

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 Facility and in PLOCK LEXTERS only.

				n.) (Refer Instruction 1) Internal Code	Emplovee Unique	FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
N-						
	EUIN box is left blank) (Refer In	struction 1)				
e hereby confirm that the l		left blank by me/us as this	transaction is executed w if any, provided by the emp	rithout any interaction ployee/relationship ma	or advice by the employee, anager/sales person of the	relationship manager/sales per distributor/sub broker.
Sig	ın Here	_	Sign Here		S	ign Here
·	pplicant/ Guardian		Second Applicant		Thir	d Applicant
	FOR APPLICATIONS THROU			,	the same are deducable	as applicable from the purcha
oscription amount and pay istered Distributor) based	ription amount is Rs. 10,000 or rable to the Distributor. Units wi on the investors' assessment of	ill be issued against the ba various factors including th	alance amount invested. The service rendered by the	Upfront commission se ARN Holder.	hall be paid directly by the	e investor to the ARN Holder (A
	R INFORMATION (IF YOU HA	AVE EXISTING FOLIO, PLEA			•	
Folio No.			The details in o	our records under the f	olio number mentioned alo	ngside will apply for this applica
10DE OF HOLDING [Ple	ease tick () Single</td <td>Joint</td> <td>Anyone or Survivor</td> <td></td> <td></td> <td></td>	Joint	Anyone or Survivor			
	ATION (Refer instruction 4) PPLICANT (In case of Minor, the	ere shall be no joint holder	DATE OF BIRTH@ (s)	DD MM	YYYY	f of date of birth@ Please (<) Attached
Nationality			PAN#/ PEKRN#		KYC#	[Please tick (✓)] ☐ Proof Atta
	se of First / Sole Applicant is a	Minor) / NAME OF CONTAC	CT PERSON – DESIGNATIO	ON (in case of non-ind	vidual Investors)	(Mandatory)
Mr. Ms. Nationality		Designation		Cont	act No.	
PAN#/ PEKRN#				Cont] (Mandatory) 🔲 Proof Attach
Relationship with Minor@ Pl	. ,	Court appointed Legal (Proof of relationship wit		tached @ Mandatory
MAILING ADDRESS OF FIF	RST / SOLE APPLICANT (Manda	itory) (Refer Instruction 4a	i) 			
CITY		STA	TE .		PIN (ODE
ONTACT DETAILS OF FIR	ST / SOLE APPLICANT	Country Code		STD Cod	le	
Telephone : Off.		Res.		Fa	v	
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5. JOINT APPLICANT DETAILS, 2. NAME OF THIRD APPLICANT Mr. Ms. M/s.	If any (contd	.) (Refer instruction 4) (In case	of Minor, there	shall be no joint	holders)			
Nationality			PAN#/ PEKRN	#			KYC# [F	lease tick (✓)] Proof Attached
a. Occupation Details [Please	e tick (√)]	Service Private Sector	Public Sec	tor Governr	nent Service	Student	Professiona	*/
Retired Agriculture	Proprietorsh	ip Others	(r	lease specify)				
b. Gross Annual Income (Rs.)	Below 1 La	c	10 - 25 La	cs \square >25 Lacs -	1 Crore	>1 Crore OR Net v	vorth Rs	
c. Politically Exposed Person (I	PEP) Status (Als	o applicable for authorised signato	ries/ Promoters/	Karta/ Trustee/ Wh	ole time Direct	tors) 🗌 I am PEF	l am Rela	ated to PEP Not Applicable
6. FATCA & CRS INFORMATION	l (for Individua	I including Sole Proprietor)	(Self Certifica	ntion) (Refer instr	ruction 4)			
The below information is re Address Type: Resident Is the applicant(s)/ guardial If Yes, please provide the foll Please indicate all countries	tial or Busines: n's Country of owing informat in which you ar	s Residential Busines Birth / Citizenship / National ion [mandatory] e resident for tax purposes a	lity / Tax Resi	dency other tha	n India? ce Numbers	Yes below.	□ No	,
Category	FIRST	Applicant (including Minor)		Second Applic	ant/ Guard	ian	I	hird Applicant
Place/ City of Birth								
Country of Birth								
Country of Tax Residency#								
Tax Payer Ref. ID No ^ Identification Type								
[TIN or other, please specify	v1							
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	y]							
#To also include USA, whe	re the individua	l is a citizen/ green card hold	er of USA. ^	In case Tax Ider	ntification Nu	umber is not avai	lable, kindly p	rovide its functional equivalent.
7. POWER OF ATTORNEY (PoA)	HOLDER DET	AILS						
# Please attach Proof. Refer instru 8. BANK ACCOUNT DETAILS OF (Mandatory to attach proof, in ca For unit holders opting to hold unit Bank Name Branch Name Account Number	THE FIRST / Sise the pay-out b	I/PEKRN and No 18 for KYC. SOLE APPLICANT (For reder ank account is different from th	e bank account	nd if any) (refe mentioned under	Section 10 b	olon, elow.) here.		
MICR Code			(The 9 digit	code appears on	your cheque r	next to the cheque r	iumber)	
Account Type (Please ✓)	Savings	☐ Current ☐ NRO ☐	□ NRE □		ners (please		FFT / DTOO) /44	<u> </u>
IFSC Code***				cheque leaf. If yo	u do not find th	natory for Gredit via N his on your cheque le	af, please check	Character code appearing on your for the same with your bank)
9. MODE OF PAYMENT OF RED	EMPTION / DIV	IDEND PROCEEDS VIA NEF	T / ECS / DIRI	ECT CREDIT (ref	er instructi	on 11)		
		oceeds directly into their bank ac I proceeds (if any) by way of a der	,	,			•	to my / our bank account
10. INVESTMENTS & PAYMENT I	DETAILS [Pleas	$e\left(\checkmark\right)$] (refer instruction 6 & 7 for s	Scheme details an	d instruction 8 & 9 f	or Payment De	etails) The name of the	e first/ sole applic	ant must be pre-printed on the cheque.
Regular Plan (Purchas Mention valid ARN in Ke		routed through Distributor) t Information			,	e/ Subscription ma y Partner/ Agent In	-	th the Fund)
		For Default Pl	an (viz. Direct /	Regular Plan) refer	instruction 7			
Scheme/Plan/Sub Option								
Payment Type [Please (v	/)]	n-Third Party Payment	Third Par	ty Payment (Ple	ase attach 'T	Third Party Payme	nt Declaration	Form')
Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrum UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs	if any	Net Cheque/ DD Amount	Draw	vn on Bank / Branch	1	Pay-In Bank Account No. (For Cheque Only)
			Particu	ılars				
Scheme Name / Plan / Option / Sub		Cheque / DD / Payment Instrume	nt /	Drawn on (Name	e of Bank and	Branch)	Amount in	figures (Rs.)
Payout Option		JTR No. / Date		,				

