

**Application Form** (Except for ETFs, HDFC Retirement Savings fund and HDFC Children's Gift Fund)
Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

www.hdfcfund.com

ARN/RIA  RN-  IN Declaration (only where EUIN We hereby confirm that the EUIN the above distributor/sub broker  Sign He  First/ Sole Applica	l box has been	Name	Sub Agent's ARN	Doub De		Internal Code	Employee Identification	Unique	(TIIVIE	STAMP)
IN Declaration (only where EUIN Ve hereby confirm that the EUIN the above distributor/sub broker Sign He	l box has been		·	Bank Bri	anch Code	for Sub-Agent/ Employee	Identification (EUI)	Number N)		
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				Second Ap					d Applicant	
ANSACTION CHARGES FOR case the purchase/ subscription support and payable pistered Distributor) based on the EXISTING UNIT HOLDER INI	on amount is F e to the Distrib he investors' as	Rs. 10,000 or m utor. Units will b sessment of var	ore and your Distrit e issued against the ious factors includin	outor has opted balance amou g the service rer	naerea by the <i>i</i>	Transaction Charge pfront commission ARN Holder.				om the purcha RN Holder (Al
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5. ADDITIONAL KYC DETAILS, If any	(Refer instr	ruction 4b) Contd							
Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicar	nt 2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac					10-25 lac				
1-5 lac					25 lac- 1 cr				
5-10 lac					> 1 cr				
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)						as o	n       DD MM	YYYY	
6. FATCA & CRS INFORMATION (for	Individual	includina Solo	Proprietor) (	Self Certific	ation) (Refer instruction 4)				
Is the applicant(s)/ guardian's Co	r Business buntry of B g information ich you are	Residential irth / Citizensh on [mandatory]	☐ Business ip / Nationalit c purposes an	ty / Tax Resi	ed Office (for address mentioned in dency other than India? Yes ated Tax Reference Numbers below.  Second Applicant/ Guardian		No	ppearing in F	olio)
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/ gre	en card holder	r of USA.	In case Tax Identification Number is	not available	. kindly provi	de its function	al equivale
7. POWER OF ATTORNEY (PoA) HOL									1
# Please attach Proof. Refer instruction M  # Please attach Proof. Refer instruction M  8. BANK ACCOUNT DETAILS OF THE  (Mandatory to attach proof, in case the  For unit holders opting to hold units in d	FIRST / So e pay-out ba	OLE APPLICAN nk account is dif	for KYC. T (For redem ferent from the	bank account	end if any) (refer instruction 5) mentioned under Section 10 below.)				
Bank Name Branch Name Account Number				/The O dig	Bank City	a chaqua numb	orl		
MICR Code  Account Type (Please ✓)  IFSC Code***	Savings	☐ Current	NRO [	`	t code appears on your cheque next to the FCNR		,	racter code appe	aring on your
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' '	dividend pro	ceeds directly into	their bank acc	ount (as furnis	thed in Section 8) via Direct credit/ NEFT/ ad of direct credit / credit through NEFT sys	,	ugh ECS into m	y / our bank acc	ount
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Regular Plan (Purchase/ Su Mention valid ARN in Key Par		-	stributor)		Direct Plan (Purchase/ Subso Mention DIRECT in Key Partne	•	-	e Fund)	
Scheme/Plan/Sub Option									
Payment Type [Please (✓)]		-Third Party Pa	-	_	<b>ty Payment</b> (Please attach 'Third Par	ty Payment De	claration Form	1')	
Cheque/ DD/ Payment Instrument/ UTR No.	Che Paymer U	eque/ DD/ nt Instrument/ TR Date F	Amount of Che Payment Inst RTGS/ NEFT in fi	que / DD / rument / gures (Rs.)	DD Charges, Net Cheque/ DD Amount Draw	n on Bank / Bra	ınch	Pay-In Bank Ac (For Cheque	count No. Only)
				Partic	ulars				
Scheme Name / Plan / Option / Sub-optio Payout Option		heque / DD / Payr TR No. / Date	nent Instrument	:/	Drawn on (Name of Bank and Branch)		Amount in figu	res (Rs.)	

