GHDFC MUTUAL FUND

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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 BLOCK LETTERS only.

| www.l | ndfcfund.com | |
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| | | | | Internal Code | Employee Unique | FOR OFFICE USE ONLY (TIME STAMP) |
|---|---|---|---|---|--|---|
| ARN | ARN Name | Sub Agent's ARN | Bank Branch Code | for Sub-Agent/ Employee | Identification Number (EUIN) | |
| ARN- 58603 | | | | | E 026768 | |
| EUIN Declaration (only where EUI I/We hereby confirm that the EUIN of the above distributor/sub broke | | | transaction is executed w if any, provided by the emp | ithout any interaction oloyee/relationship m | or advice by the employee/ anager/sales person of the | /relationship manager/sales perso distributor/sub broker. |
| Sign He | | | Sign Here | | | ign Here |
| First/ Sole Applica | ant/ Guardian | - | Second Applicant | | Thir | d Applicant |
| 'RANSACTION CHARGES FOR In case the purchase/ subscripti subscription amount and payable registered Distributor) based on th | | | | , | s, the same are deductible shall be paid directly by the | e as applicable from the purchase e investor to the ARN Holder (AMF |
| . EXISTING UNIT HOLDER IN | IFORMATION (IF YOU HA | VE EXISTING FOLIO, PLE | | | | |
| Folio No. | | | The details in o | ur records under the | folio number mentioned alo | ngside will apply for this application |
| 2. MODE OF HOLDING [Please | e tick (| Joint | Anyone or Survivor | | | |
| B. UNIT HOLDER INFORMATIO NAME OF FIRST / SOLE APPLIC Mr. Ms. M/s. | ``` | - | | DD MM | YYYY | f of date of birth@ Please (<) Attached |
| Nationality NAME OF GUARDIAN (in case o Mr. Ms. | f First / Sole Applicant is a l | Minor) / NAME OF CONTAC | PAN#/ PEKRN# CT Person – Designatio | DN (in case of non-ind | | [Please tick (✓)] |
| Nationality | | Designation | | Con | tact No. |)] (Mandatory) 🗔 Droof Attoched |
| PAN#/ PEKRN# Relationship with Minor@ Please | e (✓) 🔄 Father 🔄 Mother | Court appointed Legal (| Guardian | Proof of relationship wi | |)] (Mandatory) Proof Attached tached @ Mandatory |
| MAILING ADDRESS OF FIRST | SOLE APPLICANT (Manda | tory) (Refer Instruction 4a | a) | | | |
| CITY | | STA | ATE | | PIN C | CODE |
| CONTACT DETAILS OF FIRST / | SOLE APPLICANT | Country Code | | STD Co | de | |
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| Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument. | | | | | | | | | | |
| Please Note: All Purchases are subject to realisation | ot cheques / demand dratts / Payment Instrument. | | | | | | | | | |

| | DLDING OPTION DEMA ccount details are mandatory if the inv | T MODE* | PHYSICAL M | . , | | (refer instru | ction 13) | | |
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| nvestor | opting to hold units in demat form, ma | ay provide a copy of t | ne DP statement en | | | mat details as stated | d in the application form. | | |
| NOMINA | ATION (refer instruction 15) (Ma | ndatory for new fo | lios of Individua | als where mode | e of ho | olding is single) (| (For Units in Non-Demat Form) | | |
| [Please | (\checkmark) and sign] \square I/We do not wish | n to Nominate | | | | | | | |
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| Name | e and Address of Nominee(s) | Relationship with | Date of Birth | Name an | d Addre | ess of Guardian | Signature of Nominee (Optional)/ | Proportion (%) in which the units will be shared | |
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[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

