

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

MUTUAL FUN	Investors must read the Key The Application Form should				ver page before co	mpleting th	is Form.
www.hdfcfund.com KEY PARTNER / AGENT I	INFORMATION (Investors applying	under Direct Plan must mer	ntion "Direct" in ARN column	n.) (Refer Instruction 1)			FOR OFFICE USE ONLY
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Understification (EUIN)	Number	(TIME STAMP)
ARN-							
I/We hereby confirm that th of the above distributor/sub	re EUIN box is left blank) (Refer Ins e EUIN box has been intentionally le broker or notwithstanding the advic		transaction is executed w if any, provided by the em	rithout any interactio ployee/relationship n	n or advice by the nanager/sales pe		relationship manager/sales pers distributor/sub broker.
	Applicant/ Guardian	·   -	Second Applicant				d Applicant
	S FOR APPLICATIONS THROUG scription amount is Rs. 10,000 or ayable to the Distributor. Units will ed on the investors' assessment of v			,	es, the same are shall be paid dire	deductible	e as applicable from the purchas investor to the ARN Holder (AM
I. EXISTING UNIT HOLD	ER INFORMATION (IF YOU HAY	VE EXISTING FOLIO, PLE					
Folio No.			The details in o	ur records under the	folio number me	ntioned alo	ngside will apply for this applicati
2. MODE OF HOLDING [P	Please tick (✓) ☐ Single	☐ Joint	Anyone or Survivor				
	MATION (Refer instruction 4) APPLICANT (In case of Minor, ther	e shall be no joint holde	DATE OF BIRTH@ rs)	DD MM	YYYY		f of date of birth@ Please (✓)  Attached
Nationality  NAME OF GUARDIAN (in order of the control of the cont	case of First / Sole Applicant is a M		PAN#/ PEKRN# CT Person – Designatio	ON (in case of non-in	dividual Investors	KIU#	[Please tick (√)] ☐ Proof Attacl (Mandatory)
Nationality PAN#/ PEKRN#		Designation		Co	ntact No.	se tick (√)	] (Mandatory) 🔲 Proof Attached
Relationship with Minor@	Please (✓) ☐ Father ☐ Mother ☐ FIRST / SOLE APPLICANT (Mandato			Proof of relationship v	_		- · · · · · · · · · · · · · · · · · · ·
CITY		STA	ATE .			PIN C	ODE
CONTACT DETAILS OF F	IRST / SOLE APPLICANT	Country Code		STD C			
Telephone : Off.  eAlerts Mobile		Res.		F	ax		
^ On providing email-id  FIRST/ SOLE APPLICA  A. Status of First/ Sole	vestors (individual with mode of hold investors shall receive scheme wis NT OTHER DETAILS (Mandatol Applicant [Please tick (✓)]	e annual report or an abri ry) (Refer instruction 4)   Individual	idged summary thereof/ a ndividual [Please attach L Information For	ccount statements/ st Iltimate Beneficial O m] (Refer Instruction	atutory and other wnership (UBO) i 4 & 19)	documents Declaration	by email. (Refer Instruction 10 & n Form and FATCA/ Foreign Tax La
☐ Body Corporate ☐ LLP	NRI-Repatriation	tional Resident in India [ Private Sector	☐ QFI ☐ FPI ☐ Sole	Proprietorship 🔲 No	on Profit Organisat	ion 🔲 Ot	
	e (Rs.) [Please tick (🗸)] 🔲 Be	elow 1 Lac	5 Lacs 5 - 10		25 Lacs	] >25 Lac	s - 1 Crore
c. Net-worth (Mandatory				as on	DD MM		(Not older than 1 year
	erson (PEP) Status (Also applicable tors involved/ providing any of						Related to PEP  Not Applicable  ambling / Lottery / Casino Service:
5. JOINT APPLICANT DE 1. NAME OF SECOND AP	TAILS, If any (Refer instruction 4)		■ Money Lending	/ Pawning		lone of the	above
Mr. Ms. M/s.  Nationality			PAN#/ PEKRN#			KYC#	[Please tick (✓)] ☐ Proof Attac (Mandatory)
a. Occupation Details  Retired Agricu	[ <b>Please tick (√)]</b> ☐ Service	Private Sector  Others	Public Sector G	overnment Service fy)	☐ Student [	Profess	
b. Gross Annual Incor	me (Rs.) 🔲 Below 1 Lac 🔲 1 -	5 Lacs 5 - 10 Lacs	☐ 10 - 25 Lacs ☐ >25	Lacs - 1 Crore ===	>1 Crore <b>OR</b> Net v	vorth Rs	
	Person (PEP) Status (Also applicat		es/ Promoters/ Karta/ Trusto	ee/ Whole time Directo	rs) 🔲 I am PEF	□ I am	Related to PEP Not Applicab
# Please attach Proof. Refe	er instruction No 16 for PAN/PEKRN and	No 18 for KYC.					
ACKNOWLEDGEMENT SL	LIP (To be filed in by the Investor) [For	any queries please contact o	ur nearest Investor Service (	Centre or call us at our	Customer Service N	umber 1800	3010 6767 / 1800 419 7676 (Toll Fre
		Head Office : HUL	DFC MUTUAL FUND . House, 2nd Floor, H.T. Pa lamation, Churchgate, Mu		l	Date :	
		100-100, Dackbay Rec	namanon, onuronyale, Mu	πιμαι - 400 020.			ISC Stamp & Signature
Received from Mr. / Ms. / N	N/s	heque / DD / Payment Instr	ument as detailed overleaf				
an approation for FulfildSt	or ornico or and obliginio(s) alongwith o	moquo / טט / ו מאוווטווג ווואנו	amont ao actaneu UVCHEdl.				