11.	UNIT HO	LDING OPTION	DEMAT	MODE*	PHYSICAL	MODE	(Defa	ult)		( r	efer i	nst	ructi	on	13)											
,	Demat Ac	count details are mandato	ry if the inve	stor wishes to hold	the units in Dem	at Mode											_									
	NSDL	DP Name				DP ID	I	N							Ber Acc	eficiary ount No										]
	CDSL	DP Name				E	Benefi Accou	ciary nt No.																		1
7	Investor o	pting to hold units in dema	at form, may	provide a copy of t	ne DP statement	enable u	ıs to r	natch	the de	mat det	ails as	sta	ated in	the	appli	cation fo	rm.						•			
12.	NOMINA	TION (refer instruction	1 15) (Man	datory for new fo	lios of Individ	uals wi	nere	mode	of ho	olding	is sin	gle	e) (Fo	r U	nits i	n Non-	Dem	at F	orm)	)						
	[Please	(√) and sign]  □ I/We o	do not wish to	o Nominate																						
		First / So	ole Applicant				Secon	d Appl	icant							_		Thir	d App	licar	nt					
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	☐ I/We	wish to nominate as under	r:																							_
	Name	and Address of Nominee(s	9)	Relationship with	Date of Birth		Nan	ne and	d Addr	ess of G	iuardia	an				nature o				t	Propo he un	its w	ill be	shar	hich ed by	,
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١٥.	I/We am/	ATION & SIGNATURE/S are not prohibited from acc	cessing capit	al markets under an												SIGN H	IFRF	6								
		n, including SEBI. I/We cor ws. I/ We hereby confirm a			npliance with ap	olicable I	ndian	and							write A	pplication	on Fo	rm N								
		e have read, understood a											on th	e re		of the Cl yment In				d Dr	aft /					
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	make	am/are eligible Investor(se this investment as per the	e Constitutive	e documents/ autho	rization(s). The a	ımount iı	nveste	ed in																		
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	(4) That	It (RTA) in writing about any in the event, the above in	nformation a	ind/or any part of i	t is/are found to		e/ unt	rue/																		
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	and/o	or any part of it including t , its Sponsor/s, Trustees, A	the changes/	updates that may b	e provided by m	e/us to t	he Mu	ıtual																		
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		ncial Intelligence Unit-India will indemnify the Fund, A	` '	•			nv dis	nute	SIGNATURE(S)																	
	regar	rding the eligibility, validity a	and authoriza	tion of my/our transa	ictions.			the o	ATUF	Sec Appli																
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and mamount of Rupees  REQUENCY   Monthly   Quarterly   Half-Yearly   Yearly   Za & when presented   DEBIT TYPE   Freed-Amount   Zi Maximum Amount   Reference   Folio No:   Phone No:   Email 10:     Phone No:			bit Mandate Fo	-	•	•	SI Date	D M M Y Y Y
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First/ Sole Applicant/ Guardian Second Applicant Third Applicant Transaction Charges for Applications through Distributors only (Please tick (<) any one)    Loonfirm that I am a First time investor across Mutual Funds.   (Rs. 100 deductible as Transaction Charge and payable to the Distributor)   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.    Presser attach Proof. If PAN/PEKRN & KYC# (Mandatory)   Sole / First Applicant / Guardian   Second Application no.	I/We hereby confirm that the EUIN box has t person of the above distributor/sub broker of	been intentionally le r notwithstanding th	eft blank by me/us as thi le advice of in-appropria	s transaction is ex teness, if any, prov	ecuted without ided by the em	any interaction or ployee/relationship	advice by the employee/r manager/sales person of	elationship manager/sales f the distributor/sub broker.
