



HDFC Retirement Savings Fund

Application No.:

(AN OPEN ENDED NOTIFIED TAX SAVINGS CUM PENSION SCHEME WITH NO ASSURED RETURNS)
Units shall be subject to a lock-in of 5 years from the date of allotment.

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.

Continuous Offer of Units at NAV based prices

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	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIN)	
ARN-93643	DHANANJAY KUMAR				E-097712	

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.

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 (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)
If you have existing Folio, please fill in folio no. and date of birth in this section and proceed to section 5, 6, 10 and 13. (Refer Instruction 3).

Folio No. _____ The details in our records under the folio number mentioned alongside will apply for this application.

DATE OF BIRTH@ Mandatory [D][D][M][M][Y][Y][Y][Y] Proof of date of birth@ Mandatory Please (✓) Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

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

3. UNIT HOLDER INFORMATION (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____

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

DATE OF BIRTH@ Mandatory [D][D][M][M][Y][Y][Y][Y] Proof of date of birth@ Mandatory Please (✓) Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

Status of First/ Sole Applicant (Refer Instruction 4D)

Resident Individual NRI-Repatriation NRI-Non Repatriation PIO OCI Foreign National Resident in India

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 ^ _____

I/ We would like to register for my/our HDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).
^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 9 & 11)

4. JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____

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

DATE OF BIRTH@ Mandatory [D][D][M][M][Y][Y][Y][Y] Proof of date of birth@ Please (✓) Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17 for KYC.

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. Application No: _____

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

an application for allotment of Units of the Plan (as mentioned overleaf) of the HDFC Retirement Savings Fund - _____

along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.

Please Note : All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.

... continued overleaf

4. JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Contd...) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)

2. NAME OF THIRD APPLICANT

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

Nationality

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

DATE OF BIRTH@ Mandatory DD MM YY YY Proof of date of birth@ Please (✓) Attached

Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17 for KYC.

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

5. ADDITIONAL KYC DETAILS Mandatory (Refer instruction 4b)

Mandatory	Occupation details for			Politically Exposed Person (PEP) details:			
	1 st Applicant	2 nd Applicant	3 rd Applicant	1 st Applicant	2 nd Applicant	3 rd Applicant	
	Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a PEP	<input type="checkbox"/>	<input type="checkbox"/>
	Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Related to PEP	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Mandatory	Gross Annual Income Range (in Rs.)			Gross Annual Income Range (in Rs.)			
	1 st Applicant	2 nd Applicant	3 rd Applicant	1 st Applicant	2 nd Applicant	3 rd Applicant	
	Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>
	1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	

OR Networth in Rs. (not older than 1 year) as on DD MM YYYY

6. FATCA & CRS INFORMATION (for Individual) (Self Certification) (Refer Instruction 4D)

The below information is required for all applicant(s)

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(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.

Mandatory	Category	First Applicant	Second Applicant	Third Applicant
	Place/ City of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country of Tax Residency#	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tax Payer Ref. ID No ^	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Identification Type [TIN or other, please specify]	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country of Tax Residency 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tax Payer Ref. ID No. 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Identification Type [TIN or other, please specify]	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country of Tax Residency 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Payer Ref. ID No. 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Identification Type [TIN or other, please specify]	<input type="text"/>	<input type="text"/>	<input type="text"/>	

#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.

Particulars		HDFC RETIREMENT SAVINGS FUND	
<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
Cheque / DD / Payment Instrument No.	<input type="text"/>	Cheque / DD / Payment Instrument Date	Amount in Figures (Rs.)
Drawn on (Name of Bank and Branch) <input type="text"/>			

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____
 KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached
 # Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17 for KYC.

8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (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)

9. MODE OF PAYMENT OF REDEMPTION PROCEEDS (refer instruction 10)

Unit holders will receive redemption proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility
 I/We want to receive the redemption 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 for Scheme details and Instruction 7 & 8 for Payment and Third Party Payment Details)
 The name of the first/ sole applicant must be pre-printed on the cheque.

HDFC RETIREMENT SAVINGS FUND For Default Plan (viz. Direct / Regular Plan) refer instruction 6.

<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

Payment For [Please (✓)] Lump sum Investment Systematic Investment Plan (SIP)
Please attach duly filled and signed SIP Enrolment Form

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 12)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the name as mentioned in the application form matches with that of the demat account. 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.

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

12. NOMINATION (Refer Instruction 14) (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

I/We wish to nominate as under:

OR

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)			
Nominee 1					
Nominee 2					
Nominee 3					

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 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 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.
- (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.**

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)

April 2017



OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date DD MM YYY YYY

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick✓)

- CREATE
- MODIFY
- CANCEL

UMRN OFFICE USE ONLY

Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY

I/We hereby authorize: to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Phone No:

Reference 2 Appln No: Email ID:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From DD MM YYY YYY

to DD MM YYY YYY

or Until Cancelled

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC. I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
4. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
5. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.
6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
11. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
12. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
13. There is no maximum duration for enrolment.
An investor has an option to choose the 'End Date' of the SIP by filling the date or the Default Date i.e. December 2036 will be the end date.
14. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.