	DLDING OPTION DEMAT	T MODE*	PHYSICAL Mo	•)efaı	ult)		(refer instru	ction 13)	
NSDL	DP Name			P ID	ı	N			Beneficiary Account No.	
CDSL	DP Name			Be _ Ac	nefic	iary t No.				
*Investor	opting to hold units in demat form, ma	y provide a copy of th	ne DP statement en				he dei	mat details as stated	d in the application form.	
NOMINA	ATION (refer instruction 15) (Mai	ndatory for new fo	lios of Individua	ls whe	ere n	node	of ho	olding is single) ((For Units in Non-Demat Form)	
[Please	(✓) and sign] ☐ I/We do not wish		_	0-		A 15			Third Acad	
☐ I/We	First / Sole Applicant wish to nominate as under:	L		OR	CON	Applic	idill.		Third Appl	ıcanı
Name	e and Address of Nominee(s)	Relationship with	Date of Birth		Nam	e and	Addre	ess of Guardian	Signature of Nominee (Optional)/	Proportion (%) in which the units will be shared by
Ivallie	e and Address of Northhee(s)	Applicant	(to be furr	nished i	n cas	e the I	Nomir	nee is a minor)	Guardian of Nominee (Mandatory)	each Nominee (should aggregate to 100%
	Nominee 1									
	Nominee 2									
	Nominee 3									
sche ('Full (2) I/We mak the sevas India (3) The such Com Agei (4) That misl	regulation, including SEBI. I/We confirm that my application is in compliance with applicable Ir 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 conditio scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mu ('Fund') indicated above. (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are auth make this investment as per the Constitutive documents/ authorization(s). The amount in the Scheme(s) is through legitimate sources only and is not for the purpose of contraventic evasion of any act, rules, regulations, notifications or directions issued by any regulatory at India. (3) The information given in / with this application form is true and correct and further agree to such other further/additional information as may be required by the HDFC Asset Mar Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and 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 misleading, I/We will be liable for the consequences arising therefrom.							First / Sole Applicant / Guardian	the reverse of the Cheque / Demand Payment Instrument.)	
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					or o	SIGNATURE(S)	Second Applicant			
	RTHIS INVESTMENT. eign Nationals Resident in India only:	:								
shall be	I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. In shall be fully liable for all consequences (including taxation) arising out of the failure to redeem account of change in residential status.							Third		
	For NRIs/ PIO/OCIs only:							Third Applicant		
I/We cor	nfirm that my application is in complianc	ce with applicable India	an and foreign laws.							
Please	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									