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Existing Investor Folio No.  OR New Investor Application no.  PAN/PEKRN & KYC # (Mandatory) Sole / First Applicant / Guardian Second Applicant Third Applicant  # Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof.  Sr. No. Scheme/Plan/Option/Sub-option SIP Installment Amount (₹) SIP Date Frequency Start Month/Year (Default Dec 2036) *  1. SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only) (Refer Item No. 7 c) SIP Top-up Frequency: Half-yearly Yearly (Quarterly SIP offers top-up frequency at yearly interals only.)  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.  UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 9)  *Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode  NSDL DP Name Beneficiary Account No. DP Name	If the total commitment of investment throu	inh CID (i a amoiin					nd vour Distributor has on	
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/ We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic nvestment Plan (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	Investor Name:  Existing Investor Folio No.  PAN/PEKRN & KYC#(Mandatory)  # Please attach Proof. If PAN/PEKRN/KYC is a Scheme/Plan/Option/Su  1.  SIP Top-up (Optional) (Please refer them No. 7 c)  Maximum amount of debit (SIP+Top-up) undependent of the NSDL DP Name  CDSL DP Name  *Investor opting to hold units in demat form, I/WE WOULD LIKE TO INVEST TO ME  Marriage Dream Home Dream (Communication)	able from the instal Iment amounts invo cluding the service  Sole / First Ap already validated ple Ib-option  ase ✓ to avail this  der direct debit fac  DEMAT MODE investor wishes to be  may provide a copy ET MY/OUR FIN	Iniment amount and payal issted. Upfront commiss rendered by the ARN Hole is	OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.  OR Note that Distribute ion shall be paid dider.	r. In such case; rectly by the in the interest of the interest	Application no.  Application no.  Application no.  Application no.  Application no.  Application no.  India shall not excorder instruction  Beneficon  as stated in the application in t	Start Month/Year  Start Month/Year  MM M Y Y Y Y  mount should be in multip uarterly SIP offers top-up frequ seed Rs. 5,00,000/- per in cition 9)  ciary Account No.	*Default End Month/Year (Default Dec 2036)*  IM M Y Y Y Y  les of Rs. 500 only) ency at yearly intewals only.)
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First Unit Holder's Signature  Second Unit Holder's Signature  ACKNOWLEDGEMENT SLIP (To be filled in by the Distributor (ARN Holder)  HDFC MUTUAL FUND  Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.  ISC Stamp & Signature	Investor Name:  Existing Investor Folio No.  PAN/PEKRN & KYC# (Mandatory)  # Please attach Proof. If PAN/PEKRN/KYC is a series of the pan/PEKRN/	able from the instal Iment amounts inve cluding the service of th	Intent amount and payal pasted. Upfront commissions (in the communistions) of OTM the commended to me/us.    Intent	OR Note to the Distribute ion shall be paid dider.  OR Note to the Distribute ion shall be paid dider.  OR Note to the Distribute ion shall be paid dider.  OR Note to the Distribute ion shall be paid dider.  OR Note to the Distribute ion shall be paid dider.  SIP Date to the Distribute ion in the Distribute	r. In such case; rectly by the in such case; rectly by the in service of the serv	Application no.  Application no.  Application no.  Application no.  Application no.  If requency  Monthly* Quarterly  India shall not exc (refer instru  Benefic  O.  Is stated in the application in the application in the application of the Scheme are ther mode), payable or (ARN Holder)	Start Month/Year  Start Month/Year  M M Y Y Y Y  mount should be in multip uarterly SIP offers top-up frequ seed Rs. 5,00,000/- per in uction 9)  stary Account No.  Indication form.  Amount  Ind the terms & conditions le to him/them for the differ  Third Unit	installments. Units will Distributor) based on the distributor

