that it is desirable to submit their requests for change in bank details atleast 7 days prior to date of redemption / dividend payment, if any and ensure that the request for change in bank mandate has been processed before submitting the redemption request. If change in bank mandate has not been processed, payment will be made in the existing bank account registered in the folio. Further, in the event of a request for redemption of units being received within seven days of change in bank account details, the normal processing time as specified in the Scheme Information Document, may not necessarily apply, however it shall be within the regulatory limits.

Any unregistered bank account or a new bank account mentioned by the Unit holder along with the redemption request may not be considered for payment of redemption /dividend proceeds.

ii. Change of Address

Please submit ANY ONE of the following valid documents for proof of new address (self attested)

- Passport
- Ration card
- Registered Lease/Sale Agreement of Residence
- Driving License
- Voter Identity Card
- Latest Bank A/c Statement/Passbook
- *Latest Telephone Bill (only Land Line)
- *Latest Electricity Bill
- *Latest Gas Bill

*Not more than 3 Months old.

Please always mention the Pincode while updating the address as it helps postal authorities and couriers in faster delivery. **Change of address request for folios that are KRA compliant will not be registered by the fund and investor should get the address updated with KRA first.** For Non KYC folios-Attach Proof of address AND PAN Card (OR Any other Proof of Identity for PAN exempt cases only). Copies of all documents submitted should be self attested and accompanied by originals for verification or they should be attested by a KYD complied distributor or personnel / entities authorized for attesting as per KYC guidelines.

iii. Instructions for Consolidation of Folios

- Folios can be consolidated only if names of the all unit holders (and the pattern of holding), tax status, nomination and mode of operation (single/joint/either or survivor) are same in all source folios.
- All joint holders must sign on consolidation requests irrespective of the mode of operation (single / joint / either or survivor) in the source folios.
- Folios once consolidated cannot be separated.
- Consolidation is effected at the folio level and not at the scheme level.

iv. Instructions for Nomination

- Nomination ensures all rights and/or amount(s) payable in respect of the holdings in Schemes of HDFC Mutual Fund would vest in and be transferred to the nominee upon death of the Unit holder. The nominee receives the units only as agent and trustee for the legal heirs or legatees as the case may be. Investors should opt for the nomination facility to avoid hassles and inconveniences in case of unforeseen events in future
- Nomination by a unit holder shall be applicable for investments in all schemes in the folio or account.
- Every new nomination for a folio/account will overwrite the existing nomination. Nomination will be subject to the provisions of the respective Scheme Information Document.
- Nomination shall be mandatory for new folios/accounts opened by an individual especially with sole holding and no new folios/accounts for individuals (with sole holding) would be opened without nomination. However, investors who do not wish to nominate must sign separately confirming their non-intention to nominate. In case nomination/non-intention to nominate is not provided by Individual (with sole holding) the application is liable to be rejected.
- The nomination can be made only by individuals applying for/ holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, karta of Hindu undivided family, holder of Power of Attorney cannot nominate. Nomination shall not be allowed in a folio held on behalf of a minor. In case a folio has joint holders, all joint holders should sign the request for nomination/cancellation of nomination, even if the mode of holding is not "joint".
- Minor(s) can be nominated and in that event, the name, address and signature of the guardian of the minor nominee(s) shall be provided by the unitholder. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, karta of Hindu undivided family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- Nomination in respect of the units stand rescinded upon the transfer of units. Transfer of units in favour of Nominee(s) shall be valid discharge by the AMC against the legal heirs.
- Cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.
- On cancellation of the nomination, the nomination shall stand rescinded and the AMC shall not be under any obligation to transfer the units in favour of the Nominee(s).
- Nomination can be made for maximum number of three nominees. In case of multiple nominees, the percentage of allocation/share in favour of each of the nominees should be indicated against their name and such allocation/share should be in whole numbers without any decimals making a total of 100 percent.
- In the event of the Unitholders not indicating the percentage of allocation/share for each of the nominees, HDFC Mutual Fund/ HDFC Asset Management Company Limited (AMC), by invoking default option shall settle the claim equally amongst all the nominees.
- In case of investors opting to hold the Units in demat form, the nomination details provided by the investor to the depository participant will be applicable.

