

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.hdfcfund.com KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1) FOR OFFICE USE ONLY (TIME STAMP) Internal Code **Employee Unique** ARN Sub Agent's ARN ARN Name Bank Branch Code for Sub-Agent/ Identification Number (EUIN) Employee ARN- 58603 E026768 EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. First/ Sole Applicant/ Guardian Second Applicant Third Applicant (Refer Instruction 2) TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount 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. 1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 4, 6, 10 AND 13 ONLY. Refer instruction 3). The details in our records under the folio number mentioned alongside will apply for this application. Folio No 2. MODE OF HOLDING [Please tick (<) Single Joint Anyone or Survivo 3. UNIT HOLDER INFORMATION (Refer instruction 4) Please (√) Proof of date of birth@ **DATE OF BIRTH@** Attached NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) ww Mr. Ms. M/s. KYC# [Please tick (✓)] ☐ Proof Attached Nationality PAN#/ PEKRN# (Mandatory) NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors) Mr. Ms. Nationality Designation Contact No. PAN#/ PEKRN# KYC# [Please tick (√)] (Mandatory) ☐ Proof Attached Relationship with Minor@ **Please (** ✓ **)** Father Mother Court appointed Legal Guardian Proof of relationship with minor@ **Please** (
Attached @ Mandatory MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) STATE PIN CODE CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code STD Code Telephone : Off. Res eDocs Email ^ eAlerts Mobile 🔲 I/ We would like to register for my/our HDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory). ^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12) 4. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 4) 4a. Status of First/ Sole Applicant [Please tick ()] 🔲 Individual 🦳 Non - Individual /Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 4 & 19) (Mandatory) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company FIIs Minor through guardian BOI OCI Body Corporate 🗌 LLP 🔲 Society / Club 🔲 Foreign National Resident in India 🔲 QFI 🦳 FPI 📉 Sole Proprietorship 🔲 Non Profit Organisation 🦳 Others . 4b. Occupation Details [Please tick (✓)] ☐ Service Public Sector Student Private Sector Government Service Professional Retired Agriculture Proprietorship Others (please specify) **4c. Gross Annual Income (Rs.) [Please tick (✓)]** ☐ Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore ΛR c. Net-worth (Mandatory for Non-Individuals) Rs. as on (Not older than 1 year) DD MM YYYY 4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am Related to PEP ☐ Not Applicable 4e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above 5. JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders) 1. NAME OF SECOND APPLICANT Mr. Ms. M/s. [Please tick (✓)] ☐ Proof Attached (Mandatory) PAN#/ PEKRN# Nationality a. Occupation Details [Please tick (</)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Agriculture Proprietorship Others (please specify) b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs 25 Lacs - 1 Crore 78 Net worth Rs. c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC. ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)] HDFC MUTUAL FUND Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. ISC Stamp & Signature Received from Mr. / Ms. / M/s an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

... continued overleaf

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#	Please tick ()] Proof Attached Mandatory)</td
a. Occupation Details [Please	tick (<')]	Service Private Sector	Public Sec	tor Governr	ment Service	Student	Profession	
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 Re	lated to PEP Not Applicable
6. FATCA & CRS INFORMATION	l (for Individua	l including Sole Proprietor)	(Self Certifica	ntion) (Refer instr	ruction 4)			
The below information is re Address Type: Resident Is the applicant(s)/ guardian If Yes, please provide the foll Please indicate all countries	tial or Business n's Country of I owing informati in which you ar	Basines: Birth / Citizenship / National on [mandatory] e resident for tax purposes an	ity / Tax Resi	dency other tha	n India? ce Numbers	Yes below.	□ No	
Category	FIRSU	Applicant (including Minor)		Second Applic	ani/ Guaru	ian		Third 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	is a citizen/ green card holde	er of USA. ^	In case Tax Ider	ntification Nu	ımber is not avai	lable, kindly	provide 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 / Some the pay-out b	I/PEKRN and No 18 for KYC. SOLE APPLICANT (For reden and account is different from the	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			
IFSC Code***				*** Refer Instruction	ction 5C (Mand ou do not find tl	latory for Credit via N his on your cheque le	EFT / RTGS) (1 af, please chec	1 Character code appearing on your k for the same with your bank)
9. MODE OF PAYMENT OF RED	EMPTION / DIV	IDEND PROCEEDS VIA NEF	T / ECS / DIRI	ECT CREDIT (ref	fer instructi	ion 11)		
Unitholders will receive redemp	otion/ dividend pro	proceeds (if any) by way of a der	count (as furnis	hed in Section 8) v	via Direct cred	lit/ NEFT/ECS facilit	•	into my / our bank account
10. INVESTMENTS & PAYMENT I	DETAILS [Please	(\checkmark) (refer instruction 6 & 7 for S	cheme details an	d instruction 8 & 9 f	for Payment De	etails) The name of the	e first/ sole appli	icant must be pre-printed on the cheque.
Regular Plan (Purchas Mention valid ARN in Ke		routed through Distributor) Information			,	e/ Subscription ma y Partner/ Agent I	-	rith the Fund)
		For Default Pla	an (viz. Direct / I	Regular Plan) refer	instruction 7			
Scheme/Plan/Sub Option								
Payment Type [Please (v	∕)] □ No	n-Third Party Payment		ty Payment (Ple	ase attach '1	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	n on Bank / Branch	1	Pay-In Bank Account No. (For Cheque Only)
			Particu	ılars				
Scheme Name / Plan / Option / Sub		Cheque / DD / Payment Instrumer	nt /	Drawn on (Name	e of Bank and	Branch)	Amount i	in figures (Rs.)
Payout Option		JTR No. / Date		s. (nam	unit unit	,		

