

TRANSACTION REQUEST FOR

TIMESTAMP (FOR OFFICE USE ONLY)

				Scheme / Plan /			
me of Sole/ st Unit Holder:——————				(Switch-out sch for switch reque			
estors applying under Direct Plan PARTNER / AGENT INFO	-					Plan / Option is not indicated	i.
ARN/RIA Code	ARN/RIA			gent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN
RN -			ARN -				
: Upfront commission shall be pai			tered Distribu	tor) based on the	investors' assessment of vari	ous factors including the serv	rice rendered by the ARN Hold
ortant: Please strike off any ADDITIONAL PURCH	•		on the rever	co of the chag	uo/DD/Paymont Instrumor	at no \	
Payment Mode: (Please tic	`			`	jue DD		☐ RTGS / NEFT
heque/DD/Instrument No:		•			_		
ank Namai		· ·					
estors desiring to get allotn	MANDATORY FOR OTM	zed mode instead	of physical	mode should	provide the details in th	neir demat account belo	w:
	NSDL					CDSL	
P Name							
P ID							
eneficiary Account No.							
ise attach a copy of the DP state ORTANT: Names, mode of hold cessful verification with the	ding, PAN details, etc. of the Inv	vestor will be verified	against the [The units will be credite	ed to the beneficiary (de	emat) account only afte
SWITCH REQUEST (Ple	·			:		mount (in Rs.) :	
o Scheme / Plan / Option :							
nvestors applying under Direct Pla	n must mention "Direct" against t	he Scheme name. Defa	ult Plan / Opti	on in terms of KI	M will apply if the choice of Pl	an / Option is not indicated.	→
REDEMPTION - Subje	ct to Lock-in Period, if a	any (Please tick o	nly one of	the below opt	tions.)		
-	•		-	-	(in word		
	•	Amount (in	Rs.)	-	(in word	s) (If not provided earlier	
deem All Free Units	No. of Unitsnitted alongwith a request for chan	Amount (in	Rs.)	de :	(in word:	(If not provided earlier	r for electronic payment)
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If yes, then please submit a Supplementary Know Your Client (KYC), FATCA and CRS – Self certification form attached along-with this transaction.

Declaration: I have read and understood the information requirements and the Terms and Conditions mentioned in the SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI). I hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me.