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 (EUIIN)
ARN-93643	DHANANJAY KUNAK	ARN -			E 097712

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/DD/Payment Instrument no.)
Payment Mode: (Please tick any one only) OTM (One Time Bank Mandate) Cheque DD Funds Transfer RTGS / NEFT
 Cheque/DD/Instrument No: _____ IF APPLICABLE Payment Date/Instrument Date: ___/___/___ Amount (Rs.): _____
 Bank Name: _____ Branch: _____ City: _____

MANDATORY FOR OTM

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 along with 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. If the balance in my/our account does not cover the amount / units of the redemption request, I/we authorise you to send the entire such (lesser) balance to me/us.

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 EUIIN box is left blank

I/We hereby confirm that the EUIIN 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

FATCA & CRS - SELF CERTIFICATION FOR INDIVIDUALS

(To be filled and signed by folio(s) with Single holders only. In case of folio(s) with Joint holders / Entities, separate SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM needs to be submitted)

PAN : _____ Name: _____

Is the applicant/guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India? Yes No

If yes, then please submit a Supplementary Know Your Client (KYC), FATCA and CRS - Self certification form attached along-with this transaction.

Declaration: I have read and understood the information requirements and the Terms and Conditions mentioned in the SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I further agree to abide by the provisions of the Scheme related documents inter alia provisions on "Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)". I 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 to the Mutual 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

This transaction request is not valid for HDFC Gold Exchange Traded Fund, HDFC NIFTY ETF, HDFC SENSEX ETF.

Please check exit load, if applicable. Information available at our offices: www.hdfcfund.com, with your distributor, if any.



S SYSTEMATIC
T TRANSFER
P PLAN

Enrolment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)



Enrolment Form No.

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

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 (EUIIN)	
ARN-93643	Dhananigwy Kumar				E 097712	

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.

Date:

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction No. 18)

I/We hereby confirm that the EUIIN 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.

First / Sole Unit Holder / Guardian	Second Unit Holder	Third Unit Holder
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I/ We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply to the Trustees for enrolment under the STP in the following Scheme(s)/Plan(s)/Options(s). 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.

Please (✓) any one. NEW REGISTRATION CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)

Name of the Applicant	PAN# or PEKRN#	KYC Number	KYC is mandatory# Please (✓)
			Proof Attached <input type="checkbox"/>
			Proof Attached <input type="checkbox"/>
			Proof Attached <input type="checkbox"/>
			Proof Attached <input type="checkbox"/>

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 15 and 16

Name of 'Transferor' Scheme/Plan/Option			
Name of 'Transferee' Scheme/Plan/Option			
For Fixed Systematic Transfer Plan (FSIP) (Please ✓ any one) (Refer Instruction No. 7)	Amount of Transfer per Installment: Rs.		
	<input type="radio"/> Daily#	No. of Installments:*	
	<input type="radio"/> Weekly\$ [Day of Transfer (Please ✓ any one)] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday*	No. of Installments:*	
For Capital Appreciation Systematic Transfer Plan (CASTP) (Please ✓ any one) (Refer Instruction No. 8)	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	Enrolment Period*:	
	Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	From: _____ To: _____	
	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	Enrolment Period*:	
Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	From: _____ To: _____		

In case of multiple registrations, please fill up separate Enrolment Forms.

#Refer Instruction No. 7 (a) \$Refer Instruction No. 7 (b) *Refer Instruction No. 9 +Default Frequency/Date/Day [Refer Instruction 9(a)(v)&(vi)]

SIGNATURE(S)

First / Sole Unit Holder / Guardian

Second Unit Holder

Third Unit Holder

Please note : Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date:	Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Enrolment Form No./Folio No.
Received from Mr./Ms./M/s. from Scheme / Plan / Option to Scheme / Plan / Option	'STP' application for transfer of Units;	ISC Stamp & Signature