

Application Form (Except for HDFC Gold Exchange Traded Fund and HDFC Children's Gift Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form.

The Application Form should be completed in English and in RLOCK LETTERS call.

www.hdfcfund.com KEY PARTNER / AGENT INFORMA	TION (Investors applyin	g under Direct Plan must men	tion "Direct" in ARN column	,		FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Numbe (EUIN)	, ,
ARN-					, ,	
EUIN Declaration (only where EUIN bo	x is left blank) (Refer Ir	struction 1)				
I/We hereby confirm that the EUIN box of the above distributor/sub broker or r	has been intentionally notwithstanding the adv	left blank by me/us as this trice of in-appropriateness, i	transaction is executed w f any, provided by the emp	ithout any interaction loyee/relationship m	or advice by the employ nanager/sales person of	yee/relationship manager/sales person the distributor/sub broker.
Sign Here		_	Sign Here			Sign Here
First/ Sole Applicant/ (Second Applicant			Third Applicant
TRANSACTION CHARGES FOR AP				,	es the same are deduct	tible as annlicable from the nurchase/
subscription amount and payable to t registered Distributor) based on the in	he Distributor. Units w vestors' assessment of	ill be issued against the ba various factors including th	lance amount invested. I le service rendered by the	Jpfront commission ARN Holder.	shall be paid directly by	tible as applicable from the purchase/ the investor to the ARN Holder (AMFI
1. EXISTING UNIT HOLDER INFOR						
Folio No.			The details in o	ur records under the	folio number mentioned	alongside will apply for this application
2. MODE OF HOLDING [Please tic	k (√) Single	e Joint	Anyone or Survivor			
3. UNIT HOLDER INFORMATION (F	Refer instruction 4)		DATE OF BIRTH@		 	Proof of date of birth@ Please (<)
NAME OF FIRST / SOLE APPLICAN	Γ (In case of Minor, th	ere shall be no joint holder		DD MM	YYYY	Attached
Mr. Ms. M/s. Nationality			PAN#/ PEKRN#		KY(Proof Attache
NAME OF GUARDIAN (in case of Fir	st / Sole Applicant is a	Minor) / NAME OF CONTAC	CT PERSON – DESIGNATIO	N (in case of non-inc	lividual Investors)	(Mandatory)
Mr. Ms. Nationality		Designation		Con	tact No.	
PAN#/ PEKRN#		Designation		COII		(✓)] (Mandatory) Proof Attached
Relationship with Minor@ Please (<)	Father Mother	Court appointed Legal (Guardian	Proof of relationship wi	ith minor@ Please (✓)	Attached @ Mandatory
MAILING ADDRESS OF FIRST / SO	LE APPLICANT (Manda	atory) (Refer Instruction 4a)			
CITY		STA	TE			IN CODE
CONTACT DETAILS OF FIRST / SOL Telephone : Off.	E APPLICANT	Country Code Res.		STD Co		
eAlerts Mobile		eDocs Email ^		10	2.0	
la. Status of First/ Sole Applicant Resident Individual NRI-Repatr Body Corporate LLP Socie	iation	patriation Partnership	Information Form Trust HUF QFI Sole F	n] (Refer Instruction AOP PIO Co Proprietorship No	4 & 19) ompany	inor through guardian BOI COCI
4b. Occupation Details [Please tic		_	_	nment Service	Student Profess	ional Housewife Business
		Others	(please specify)		05.1	Lara 4 0 mm
4c. Gross Annual Income (Rs.) [P	lease lick (*)]	Below 1 Lac 1 -	5 Lacs 5 - 10 L OR	acs 10 - 2	25 Lacs > 25	Lacs - 1 Crore >1 Crore
c. Net-worth (Mandatory for Non-I	ndividuals) Rs			as on	DD MM	(Not older than 1 year)
4d. Politically Exposed Person (PE	P) Status (Also applica	ble for authorised signatories	/ Promoters/ Karta/ Trustee	e/ Whole time Director	s) 🗌 I am PEP 🗌 I	am Related to PEP Not Applicable
4e. Non-Individual Investors invol 5. Joint Applicant Details, If a			Money Lending			/ Gambling / Lottery / Casino Services the above
1. NAME OF SECOND APPLICANT Mr. Ms. M/s. Nationality			PAN#/ PEKRN#	, 		
a. Occupation Details [Please	tick (✓)] ☐ Servic	ce Private Sector	Public Sector G	overnment Service y)	Student Prof	(Mandatory) essional Housewife Busin
b. Gross Annual Income (Rs.)	Below 1 Lac 1	- 5 Lacs				
c. Politically Exposed Person (Pl	, , , , , ,		s/ Promoters/ Karta/ Truste	e/ Whole time Director	rs) 🔲 I am PEP 🗍 I	am Related to PEP Not Applicable
# Please attach Proof. Refer instruction						
ACKNOWLEDGEMENT SLIP (To be f	lled in by the Investor) [Fo		ur nearest Investor Service C DFC MUTUAL FUND	entre or call us at our C	Customer Service Number 1 Date :	800 3010 6767 / 1800 419 7676 (Toll Free)
			House, 2nd Floor, H.T. Pa	rekh Marg,	Date :	
			lamation, Churchgate, Mu	0,		100.0
Received from Mr. / Ms. / M/s.						ISC Stamp & Signature
an application for Functiase of Units of	the Scheme(s) alongwith	Cheque / DD / Payment Instru	ument as detailed overleaf.			_