Third Party Payment Declaration Form



Third Party Payment Declaration Form should be completed in **English** and in **BLOCK LETTERS** only. (Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

Declaration Form No.

R OFFICE US	E ONLY																																				
	Date	e of Re	ceipt													Folio	o No												Bra	anch	Tran	ıs. N	0.				
BENEFICIAL I	INVEST	OR IN	FORM	/IAT	TION	1 (R	Refer	Ins	truct	ion I	No. 2	2)																									
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Mr. Ms.	RD PARTY M/s.	(PER	SONI	MAK	(ING	i THI	E PA	YMI	ENT)																												
Nationality	7) A A I 44															(YC*	* [I	Pleas	se tir	ck (√)1 🗆	Atta	ched
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Declaration Third Party		/We de n cons												S	ma the	de oi sour	n bel	half of this	of Fl payı	payı II/ Cli ment y FII/(ent a is fro	and om	is n emplo Inves	n a d oyee tmer / on	e o (s) ui it Pla e-tim	n b nder ans ne si	Sys or a ubsc	aÍf tema s lu cripti	of atic mp on,	on b unde as lu lieu d	ehaler Sy Imp of co	f of sten sum/ sum/	Ager natic one ssio	nt/ Dis Inves -time	stribut stmen subso ocentiv	tor/ D nt Pla cripti	made Dealer ins or ion, in iyable
THIRD PARTY	Y PAYM	ENT D	ETAI	LS	(Re	efer	Insti	ucti	on N	0. 4)																										
Mode of Pa	yment	[Pleas	e tick	(√))]							Ma	and	ator	y En	clos	ure	(s)*																			
Cheque	-											th	en a	a co	e aco py o arty i	f the	ba	nk p	ass	book	(/ s	tate	oldei ment	rnar of	ne o banl	of th	e th	ird į int (oarty or le	y is i tter	not fror	pre- n th	prin e ba	ted o ınk c	n the ertify	e che ying	que that
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4. 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. Yes No. Please (✓)

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:

Repatriation basis

Non-repatriation basis

If yes, (✓)

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.

	First / Sole Applicant / Guardian
SIGNAL UNE/ S	Second Applicant
	Third Applicant

DD	MM	YYYY					

THIRD PARTY PAYMENT RULES

- 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

<u>Illustration 1:</u> 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.

<u>Illustration 2:</u> 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.

