

Investors must read the Key Information Memorandum, the instructions and Product Labeling on the cover page before completing this form. The Application Form should be completed in English and in BLOCK LETTERS only.

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

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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here

First/ Sole Applicant (Donor)

Sign Here

Second Applicant (Donor)

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2 and please tick (✓) any one)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted 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 BENEFICIARY CHILD INFORMATION (refer Instruction 3)

FOLIO No. _____ / _____ (Mention an existing folio, if any, with HDFC Children's Gift Fund)

2a. DONOR (APPLICANT) INFORMATION (refer Instruction 3 & 4)

Name of Donor (Applicant) Mr. / Ms. / M/s. _____

Nationality _____ PAN*/PEKRN* _____ KYC* (Mandatory) Proof Attached [Please (✓)]

Address of Donor (Applicant) _____

PIN _____

CONTACT DETAILS

STD Code _____

Tel. : Off. _____ Tel. : Res. _____ Mobile _____

Fax _____ Email _____

3. DONOR (APPLICANT) OTHER DETAILS (Mandatory) [Please (✓)]

Status: Individual Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 5b & 18) (Mandatory)

Resident Individual NRI-Repatriation NRI-Non Repatriation PIO OCI Foreign National Resident in India Partnership AOP Company BOI HUF Body Corporate Society / Club LLP Sole Proprietorship Others _____ (please specify)

Relationship with the beneficiary child _____

4. ADDITIONAL DONOR (SECOND APPLICANT) Resident Individual NRI

Mr. / Ms. _____

Nationality _____ PAN*/PEKRN* _____ KYC* (Mandatory) Proof Attached [Please (✓)]

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

Occupation details for	1 st Applicant	2 nd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)							

Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

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

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year) _____ as on _____

DD MM YYYY

* 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 18003010676/ 1800 419 7676 (Toll Free)]

Application No. CG _____ HDFC MUTUAL FUND Date : / / _____

Received from Mr/Ms/M/s _____ an application

for Gifting of Units along with Cheque/Demand Draft/ Payment Instrument as detailed overleaf

ISC Stamp & Signature _____

6 POWER OF ATTORNEY (PoA) HOLDER DETAILS

Mr. / Ms./ M/s.					
PAN*/PEKRN*			KYC* (Mandatory) [Please (✓)]	<input type="checkbox"/> Proof Attached	

7a. BENEFICIARY CHILD INFORMATION (refer Instruction 5)

Name of the Beneficiary Child Mast. / Miss. (Not exceeding 18 years of age)						
Nationality	Date of Birth@ (Mandatory)			D D M M Y Y Y Y		@ Proof attached [Please (✓)] <input type="checkbox"/>
PAN/PEKRN (if available)	Address of the Beneficiary Child				PIN	

7b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction 5)

Name of the Parent / Legal guardian of Beneficiary Child		Mr. / Ms.				
Status: <input type="checkbox"/> Individual <input type="checkbox"/> Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 5b & 18) (Mandatory)						
Tel. : STD Code	Country Code			Office		
Residence				eAlerts Mobile No.		
PAN*/PEKRN*			KYC* (Mandatory) [Please (✓)]	<input type="checkbox"/> Proof Attached		
eDocs E-mail^						
<input type="checkbox"/> I/ We would like to register for my/our HDFCFMF 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.						
Relationship with Minor@ [Please (✓)]			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian	Proof of relationship with minor@ Please (✓) <input type="checkbox"/> Attached		
Date of Birth of the parent / legal guardian of the Unit holder (Mandatory) D D M M Y Y Y Y						
* Please attach proof. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC @ Mandatory						

Mode of Holding	Status (of the Beneficiary Child) (Mandatory) [Please (✓)]	Occupation (of the Beneficiary Child) [Please (✓)]
Single	<input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify)	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify)