i. JOINT APPLICANT DETAILS, If any	(contd) (Refer instruction 4) (I	n case of Minor, ther	e shall be no joint h	nolders)	
2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality		PAN#/ PEKRI	1#		KYC# [Please tick (✓)] ☐ Proof Attached
a. Occupation Details [Please tick	(✓)] ☐ Service ☐ Private Se	ector Public Se	ctor Governm	nent Service Student	Mandatory
Retired Agriculture P	roprietorship Others		please specify)		
b. Gross Annual Income (Rs.) C. Politically Exposed Person (PEP)					
6. FATCA INFORMATION/ FOREIGN T	AX LAWS (for Individual includ	ing Sole Proprieto) (Self Certificat	ion) (Refer instruction 4)	
The below information is required Address Type: Residential or	d for all applicant(s)/ guardian Business	siness Register	ed Office (for add	dress mentioned in form/ex	isting address appearing in Folio)
Is the applicant(s)/ guardian's Co	•	tionality / Tax Res	idency other thar	ı India? Yes	No
If Yes, please provide the following Please indicate all countries in whi		ses and the associ	ated Tax Referenc	ce Numbers below.	
Category	First Applicant (including M	inor)	Second Applic	ant/ Guardian	Third Applicant
Place/ City of Birth					
Country of Birth					
Country of Tax Residency 1					
Tax Payer Ref. ID No. 1					
Country of Tax Residency 2					
Tax Payer Ref. ID No. 2					
Country of Tax Residency 3					
Tax Payer Ref. ID No. 3					
. POWER OF ATTORNEY (PoA) HOL	DER DETAILS				
Name of PoA Mr. Ms. M/s. PAN#/ PEKRN# # Please attach Proof. Refer instruction N				Proof Attached	
B. BANK ACCOUNT DETAILS OF THE (Mandatory to attach proof, in case the					
For unit holders opting to hold units in de Bank Name	emat form, please ensure that the bar	nk account linked with	the demat account	is mentioned here.	
Branch Name				Bank City	
Account Number					
MICR Code		(The 9 dig	it code appears on y	our cheque next to the cheque n	umber)
Account Type (Please ✓) ☐ S IFSC Code***	Savings Current NR	O NRE		ers (please specify) tion 5C (Mandatory for Credit via NI u do not find this on your cheque lea	FT / RTGS) (11 Character code appearing on your if, please check for the same with your bank)
). Mode of payment of redempt	TION / DIVIDEND PROCEEDS VIA	A NEFT / ECS / DIR	ECT CREDIT (ref	er instruction 11)	
Unitholders will receive redemption/ o		,	•		through ECS into my / our bank account
O. INVESTMENTS & PAYMENT DETAIL	LS [Please (✓)] (refer instruction 6 &	7 for Scheme details a	nd instruction 8 & 9 fo	or Payment Details) The name of the	first/ sole applicant must be pre-printed on the cheque.
Regular Plan (Purchase/ Sub Mention valid ARN in Key Part	oscription routed through Distributo tner/ Agent Information	r)		n (Purchase/ Subscription ma	
	For Def	fault Plan (viz. Direct /	Regular Plan) refer	instruction 7.	
Scheme/Plan/Sub Option					
Payment Type [Please (✓)]	Non-Third Party Paymen		rty Payment (Ple	ase attach 'Third Party Paymen	t Declaration Form')
Payment Instrument/ Payme	neque/ DD/ ent Instrument/ JTR Date Amount of Cheque Payment Instrum RTGS/ NEFT in figu	pe / DD / nent / res (Rs.) DD Charge: if any	Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)
		Partic	ulars		
Scheme Name / Plan / Option / Sub-option Payout Option	Cheque / DD / Payment Ins UTR No. / Date	strument /	Drawn on (Name	of Bank and Branch)	Amount in figures (Rs.)