<u>Illustration 3:</u> 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 oift.

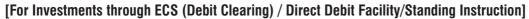
(This limit of Rs. 50,000 shall not be applicable for investments in HDFC Children's Gift Fund. However, the Donors will have to comply with all the requirements specified in 2c below)

- (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.
 - 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. 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.

SHDFC MUTUAL FUND		bit Mandate Fo		-	-		-	SI	Date D	D M M Y Y Y
www.hdfcfund.com (tick✓)	UMRN A	licable for Europsum Au	uilionai F	uiciiases as	Well as SIF	negistiai	10115]			
☐ CREATE Sponsor Bank Code		 HDFC0000060			Utility Co	ode		HDFC058	340000	28635
MODIFY //We hereby authorize:	HDFC Mut					to de	ebit (tick√			NRE / SB-NRO / Other
Bank A/c No.:	TIDI O IVIAL							1 1	1 1	
With Bank N	ame & Branch			sc T				OR MIC	R I	
an amount of Rupees									 ₹	
	ly ⊟ Half Ye	arly 🗎 Yearly 🗸	As & w	hen presente	d		DEBIT T	L YPF □ Fixe		✓ ✓ Maximum Amount
Reference 1 Folio No:	,			Phone					a 7 cant	
Reference 2 Appln No:				Email I	D: -					
I agree for the debit of mandate	e processing ch	narges by the bank v	vhom I	am author	izing to d	ebit my	account a	s per latest	schedule	of charges of the bank.
From D D M M Y Y Y Y T T T T T T T T T T T T T T	Signature	of Primary Account Hold	er	S	ignature of	Account I	Holder		Signature	of Account Holder
to [3 1 1 2 2 0 3 2 0 3 2 0 3 2 0 3 2 0 3 2 0 3 2 0 0 0 0 0 0 0 0 0	1.			2.				3.		
This is to confirm that the declaration has been can I have understood that I am authorized to cance/ a		e as in Bank Records od & made by me/us. I a by appropriately communio	n authorize ating the		Name as in entity/ corpo amendment			nt, based on the ity/ corporate or		in Bank Records as agreed and signed by me. ere I have authorized the debit.
Disease tiple (as applicable:	SIP Re	gistration/Renew	al Forr	n (for OTN	Tregister	ed invest	ors only)		—){	
Please tick ✓ as applicable: ☐ OTM Debit Mandate is already registered in ☐ OTM Debit Mandate is attached and to be r	the folio. [No nee	d to submit again]. SIP A	uto debi	t can start in	TEN Days	i.e. for de	bit date 15tl			
The total of all installments in a day should be KEY PARTNER / AGENT INFORMATION							ed or submi			E ONLY (TIME STAMP)
ARN ARN Nam			k Branch C	ode	Internal Cod	e Er	nployee Uniq	ue	IFFIGE US	E UNLI (TIME STAMP)
ARN-					for Sub-Ager Employee	it/ idei	tification Nun (EUIN)	ilbei		
EUIN Declaration (only where EUIN box is left I/We hereby confirm that the EUIN box has bo		eft blank by me/us as th	s transa	ction is exec	uted witho	ut any inte	eraction or	advice by the	employee/ro	elationship manager/sales
I/We hereby confirm that the EUIN box has b person of the above distributor/sub broker or	notwithstanding tl	ie advice of in-appropria	teness, i	if any, provid	ed by the e	mploýee/ı	elationship	managér/sal	es person of	the distributor/sub broker.
Sign Here				Here					Sign Her	
First/ Sole Applicant/ Guardian Transaction Charges for Applications through	Dietributore only (Second	Applicant			Date:	D D	Third Applie	cant
☐ I confirm that I am a First time inv	estor across Mutu	al Funds.					am an exist	ing investor in	Mutual Fund	
(Rs. 150 deductible as Transaction If the total commitment of investment through the total commitment of investment through the total commitment of the install investors' assessment of various factors incl	ıh SIP (i e amoun	t ner SIP installment X r	o. of ins ble to the ion shall	tallments) a Distributor. I be paid dire	mounts to I	Re 10 000	or more an	d vour Distrib	utor has ont	able to the Distributor) ed to receive transaction -4 installments. Units will Distributor) based on the