8. ALTERNATE CHILD INFORMATION (refer Instruction 6)

Name of the Alternate Child Mast. / Miss. (Not exceeding 18 years of age)						
Nationality	Date of Birth@			D D M M Y Y Y Y		Please (✓) <input type="checkbox"/> Proof Attached@
Name of the Parent / Legal guardian of Alternate Child@		Mr. / Ms.				
Relationship with Alternate Child@ [Please (✓)]		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian			Proof of relationship attached@ Please (✓) <input type="checkbox"/> @ Mandatory	
Address of the Alternate Child						PIN
Status (of the Alternate Child) [Mandatory (Please ✓)]				Occupation (of the Alternate Child) [Mandatory (Please ✓)]		
<input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify)				<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify)		

9. FATCA & CRS INFORMATION (Self Certification) (Refer instruction 5b)

The below information is required for Beneficiary Child and Guardian
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?
 Beneficiary Child Yes No Parent/ Legal Guardian 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	Beneficiary Child	Parent/ Legal Guardian
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.

Plan Name	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC Children's Gift Fund _____ Plan			

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

10. BANK ACCOUNT DETAILS OF UNIT HOLDER (BENEFICIARY CHILD) (Refer Instruction 7A)
(Mandatory to attach proof, as the pay-out bank account is different from the bank account mentioned under Section 12.)

Account No. <input style="width:90%;" type="text"/>	Name of the Bank <input style="width:90%;" type="text"/>
Branch <input style="width:90%;" type="text"/>	Bank City <input style="width:90%;" type="text"/>
Account Type [Please ✓] <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ (please specify) IFSCCode*** (Refer Instruction 7C) <input style="width:100%;" type="text"/>	
MICR Code** <input style="width:100%;" type="text"/> (The 9 digit code appears on your cheque next to the cheque number) *** (Mandatory for Credit 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)	
** (Refer Instruction 12) (Mandatory for Dividend Payout via ECS)	

11. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS [Please (✓)] (Refer Instruction 12)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 10) 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 into child's bank account

12. INVESTMENT DETAILS (refer Instructions 8 & 9) (The name of first/ sole applicant (Donor) must be pre printed on the cheque.) (Please write Application Form No. on the reverse of the Cheque / Demand Draft/Payment Instrument.)

Plan (Please ✓) Investment Plan (Equity Oriented) Savings Plan (Debt Oriented) Units subject to Lock- in Period [Please ✓] Yes No (Default)

Regular Option (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information Direct Option (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information

For Default Option (viz. Direct / Regular Option) refer instruction 8

The Cheque/DD/Payment Instrument should be drawn favouring "HDFC Children's Gift Fund-(Plan Name) (PAN of Beneficiary Child)" or "HDFC Children's Gift Fund-(Plan Name) (Beneficiary Child Name)" and crossed "A/c Payee only" (Investors applying under Direct Option must mention "Direct" against the Plan name.)

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	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)

Mode of Payment (Please ✓) Third Party Mandatory Enclosure(s)*

Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party (Donor) is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
Demand Draft <input type="checkbox"/>	
Banker's Cheque <input type="checkbox"/>	
RTGS <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.
NEFT <input type="checkbox"/>	
Fund Transfer <input type="checkbox"/>	

* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

13. DECLARATIONS & SIGNATURE(S) (Refer Instruction 10 and 14)

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:-

- (1) 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 HDFC Children's Gift Fund of HDFC Mutual Fund ("Fund") indicated above.
 - (2) I/We am/are eligible to invest in favour of the minor unitholder as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s).
 - (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
 - (4) That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom.
 - (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
 - (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
 - (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

Third Party Payment Declarations applicable to Donor:

1. I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.
2. I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same.
3. I/We hereby declare that the amount invested in the Fund is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form.