	DLDING OPTION DEMAT MODE* ccount details are mandatory if the investor wishes to hold t	PHYSICAL M	•	Defau	ılt)		(refer	r in	struc	tior	13)											
NSDL	DP Name		DP ID	1	N					1		Be	eneficiary scount No	Г	1	T			T	1			
CDSL	DP Name		D o	nefic	iary		<u> </u>					^_	,count NC	· <u>_</u>					T				
	opting to hold units in demat form, may provide a copy of th			to m		e dem	nat de	etails a	as	stated	in tl	ne ann	lication fo	rm									
	ATION (refer instruction 15) (Mandatory for new fo														ıat	Form	1)						
[Please	(\checkmark) and sign] $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$																						
	First / Sole Applicant	_	Se	cond	Applic	ant							_		Thi	rd Ap	olica	ant		_			
			0R																				
∐ I/We	e wish to nominate as under:										_						_	Dro	nort	ion (0/ \ iı	o whi	
Name	e and Address of Nominee(s)	Date of Birth		Nam	e and A	Addres	ss of	Guard	diar	1			ure of Non an of Nomi					the u	ınits		bé s		
	.,	(to be furi	nished i	n cas	e the N	omine	ee is	a min	or)			Guarui	ati oi inottii	nee (i	wan	uatory		(shou)09
	Nominee 1																						
	Nominee 2										+						+						_
	NOTHINO E								_		+						+						_
	Nominee 3																						
sche ('Full (2) I/We mak the s evas India (3) The sucil Com Age (4) That misl (5) I/We and/	We have read, understood and hereby agree to comply with eme related documents and apply for allotment of Units of the Ind') indicated above. The scheme related dock the earn/are eligible Investor(s) as per the scheme related dock et his investment as per the Constitutive documents/ author Scheme(s) is through legitimate sources only and is not for the sion of any act, rules, regulations, notifications or directions is a. Information given in / with this application form is true and of the truther/additional information as may be required in the further about any change in the information furnish it in the event, the above information and/or any part of it including the changes/updates that may be the reby authorize you to disclose, share, remit in any form/mor any part of it including the changes/updates that may be d, its Sponsor/s, Trustees, Asset Management Company, its	e Scheme(s) of HD uments and am/ai ization(s). The am he purpose of contr sued by any regula orrect and further by the HDFC Ass MC / Fund/Registra ed from time to time is/are found to b from. anner/mode the ab et provided by me/u	re authount invariant inva	ual Fu orised vestec n and thority o furni Trans untru ormati	to I in /or / in ish ent fer Jue/		Арр	t / Sole licant i ardian	/	UII			e of the C					nait/					
serv forei Fina (6) I/We rega (7) The form Schi me/i (8) I/WI	vice providers, SEBI registered intermediaries for single up- ign statutory, regulatory, judicial, quasi- judicial authorities/au ancial Intelligence Unit-India (FIU-IND) etc without any intimation e will indemnify the Fund, AMC, Trustee, RTA and other inte arding the eligibility, validity and authorization of my/our transa ARN holder (AMFI registered Distributor) has disclosed to a mof trail commission or any other mode), payable to him diemes of various Mutual Funds from amongst which the S	dation/ submission gencies including by advice to me/us rmediaries in case citions. me/us all the commune for the diffecteme is being reference.	n, any li but not li e of any mission erent co ecomme	ndian imited dispo s (in t impeti ended	or to or the the ting to or	SIGNAL URE(S)		econd olicant	t														
	eign Nationals Resident in India only:																						
shall be	Il redeem my/our entire investment/s before I/We change my e fully liable for all consequences (including taxation) arisin																						
	t of change in residential status. Is/ PIO/OCIs only:							hird olicant	t														
	nfirm that my application is in compliance with applicable India	-		asis																			

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CHECKLIST

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

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

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

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