... continued overleaf

5. JOINT APPLICANT DETAILS, I 2. NAME OF THIRD APPLICANT	f any <i>(contd)</i> (R	efer instruction 4) (In case of	Minor, there s	shall be no joint l	nolders)				
Mr. Ms. M/s.  Nationality			PAN#/ PEKRN#				LVO	# [Please tick (✓)] ☐ Proof Attached	
a. Occupation Details [Please	tick (✓)] □ Ser	vice Private Sector	Public Sector	r Governn	nent Service	☐ Student	Profess	(Mandatory)	
	☐ Proprietorship	Others		ase specify)					
b. Gross Annual Income (Rs.)									
c. Politically Exposed Person (P							EP □ I am	Related to PEP Not Applicable	
6. FATCA INFORMATION/ FOREIG			Proprietor)	(Self Certificat	ion) (Refer ir	nstruction 4)			
The below information is req Address Type: ☐ Residenti- Is the applicant(s)/ guardian' If Yes, please provide the follo Please indicate all countries in	al or Business  s Country of Birth wing information	Residential  Business [ / Citizenship / Nationality mandatory]	/ Tax Reside	ency other than	ı India?	☐ Yes	existing ad □ No	ldress appearing in Folio)	
Category	-	icant (including Minor)		Second Applic				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									
Name of PoA   Mr.   Ms.   M/s.   PAN#/ PEKRN# # Please attach Proof. Refer instructs. BANK ACCOUNT DETAILS OF		RN and No 18 for KYC.	ase tick (√)] (I		Proof Attache				
(Mandatory to attach proof, in cas For unit holders opting to hold units	e the pay-out bank a	account is different from the b	ank account n	entioned under	Section 10 be	elów.)			
Bank Name	,								
Branch Name					Bank (	City			
Account Number MICR Code			(The 9 digit of	ode appears on v	our cheque ne	ext to the cheque	number)		
	☐ Savings ☐	Current □ NRO □	, ,	CNR 🔲 Oth			nambor)		
IFSC Code***	_			*** Refer Instruc	tion 5C (Manda u do not find thi	atory for Credit via is on your cheque	NEFT / RTGS leaf, please of	(11 Character code appearing on your check for the same with your bank)	
. MODE OF PAYMENT OF REDE	MPTION / DIVIDE	ND PROCEEDS VIA NEFT /	ECS / DIREC	CT CREDIT (ref	er instructio	on 11)			
Unitholders will receive redempt		*	•	,			•	CS into my / our bank account	
O. INVESTMENTS & PAYMENT DI	ETAILS [Please (	)] (refer instruction 6 & 7 for Sch	eme details and	instruction 8 & 9 f	or Payment Det	ails) The name of t	the first/ sole	applicant must be pre-printed on the cheque.	
10. INVESTMENTS & PAYMENT DETAILS [Please (🗸)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.    Regular Plan (Purchase/ Subscription routed through Distributor)   Direct Plan (Purchase/ Subscription made directly with the Fund)   Mention DIRECT in Key Partner/ Agent Information									
	, 5		(viz. Direct / Re	egular Plan) refer		.,			
Scheme/Plan/Sub Option									
Payment Type [Please (🗸)] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')									
Cheque/ DD/ Payment Instrument/ P UTR No.	Cheque/ DD/ Payment Instrument/ UTR No.  Cheque/ DD/ Payment Instrument/ Payment Instrument/ UTR Date  Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.		DD Charges, if any	ges, Net Cheque/ DD Amount Drawn on Bank / E		n on Bank / Brand	ch	Pay-In Bank Account No. (For Cheque Only)	
			Particul	ars					
Scheme Name / Plan / Option / Sub-o Payout Option		ue / DD / Payment Instrument / No. / Date		Drawn on (Name	of Bank and I	Branch)	Amoi	unt in figures (Rs.)	

	. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) ( refer instruction 13)  *Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode									
						Beneficiary				
NSDL	DP Name			N		Account No.				
CDSL	DP Name		Beneficia Account N	y lo.						
	opting to hold units in demat form, may provide a copy of the									
2. NUMINA	ATION (refer instruction 15) (Mandatory for new fo	ollos of Individua	als wnere mo	ae ot n	olaing is single) (	For Units in Non-Demat Form)				
[Please	e (<) and sign]									
	First / Sole Applicant		Third Applicant							
	First / Sole Applicant Second Applicant Third Applicant  OR  I/We wish to nominate as under:									
	t wish to hornmate as under.						Proportion (%) in which			
Name	e and Address of Nominee(s)	Date of Birth	rth Name and Address of Guardian			Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	the units will be shared by each Nominee			
		(to be furr	nished in case t	he Nom	inee is a minor)	duardian of Norminee (Mandatory)	(should aggregate to 100%)			
	Nominee 1									
	Namina 0									
	Nominee 2									
	Nominee 3									
2 DECL 41	RATION & SIGNATURE/S (refer instruction 14)									
regulati foreign (1) I / V sch ('Fu (2) I/W mal the	n/are not prohibited from accessing capital markets under any on, including SEBI. I/We confirm that my application is in cor laws. I/We hereby confirm and declare as under:- We have read, understood and hereby agree to comply wit heme related documents and apply for allotment of Units of the und') indicated above.  The am/are eligible Investor(s) as per the scheme related docket this investment as per the Constitutive documents/ autho Scheme(s) is through legitimate sources only and is not for the constitutive documents.	npliance with applic th the terms and co e Scheme(s) of HD cuments and am/ar rization(s). The am- the purpose of contr		SIGN HERE()  (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)						
evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority India.  (3) The information given in / with this application form is true and correct and further agree to furn such other further/additional information as may be required by the HDFC Asset Managem Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Trans 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/ untrimisleading, I/We will be liable for the consequences arising therefrom.				t t	First / Sole Applicant / Guardian					
and Fun service fore Fina (6) I/W regal (7) The form Schme/	<ul> <li>(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.</li> <li>(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.</li> <li>(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.</li> <li>(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</li> </ul>			SIGNATURE(S)	Second Applicant					
	RTHIS INVESTMENT.	TIE I OND/MING/118	וווטפוחוטוע							
I/We wi	For Foreign Nationals Resident in India only:  I/We will redeem my/our entire investment/s before I/We change my/our Indian residential be fully liable for all consequences (including taxation) arising out of the fail account of change in residential status.				Third					
	Is/ PIO/OCIs only:				Applicant					
	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									

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## **CHECKLIST**

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

	Documents	Companies / Trusts / Societies/ Partnership Firms / LLP / FIIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	1			1
3.	Notarised Power of Attorney					1
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)	<b>✓</b>	/	1	<b>√</b> #	1
7.	Proof of Date of Birth				1	
8.	Proof of Relationship with Guardian				1	
9.	PIO / OCI Card (as applicable)			1		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		1			

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

<sup>\*</sup> 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.