	uding the service	rendered by the ARN Ho	der.							,
Investor Name: Existing Investor Folio No.			0.0	Nov	, Investo	. Annlina	tion no			
	Colo / Eirot Ar	policent / Cuerdien	OR		v Investor Second Ar				Third	Applicant
PAN/PEKRN & KYC#(Mandatory) # Please attach Proof. If PAN/PEKRN/KYC is a		pplicant / Guardian	L		econa A	opiicant			Inira	Applicant
Sr. Scheme/Plan/Option/Sut		SIP Installment Amount (₹)	1	SIP Date		Freque	ncy	Start Mor	nth/Year	End Month/Year (Default Dec 2032)*
1.		7 inodite (x)		5 th 20 th		Monthly Quarter		MMY	YYY	M M Y Y Y Y
SIP Top-up (Optional) (Plea	se ✓ to avail this	facility) Top-up Amo	1		25 L	Quarter		mount should l	oe in multipl	es of Rs. 500 only)
(Refer Item No. 7 e)		SIP Top-up i	•		Half-yearly		,			ency at yearly intervals only.)
Maximum amount of debit (SIP+Top-up) und UNIT HOLDING OPTION	DEMAT MODE	* PHYSI	CAL MOD	counts with S DE (Default)	State Bank		hall not exc (refer instru		000/- per in	stallment.
*Demat Account details are mandatory if the in										
NSDL DP Name		DP II) [1]	N Beneficia	ry Account	No.	Benefic	iary Account	No.	
*Investor opting to hold units in demat form, n I/WE WOULD LIKE TO INVEST TO MEE		of the DP statement en	able us to	motob the	domat datai	le ae etate	d in the and	lication form.		
☐ Marriage ☐ Dream Home ☐ Dream C					Jemai uetai	is as state	а ато арт			
	T MY/OUR FIN	ANCIAL GOALS (cho	se any	one (√)		etirement	Target A			
I/We hereby confirm and declare as under:- I/ We have read, understood and agree to com Investment Plan (SIP). The ARN holder has disc various mutual Funds from amonst which the	T MY/OUR FINA ar Children's I ply with the terms closed to me/us all	ANCIAL GOALS (chood ducation Children's and conditions of OTM the commissions (in the	Marriage Facility, S	one (√) e	Tour 🗌 R	etirement	Target A	mount	conditions	of enrolment for Systematic rent competing Schemes of
	T MY/OUR FINA ar Children's I ply with the terms closed to me/us all	ANCIAL GOALS (chooseducation Children's and conditions of OTM the commissions (in the ecommended to me/us.	Marriage Facility, S	one (√) e	Tour Red docume	etirement	Target A	mount		of enrolment for Systematic rent competing Schemes of
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I/ We have read, understood and agree to com Investment Plan (SIP). The ARN holder has disc various mutual Funds from amongst which the	T MY/OUR FIN. T Children's I Children's I ply with the terms closed to me/us all Scheme is being i	ANCIAL GOALS (chooseducation Children's and conditions of OTM the commissions (in the ecommended to me/us. Secondary Supplies the supplies of	Marriage Facility, Seform of	one (<) e World Scheme relatival commis	Tour Red docume assion or any	etirement ents of the other mo	Target A	mount		
I/ We have read, understood and agree to com Investment Plan (SIP). The ARN holder has disc various mutual Funds from amongst which the	T MY/OUR FIN. T Children's I Children's I ply with the terms losed to me/us all Scheme is being I ACKNO	ANCIAL GOALS (chooseducation Children's and conditions of OTM the commissions (in the ecommended to me/us. Secondary Supplies the supplies of	Facility, Seform of Unit H	one (<) e World Scheme relatival commis lolder's Sign lled in by the	ed documesion or any	ents of the other mo	Target A	nd the terms &	Third Unit	

Enrolment Form for SIP/ Micro SIP





(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.