Third Party Payment Declarations applicable to Parents/ Legal Guardian:

1. I/We hereby confirm that the information provided herein by the Donor is true and correct.
2. I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

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 Date :

SIGN HERE ↻ (Please write Application Form No./ Folio No. on the reverse of the Cheque / Demand Draft/ Payment Instrument.)	Donor	Additional Donor	Parent / Legal Guardian
---	-------	------------------	-------------------------

CHECKLIST

☞ Please ensure that your Application Form is complete in all respects and signed by all Donors and Parent/ Legal Guardian (wherever applicable):

- Name, Address and Contact Details are mentioned in full. • Status of Donor is correctly indicated. • Bank Account Details are entered completely and correctly. • Permanent Account Number (PAN) of Donor and additional Donor are 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.

☞ Your investment Cheques and bank drafts must be drawn in favour of **“HDFC Children’s Gift Fund-(Plan Name) (PAN of Unitholder)”** or **“HDFC Children’s Gift Fund-(Plan Name) (Unitholder’s 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	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.cvlindia.com)	✓	✓	✓#	✓
7.	Proof of Date of Birth			✓	
8.	Proof of Relationship with Guardian			✓	
9.	PIO / OCI Card (as applicable)		✓		
10.	Ultimate Beneficial Owner	✓			✓
11.	FATCA & CRS	✓	✓	✓	✓

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

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

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-						

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	D	M	M	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. 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 (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 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 ^s (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> 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 ^s (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> 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 ^s (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> 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 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 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 <input type="text"/>	DP ID	I	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Beneficiary Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDSL	DP Name <input type="text"/>	Beneficiary Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY

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

CANCEL 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 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

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.

Third Party Payment Declaration Form



www.hdfcfund.com

Third Party Payment Declaration Form should be completed in **English** and in **BLOCK LETTERS** only. Declaration Form No. _____
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.
-----------------	-----------	-------------------

1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)

Folio No. (For existing investor) _____ Application No. _____

NAME OF FIRST/SOLE APPLICANT (BENEFICIAL INVESTOR)

Mr. Ms. M/s. _____

2. THIRD PARTY INFORMATION (Refer Instruction No. 3)

NAME OF THIRD PARTY (PERSON MAKING THE PAYMENT)

Mr. Ms. M/s. _____

Nationality _____ PAN# _____ KYC** [Please tick (✓)] Attached (Mandatory for any amount)

#Mandatory for any amount. Please attach PAN Proof. Refer instruction No. 6. ** Refer instruction No. 8.

NAME OF CONTACT PERSON & DESIGNATION (in case of non-Individual Third Party)

Mr. Ms. _____

Designation _____

MAILING ADDRESS (P.O. Box Address may not be sufficient)

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS

STD Code _____

Tel. : Off. _____ Tel. : Res. _____ Mobile _____

Fax _____ Email _____

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please tick (✓) as applicable]

Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FII <input type="checkbox"/> Client	<input type="checkbox"/> Employee(s)	<input type="checkbox"/> Agent/ Distributor/ Dealer
Relationship of Third Party with the Beneficial Investor	<input type="checkbox"/> Father/Mother/Court appointed Legal Guardian (Please attach proof of relationship, if not already submitted@) <input type="checkbox"/> Grand Parent <input type="checkbox"/> Related Person (Please specify relationship) _____ (Maximum investment - Rs. 50,000/- per transaction@) @ Not Applicable for investment in HDFC Children's Gift Fund	Custodian - SEBI Registration No. of Custodian _____ Registration Valid Till D D M M Y Y Y Y	Employer	Principal
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment is made on behalf of FII/ Client and the source of this payment is from funds provided to us by FII/Client.	I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through Payroll Deductions.	I/We declare that the payment is made on behalf of Agent/ Distributor/ Dealer under Systematic Investment Plans or as lump sum/ one-time subscription, in lieu of commission or incentive payable for sale of goods/ services.