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

July 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: M: Y: M: Y: Y: Y

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

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 MM YYY YYY	End Month/Year (Default Dec 2040)* MM YYY YYY	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 ^s (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (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 MM YYY YYY	End Month/Year (Default Dec 2040)* MM YYY YYY	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 ^s (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (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 MM YYY YYY	End Month/Year (Default Dec 2040)* MM YYY YYY	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 ^s (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (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 DD MM YY YYY YYY 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 (₹) <small>Maximum Rs. 1,00,000</small>	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year MM YYY YYY	
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 (₹) <small>Maximum Rs. 1,00,000</small>	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year MM YYY YYY	
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 DD MM YY YYY YYY 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.

3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: Account Number:

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

4) UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 6)

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

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

*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.

5) DECLARATION AND SIGNATURE(S)

I/We hereby confirm and declare as under:-

I/We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ ECS (Debit Clearing)/ Direct Debit/ Standing Instruction facilities. I/We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder 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.

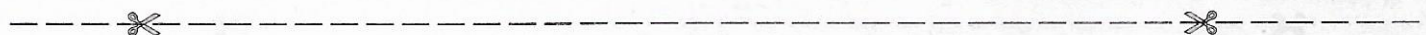
SIGNATURE (S)

First/ Sole Unit holder/ Guardian/ POA Holder

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.



OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick) UMRN OFFICE USE ONLY

CREATE MODIFY CANCEL

Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY

I/We hereby authorize: **HDFC Mutual Fund** to debit (tick) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Phone No:

Reference 2 Appn No: Email ID:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From to or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ 2. _____ 3. _____

Name as in Bank Records Name as in Bank Records Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

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

July 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 (EUIN)
ARN-93643	DHANANJAY KUMAR				E 097712

EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 2(i)a)

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.

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: / M: / Y: M: / M: / Y: Y: / Y: / Y: Y: / Y: / Y: Y: / Y: / Y: Y: / Y: / Y:

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

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

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

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number	KYC Mandatory	Proof 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. W/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/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 _____

Target Amount _____

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

HDFC MUTUAL FUND

Date: _____

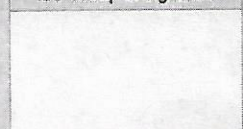
Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

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 M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	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* OR Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ CAP Month-Year*: M M Y Y Y Y (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 M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	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* OR Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ CAP Month-Year*: M M Y Y Y Y (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 M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	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* OR Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ CAP Month-Year*: M M Y Y Y Y (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 D D M M Y Y Y Y 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 (₹)	Start Month/Year M M Y Y Y Y	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year M M Y Y Y Y
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 (₹)	Start Month/Year M M Y Y Y Y	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year M M Y Y Y Y
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 D D M M Y Y Y Y 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.

3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: Account Number:

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

4) UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 6)

*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.

5) DECLARATION AND SIGNATURE(S)

I/We hereby confirm and declare as under:-

I/We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ECS (Debit Clearing)/ Direct Debit/ Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder 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.

SIGNATURE (S)

First/ Sole Unit holder/ Guardian/ POA Holder

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.



OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick✓)

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code

OFFICE USE ONLY

Utility Code

OFFICE USE ONLY

I/We hereby authorize:

HDFC Mutual Fund

to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank:

Bank Name & Branch

IFSC

OR MICR

an amount of Rupees

₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Reference 1

Folio No:

Phone No:

Reference 2

Appin No:

Email ID:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

to

or Until Cancelled

Signature of Primary Account Holder

Signature of Account Holder

Signature of Account Holder

1.
Name as in Bank Records

2.
Name as in Bank Records

3.
Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

**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 (EJIN)
ARN-93643	DHANANJAY KUMAR	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 alongwith a request for changing the bank account details, the redemption will be processed into the registered/default bank account in the aforesaid scheme/folio and the request for changing the bank account details will not be processed.

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

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

Name of the Bank : _____ Branch : _____
Account No. : _____ Account Type : _____ Bank City : _____

* **Important Note:** If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HDFC Mutual Fund or HDFC Asset Management Company Ltd. will not be liable for any loss arising to the unitholder(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 EJIN box is left blank

I/We hereby confirm that the EJIN 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





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: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>	KYC Letter attached
Second Applicant	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>	KYC Letter attached
Third Applicant	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>	KYC Letter attached

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

New Address	<input style="width: 850px; height: 20px;" type="text"/>
State	<input style="width: 300px;" type="text"/> Pin <input style="width: 100px;" type="text"/> City <input style="width: 150px;" type="text"/> Country <input style="width: 100px;" type="text"/>

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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Target folio~[MANDATORY] :

* 1. This folio has to be one of the source folios.
 2. After consolidation, the unit holder(s) agree that the mode of holding, bank mandate, address and nomination details in the target folio will be applicable even if there were different details in source folio(s)
 3. All Joint holders should sign, even in case of 'Anyone or Survivor'.
 4. In case there is no nominee in the target folio, please fill section G.

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'.

Nominee	Name and address of Nominee(s)	Date of Birth	Name & Address of the Guardian	Signature of Nominee/ Guardian of Nominee (Optional)	Proportion (%) by which the units will be shared by each Nominee \$
	(to be furnished in case the Nominee is a minor)				
Nominee 1	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Nominee 2	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Nominee 3	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" 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. HDFCFMF eServices

HDFCFMF Online : I / We would like to transact online and so would like to register for my / our HDFCFMF 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 **HDFCFMF 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 along with 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

- Folios can be consolidated only if names of the all unit holders (and the pattern of holding), tax status 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 stands 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.