KEY PARTNER / AGENT IN	IFORMATION (Investors applying	under Direct Plan must men	tion "Direct" in ARN column.)		FOR OFFICE USE ONLY
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)
ARN-						
I/We hereby confirm that employee/relationship m	ere EUIN box is left blank) (Reat the EUIN box has been lanager/sales person of the lanager/sales person of the disanager/sales person of the disanager/sales	intentionally left blan above distributor/su	k by me/us as this b broker or notwithst	transaction is canding the adv	executed without any i	nteraction or advice by the ess, if any, provided by the
Sic	gn Here		Sign Here			gn Here
	pplicant/ Guardian		Second Applicant			Applicant
Transaction Charges for Ap	oplications through Distributor	s only (Refer Item No. 1	17 and please tick (✓)	any one)	Date: D D M	M Y Y Y
(Rs. 150 deducti If the total commitment of transaction Charges, the sa installments. Units will be is	ame are deductible as applicab ssued against the balance of the e paid directly by the investor t	ayable to the Distributor) mount per SIP installme le from the installment a installment amounts inv	nt X no. of installments) imount and payable to the rested.	(Rs. 100 deductib amounts to Rs.1 ne Distributor. In s	0,000 or more and your D such cases Transaction Ch	al Funds. Ind payable to the Distributor) Indistributor has opted to receive large will be recoverable in 3-4 and factors including the service
and of ECS (Debit Clearing) / Dire The ARN holder has disclosed t amongst which the Scheme is b	agree to comply with the terms ar ect Debit/Standing Instruction facil o me/us all the commissions (in t eeing recommended to me/us.	ities. he form of trail commissio	n or any other mode), paya			t for Systematic Investment Plan (SI
NEW REGISTRATION	nce of indication of the option the	CHANGE IN BAI			CANCELLATION (Refer	Item No. 11)
INVESTOR & INVEST	MENT DETAILS					
	stor)/ Folio No. (For existing Unitho	older)				
					SIGNAT	URE (Refer Item No. 3(c))
Sole/1st applicant						(* * * * * * * * * * * * * * * * * * *
PAN#		KYC#	(Mandatory)	☐ Proof Attach	ned	
or PEKRN#		[Pleas	se tick (✓)]			
Name of Guardian						
(In case Applicant is minor) PAN#		KYC#	(Mandatory)	☐ Proof Attach	ned	
or PEKRN#			se tick (✓)]		iou	
Second Applicant						
PAN#		10/0 /	/ (Billian distance)	Dunet Attack		
or PEKRN#			f (Mandatory) se tick (√)]	☐ Proof Attach	lea	
Third Applicant						
PAN# or PEKRN#			÷ (Mandatory) se tick (√)]	☐ Proof Attach	ned	
	EKRN/KYC is already validated ple	ease don't attach any proof	. Refer Item No. 15 and 16	i.		
_ ,	se/ Subscription routed through l by Partner/ Agent Information	Distributor)			scription made directly with er/ Agent Information	the Fund)
		For Default Plan (viz. Di	rect / Regular Plan) refer ir	struction 4.		
Scheme/Plan Option						
Lock-in Period (Applicable t	o HDFC Children's Gift Fund)	☐ Yes	No (Defa	ault)		
	ACK	NOWLEDGEMENT S	LIP (To be filled in by	the Unit holde	er)	
			C MUTUAL FUND			
Date:	Head Office : HDFC House	, 2nd Floor, H.T. Parekh Ma	irg,165-166, Backbay Rec	lamation, Churchg	ate, Mumbai - 400 020.	100.01
Application/ Folio No.	/0			'CID/ MA	ioro CID' application for	ISC Stamp & Signature
Received from Mr./Ms./M,	/8.			SIP/ IVI	icro SIP' application for	
Scheme / Plan / Option		DI	ease Note: All nurchasses	ra cubiant to realis	ation of chagues	
instalment Amount (Rs.)		PI	ease Note: All purchases a	re subject to realis	ation of cheques	