3. THIRD PARTY OTHER DETAILS (Mandatory)

3a. Status of Third Party Applicant [Please tick (✓)] Individual Non - Individual

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company FIIs
 Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India QFI FPI
 Sole Proprietorship Non Profit Organisation Others _____ (please specify)

3b. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional
 Housewife Business Retired Agriculture Proprietorship Others _____ (please specify)

3c. Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10- 25 Lacs >25 Lacs-1 Crore >1 Crore or _____

c. Net-worth (Mandatory for Non-Individuals) Rs. _____ as on _____
 (Not older than 1 year)
 DD MM YYYY

3d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)
 I am PEP I am Related to PEP Not Applicable

3e. 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

4. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)

Mode of Payment [Please tick (✓)]	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

Amount#	in figures (Rs.)											
	in words											
Cheque/DD/PO/UTR No.						Cheque/DD/PO/RTGS Date	DD	MM	YYYY			
Pay- in Bank A/c No.												
Name of the Bank												
Branch						Bank City						
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CURRENT	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> OTHERS	(please specify)					

including Demand Draft charges, if any.

5. DECLARATIONS & SIGNATURE/S (Refer Instruction 5)

THIRD PARTY DECLARATION

I /We hereby confirm and declare as under:-

I/We have read and understood the Third Party Payment rules, as given below and agree to comply and be bound by the same.

The information provided is true and correct and HDFC Mutual Fund ('Fund')/the HDFC Asset Management Company Limited ('AMC') is entitled to verify the same directly or indirectly. I/We agree to furnish such further information as Fund/AMC may require from me/us. I/We agree that if any of the declarations furnished by me/us are found to be incorrect or incomplete, the Fund/AMC shall have the absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies accordingly.

I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor(s) as detailed in the Application Form.

Applicable to NRIs/ PIO/OCIs only:

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc. of any regulation, including SEBI. 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

DD	MM	YYYY

Signature of the Third Party

BENEFICIAL INVESTOR(S) DECLARATION

I/We hereby confirm that the information provided herein by the Third Party is true and correct.

Applicable to Guardian receiving funds on behalf of Minor only:

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

DD	MM	YYYY

SIGNATURE/S

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

THIRD PARTY PAYMENT RULES

1. In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions
 - 2a. The following words and expressions shall have the meaning specified herein:
 - (a) "Beneficial Investor" is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
 - (b) "Third Party" means any person making payment towards subscription of Units in the name of the Beneficial Investor.
 - (c) "Third Party payment" is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
 - 2b. The Fund / AMC will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
 - (i) Payment by Parents/Grand-Parents/Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- for each regular Purchase or per SIP installment. However, this restriction of Rs. 50,000/- will not be applicable for payment made by a Guardian whose name is registered in the records of Mutual Fund in that folio (i.e. father, mother or court appointed Legal Guardian).

* 'Related Person' means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
 - (ii) Payment by an Employer on behalf of employees under Systematic Investment Plans (SIP) or lump sum / one-time subscription, through Payroll deductions or deductions out of expense reimbursements.
 - (iii) Custodian on behalf of an FII or a Client.
 - (iv) Payment by a Corporate to its Agent/ Distributor/ Dealer (similar arrangement with Principal agent relationship), on account of commission or incentive payable for sale of its goods/services, in the form of the Mutual Fund Units through SIP or lump sum / one-time subscription.
 - 2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.
 - (i) Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
 - (ii) Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
 - (iii) Verifying the source of funds to ensure that funds have come from the drawer's account only.
 - 2d. **In accordance with SEBI Circular No. CIR/MIRSD/13/2013 dated December 26, 2013, the additional details** viz. Occupation details, Gross Annual Income/networth and Politically Exposed Person (PEP)* status mentioned under section 4 & 5 which was forming part of uniform KYC form will now be captured in the application form of the Fund. Also, the detail of nature of services viz. Foreign Exchange/Gaming/Money Lending, etc., (applicable for first/sole applicant) is required to be provided as part of Client Due Diligence (CDD) Process of the Fund.

The said details are mandatory for both Individual and Non Individual applicants.

**PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/ judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.*
 - 2e. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of HDFC Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).
- The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of HDFC AMC or visit our website www.hdfcfund.com for any further information or updates on the same.