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| □ confirm that 1 am a First time investor across Mutual Funds: (%s. 100 deductible as Transaction Charge and payable to the Distributor) (%s. 100 deductible as Transaction Charge and payable to the Distributor) If the total commitment of investment through SPI (a. anount per SPI installment X ano. of installmentS, anount and payable to the Distributor in subtainers). This is a specificable as a specificable as a specificable as a specificable as a specificable of the installmentS and a payable to the Distributor in subtainers. Units vill investors discussed on the Distributor in subtainers. Units vill investor across Mutual Funds. Investor Name: | Tranco | | | | V (Diagon tick (/) | | cond Applican | <u>.</u> | | Data | | |
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| Investor Name: Investor Name: Existing Investor Folio 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 proot. Sr. Scheme/Plan/Option/Sub-option SIP Installment Amount (*) I 1 ** 5 ** 10 ** 10 ** 00 ** | | (Rs. 15 | O deductible as Transaction | on Charge and _l | payable to the Dis | , | | (Rs. 1 | 100 de | ductible as Tra | nsaction Charge | and payable to the Distributor) |
| Investor Name: Existing Investor Folio No. PAN/PEKRN & KYC# (Mandatory) Sole / First Applicant / Guardian Second Applicant Third Applicant Plase attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Sr. Scheme/Plan/Option/Sub-option SIP Installment Amount (*) I 1 ^m 5 ^m 10 ^m Monthly* M M Y Y Y M M Y Y Y M M Y Y Y SIP Top-up (Optional) (Please ✓ to avail this facility) SIP Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only) (Refer Item No. 7 e) SIP Top-up (Optional) (Please ✓ to avail this facility) SIP Top-up Prequency: Half-yearly Yearly (Quarterly IV Yearly (Quarterly IV Yearly) M M Y Y Y M M Y Y Y M M Y Y Y M M Y Y Y SIP Top-up (Optional) (Please ✓ to avail this facility) SIP Top-up Prequency: Half-yearly Yearly (Quarterly IV Yearly) M M Y Y Y M M Y Y Y M M Y Y Y M M Y Y Y M M Y Y Y M M Y Y Y SIP Top-up (Optional) (Please ✓ to avail this facility) ITop-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only) (Refer Item No. 7 e) 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 10) * Phoma Demat Cool details are mandatory if the investor wishes to hold the units in Demat Mode NSDL P Name DP ID I N Beneficiary Account No. * Twee WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (*) Maringe Oream Home Oneam Car Children's Education of Children's Maringe World Tour We have read, understood and agree to comply with the terms and conditions of OTM Facility. Scheme related down of the Scheme and the terms & conditions of envinession or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongs which the Scheme is being recommended to me/us. First Unt Holder's Signature Cool Demat Mode Demat Signature Cool Demat Mode Demat Car Children's Signature Cool Cool Demat Mode Demat Signat | If the t Charg be iss invest | total commi es, the sam ued against ors' assess | tment of investment througe e are deductible as applica the balance of the install ment of various factors inc | gh SIP (i.e. amo ible from the ins ment amounts i luding the servi | unt per SIP instal tallment amount nvested. Upfront ce rendered by th | llment X no. and payable commission e ARN Holde | of installment to the Distribu shall be paid | s) amounts to F tor. In such cas directly by the | Rs.10,I ses Tra e inves | 000 or more an ansaction Charg stor to the ARN | d your Distributor e will be recovera Holder (AMFI reg | has opted to receive transaction ble in 3-4 installments. Units will istered Distributor) based on the |
| PAN/PEKRN & KYC # (Mandatory) Sole / First Applicant / Guardian Second Applicant Third Applicant Third Applicant # Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Sr. Scheme/Plan/Option/Sub-option SIP Installment Amount (R) SIP Date Frequency Start Month/Year (Default Dec 2032)* 1. Image: SiP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only) SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Frequency: Half-yearly Yearly Wait M Y Y Y M M Y Y Y 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. 500.000/- per installment. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 10) * horead cetalis are mandatory if the investor wishes to hold the units in Demat Mode PH I N Beneficiary Account No. * Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form. I/We WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (~) Marriage Marriage Marriage Month interment for Systematic // We have read undered- undered- sting and undered- stingnature Second Hold Unit Holder's Sign | | | | 3 | , | | | | | | | |
| # Please attach Proof. If PAN/PEKRIV/KYC is already validated please don't attach any proof. Sr. Scheme/Plan/Option/Sub-option SIP Installment Amount (₹) SIP Date Frequency Start Month/Year (Default Dcc 2032)* 1. 1 115° 20° 25° 000000000000000000000000000000000000 | Existin | ig Investor | · Folio No. | | | | 0R | lew Investor | r Appl | lication no. | | |
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| 1. <pre></pre> | | Sc | heme/Plan/Option/Sub | o-option | | t (₹) | | | | | Start Month/ | |
| (Refer Item No. 7 e) SIP Top-up Frequency: Half-yearly Yearly Quarterly SIP offers top-up frequency at yearly intervals 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 10) * Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode Beneficiary Account No. | 1. | | | | | | | | | | MMYY | Y Y M M Y Y Y Y |
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| | | | | ACKN | IOWLEDGEMEN | | | | itor (A | ARN Holder) | | |
| Date : | Date | | Head Office : | HDFC House, 2 | nd Floor, H.T. Par | | | | n, Chur | rchgate, Mumba | i - 400 020. | ISC Stamp & Signature |
| Folio No Received from: | | | | | | | | | | | | |
| OTM DEBIT MANADATE FORM SIP FORM | | No | | | Received fro | m: | | | | | | |