I/WE WO	OULD LIK	E TO INVE	ST TO MEET	MY/OUR FINA	ANCIAL GOA	LS (choose a	nyone (√)	(Refer Iter	m No. 20)				
☐ Marri	•	☐ Dre	am Home	☐ Drea	m Car	Childre	en's Educat	ion	Children's	Marriage	☐ World Tour		Retirement
Target A													
SIP &	DEBIT [DETAILS	(Please note	that a minimu	m of 30 day	s is required t	o set up the	e ECS/ Dire	ct Debit)				
Each SIP	/ Micro SI	P Amount	(Rs.)			Frequen	ıcy	Monthly	ı⁺ Qı	uarterly (⁺ Defa	ult Frequency) [R	efer Iten	n No. 6(iv)]
SIP/ Micr	o SIP Dat	e s	5th	10th+	15th	20th	25th	(*Default	Date) [Refer It	em No. 6(iv)]		م **Dl	ase refer Item
SIP/ Micro	o SIP Peri	od Start Fr	om M	Л У У	Y Y	End On**	M M	Y Y Y	Y Y OR I	Default Date (D	ecember 2032)	l	(ii) and 7(b)
First SIP/	Micro SI	P Transact	on via Cheq	ue No.		C	heque Dat	ed D D) M M Y	Y Y Y	Amount@ (R	3.)	
	•	`		s not by chequal be pre-printed	,		ancelled ch	eque	Сору	of cheque	@The first of the be same as		amount should IP Amount.
	Top-up (0 fer Item N	• '	(Plea	se ✓ to avail thi	- /	op-up Amoun IP Top-up Fre	` '	Half-y			nould be in multipl SIP offers top-up freque		- 1
Maximum	n amount	of debit (S	P+Top-up)	under direct d					•	, ,	ot exceed Rs. 5,00		,
		G OPTIO		DEMAT MOD		PHYSICAL	•	efault)	(refe	er instruction 10))		
*Demat Ad	count deta	ils are mand	atory if the in	vestor wishes to	hold the units	in Demat Mode							
NSDL	DP Name	·				DP ID	I N			Beneficiary Account No.			
CDSL	DP Name						Beneficiary Account No.						
I/we here Direct Del	by authoris bit/Standia DETAILS	se HDFC Mu ng Instructio	tual Fund/HD		jement Comp				tails as stated in t ce providers, to d		rm. pwing bank account	by ECS	(Debit Clearing) /
Branch N	ame								Bank City	,			
Account	Number								Dank Oity				
9 Digit M	ICR Code						(Please	onter the O	digit number	that annears	after the cheque	numhe	r)
Account 7	Tyne (Plea	ase √)	☐ Saving:	G ☐ Current	t 🗌 NRO		□ FCNR		ers (please spec		artor trio orioquo	Harribo	')
Accounth	nolder Nar	ne		Guirone					(_	
	k Accoun		ank Acce	ount Holder	(to be sig	nod by the	Invoctor	ν**					
		n Manager,		ulit noiuei	(to ne siy	nieu by tile	HINGSLU	(Name of	the				
Bank) This is t Debit / S Mutual authoris	o inform t Standing li Fund sha e the repr	hat I/We hand the hat I/We had the had	ive registere and that my/o from my/o carrying this	d for the RBI's our payment to ur below ment ECS (Debit Cle	owards my/d tioned bank	our investmer account with	nt in the Scl your bank	-` earing) / Dir neme of HD . I/We here	ect DFC eby	E	ank Account Numbe	r	
	•	ied & execu nd agree to		the terms and (onditions m	entioned over	leaf and he	hound by th	ie same I/We hi	erehy declare th	at the particulars	niven ah	ove are true and
correct	and agree	e to make	pavments re	ferred above the Limited, about	nrough partic	cipation in EC	S (Debit Cl	earing) / D	irect Debit / Sta	anding Instructi	on I / We will als	so inform	m HDFC Mutual
Applic	able to S	IP Top-up	facility (no	ot available ur	nder Micro	SIP):							
designa	ted accou	nt.				,	recute the E	ECS/Direct	Debit/Standing	Instruction for	a further increase	in insta	ıllment from my
	write Foli Account	o no. on ti	e reverse o	f the cheque. (MANDATOR) 2nd Ac					3rd Account			
Hol	der's				Hold	er's				Holder's			
(As i	n ature n Bank cords)				Signa (As in Reco	Bank				Signature (As in Bank Records)			
RANK	FR'S AT	TESTATI	ON (FOR	BANK USE (ONLY								
Certifie	d that the	e signature	of accour	t holder and tode are correct	the								
•	records					Signature of	Authorised (Official from E	Bank (Bank Stamp	and Date)	Bank Acco	ount Num	ber
For Of	fice Use	e only (N	ot to be fi	lled in by Inv	vestor)								
Recorde	ed on						Scheme	Code					
Record	ed by						Credit Ac	count Num	ber				