## **Enrolment Form for SIP/ Micro SIP**

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



(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf) Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

SIP/ Micro SIP via ECS (Debit Clearing) in select cities or via Direct Debit/Standing Instruction in select banks / branches only.

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First Sole Applications through Distributors only (Refor Item No. 17 and please tick (*) any one)		ın Here		Sign Here			n Here
Confirm that I am a First time investor across Mutual Funds.   Confirm that I am an existing investor in Mutual Funds.   CR. 150 deductible as transaction Charge and payable to the Distributor)   (Rs. 150 deductible as transaction Charge and payable to the Distributor)   (Rs. 150 deductible as transaction Charge and payable to the Distributor of the CR. 150 deductible as transaction Charge and payable to the Distributor of the CR. 150 deductible as transaction Charge and payable to the Distributor in such cases Transaction Charge will be recovered as a stationary. Unlike the Standard Spatial the basines of the Instrainment amounts and payable to the Distributor has open to assaction Charge will be recovered as a stationary. In the Standard Spatial Health Bodge (ARFI registered Distributor) based on the investors' assessment of various factors including the reduction of the scheme related documents of the Scheme and the Items & conditions of environment of SS (Dioth Claring). (Interclibed). Standing instruction bottless.  All holder has decided and gains to correptly with the terms and conditions of the scheme related documents of the Scheme and the Items & conditions of environment of SS (Dioth Claring). (Interclibed). Standing instruction bottless.  All holder has decided and gains to correctly standing instruction bottless.  All holder has decided to environ at the commission of the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual ungest which his Scheme is being recommended to mitus.  All holder has decided to environ at the commission or any other mode), payable to him/them for the different competing Schemes of various mutual ungest which his Scheme is being recommended to mitus.  All holder has decided to environ at the commission or any other mode), payable to him/them for the different competing Schemes of various mutual ungest very him to be scheme in being recommended to mitus.  All your payable to him/them for the different schem			_				
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)  the total commitment of investment through SPI (d. a. amount per SPI bristlatiment X no. of installments) amounts to Rs. 1000 or more and your Distributor has opted to assaction Charges, the same are deductible as applicable from the Installment Amount and payable to the Distributor. In such cases Transaction Charge will be recoverable statements. Units will be issued against the balance of the installment amounts invested.  International Charges, the same are deductible as applicable from the Installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable statements with the Section of the Scheme and the Investor's assessment of various factors including the advanced by the ARM Holder.  In barely confirm and declare as under- the verse, 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 of CS (Seebt Central) Distributor) based on the investors' assessment of various mutual impairs which the Schema is being recommended to make.  ARM holder has declosed to make statistic investment of the Scheme and the terms & conditions of enrolment for Systematic Investment of CS (Seebt Central) Distributory in the CS (Seebt Central) Distributor in the Scheme and the terms & conditions of enrolment for Systematic Investment of CS (Seebt Central) Distributor in the Scheme and the terms & conditions of enrolment for Systematic Investment of CS (Seebt Central) Distributor in the Scheme and the terms & conditions of enrolment for Systematic Investment of the Scheme and the Investment of CS (Seebt Central) Distributor in the Scheme and the Investment of the Scheme and the	ansaction Charges for Ap	oplications through Distribute	ors only (Refer Item No.	. 17 and please tick ( $\checkmark$ )	any one)	Date: D D M	M Y Y Y
The herby confirm and declare as under:  In 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 of ECS (cibott Cleany) (Direct Debt.) Standing instruction facilities.  ARIN holder has disclosed to mely 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 ongst which the Scheme is being recommended to me/us.  Base (*) any one. In the absence of Indication of the option the form is flable to be rejected.  IN EVEN REGISTRATION  IN EVENT REGISTRATION  INVESTOR & INVESTMENT DETAILS  Dication No. For new investory Folio No. (For existing Unitholder)  IN EVENT REGISTRATION  IN E	(Rs. 150 deducti the total commitment of i ansaction Charges, the sa stallments. Units will be is pfront commission shall b	ible as Transaction Charge and investment through SIP (i.e. a ime are deductible as applica ssued against the balance of the e paid directly by the investor	payable to the Distributor amount per SIP installm ible from the installment ne installment amounts in	r) ent X no. of installments amount and payable to t nvested.	(Rs. 100 deducti ) amounts to Rs. he Distributor. In	ble as Transaction Charge and 10,000 or more and your Di such cases Transaction Cha	l payable to the Distributor stributor has opted to rec arge will be recoverable i
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