Enrolment Form



(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

Date :	D	D	M	M	Υ	Υ	Υ	Υ

I/ We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms and conditions mentioned overleaf of Systematic Withdrawal Advantage Pan and of the relevant Scheme(s) and hereby apply for enrolment under the Systematic Withdrawal Advantage Pan of the following Scheme(s)/Plan(s)/Options(s). 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.

Please (<) any one. In the absence of indication of the option the form is liable to be rejected. **New Registration:** Change in withdrawal amount: **Cancellation:** For enrolment under SWAP facility For Change in withdrawal amount under SWAP facility For cancellation of SWAP facility FOLIO NO. OF EXISTING UNIT HOLDER / APPLICATION NO. (New Investor) 1) UNIT HOLDER INFORMATION Name First / Sole Unit holder PAN or PEKRN Name (in case of First / Sole Unit holder is a minor) or PEKRN PAN 2) SCHEME DETAILS (If the SWAP is to be registered from Direct Plan of the Scheme, please mention so clearly.) **SCHEME NAME # PLAN** OPTION # Please note that one SWAP Form must be used for one Scheme / Plan / Option only. Unit holder(s) need to fill in Separate SWAP Form for each Scheme / Plan / Option. 3) WITHDRAWAL DETAILS (Please ✓ choice of Plan) Fixed Plan (Refer item 8(ii) & (iii) overleaf) ■ Variable Plan (Capital Appreciation, if any) (Refer item 9(ii) overleaf) ○ MONTHIY@ QUARTERLY QUARTERLY@ ○ HALF-YEARLY YEARLY (@ Default Frequency) Rs. (in figures) HALF-YEARLY Rs. (in words) YEARLY (@ Default Frequency) 4) ENROLMENT DETAILS (refer item 7, 8, 9 & 10 overleaf) Commencement Date 5th Withdrawal Date 1st 10th @ M (Refer Item 8(v), 9(iii) & 10 overleaf) 15th 20th 25th M M Last Withdrawal Date (@ Default Date) 5) PAYMENT OF SWAP PROCEEDS (refer item 14) Redemption proceeds through SWAP will be credited to the default bank account registered in the Scheme/Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Scheme/Folio, please mention the Bank Account No. and Name below: ACCOUNT NO. **BANK NAME** (If the above mentioned bank details do not match with the registered bank account in your the Scheme/Folio.) proceeds will be credited to the default bank account registered in the the Scheme/Folio.) 6) SIGNATURES ^ First / Sole Unit holder / Guardian Second Unit holder Third Unit holder Please note: Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign. ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) HDFC MUTUAL FUND Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, ISC Stamp & Signature Date: 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. Received from Mr. / Ms. / M/s a 'SWAP' application for redemption of Units of Scheme / Plan / Option