			MODE*	PHYSICAL M	•	efault)		(refer ins	structi	ion 13)	
		count details are mandatory if the inve								Beneficiary	
NS	DL	DP Name			DP ID _	I N				Account No.	
CD	SL	DP Name			Ben Acc	neficiary count No.					
		pting to hold units in demat form, may									
IZ. NUI	WIINA	TION (refer instruction 15) (man	idatory for new to	nos or marvidua	ais when	re moae	OI IIC	naing is singi	ie) (Fo	or units in Non-Demat Form)	
[P	lease	(\checkmark) and sign] \square I/We do not wish	to Nominate								
		First / Sole Applicant		_	Sec	cond Appli	icant			Third Appl	icant
	104/				OR						
	I/We	wish to nominate as under:		1	I					I	D (0/): 1:1
	Name	and Address of Nominee(s)	Relationship with	Date of Birth	1	Name and	Addre	ess of Guardian		Signature of Nominee (Optional)/	Proportion (%) in which the units will be shared by
'	raino	and radioss of Norminoo(s)	Applicant	(to be fur	nished in	case the	Nomi	nee is a minor)		Guardian of Nominee (Mandatory)	each Nominee (should aggregate to 100%)
		Nominee 1									
		Nominio 1									
		Nominee 2									
		Naminas 2									
		Nominee 3									
I/W reç for (1)	Ve am/ gulatio eign la I / W sche ('Fun	ATION & SIGNATURE/S (refer instance not prohibited from accessing capin, including SEBI. I/We confirm that my laws. I/We hereby confirm and declare a fee have read, understood and hereby me related documents and apply for all d') indicated above. am/are eligible Investor(s) as per the	ital markets under any y application is in con as under:- agree to comply wit lotment of Units of th	npliance with appli th the terms and c e Scheme(s) of HD	cable Ind onditions DFC Mutu	s of the lal Fund				SIGN HERE () ase write Application Form No. / Form the reverse of the Cheque / Demand Payment Instrument.)	
(3)	 (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised t make this investment as per the Constitutive documents/ authorization(s). The amount invested i the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/c evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority i India. (3) The information given in / with this application form is true and correct and further agree to furnis such other further/additional information as may be required by the HDFC Asset Managemer Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfe 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/ untrue misleading, I/We will be liable for the consequences arising therefrom. (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information 							First / Sole Applicant / Guardian			
(7)	 (a) / We Hereby authorize you to disclose, shale, reinfill 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 						SIGNATURE(S)	Second Applicant			
		THIS INVESTMENT.	NAME OF THE PARTY	IIL I OND/ANIG/II	וחוטים	20100					
		ign Nationals Resident in India only:		/our Indian ===id=	nov otot	io I/Ma					
sh	all be	redeem my/our entire investment/s be fully liable for all consequences (incl of change in residential status.						Third			
		s/ PIO/OCIs only:						Applicant			
I/V	/e con	firm that my application is in complianc	e with applicable India	an and foreign laws							
P	lease ((✓) ☐ Yes ☐ No If Yes, (✓	Repatriation ba	asis Non-repat	riation ba	asis					

<u>EHDFC</u> OTM	Debit Man	date For	m NACH	/ECS/[DIRECT	T DEBIT/S	SI Date	D D M M Y Y Y Y
WUTUAL FUND www.hdfcfund.com	[Applicable for Lui	mpsum Additi	onal Purchase	s as well as	s SIP Regis	strations]		
(tick✓) UMRN								
CREATE Sponsor Bank Code	HDFC000	0060		Utilit	ty Code		HDFC058340	00028635
	/lutual Fund				to	debit (tick.	SB / CA / CC /	SB-NRE / SB-NRO / Other
Bank A/c No.:								
With Bank Name & Bran	ch		IFSC				OR MICR	
an amount of Rupees								
FREQUENCY	Yearly Ye	early 🛮 A	s & when pres	ented		DEBIT T		ount 🛮 Maximum Amount
Reference 1 Folio No:			Pho	ne No:				
Reference 2 Appln No:			Ema	ail ID:				
I agree for the debit of mandate processing	g charges by th	he bank who	om I am aut	horizing t	to debit n	ny account a	s per latest sche	dule of charges of the bank.
	ure of Primary Ac	count Holder		Signatur	e of Accou	nt Holder	Sign	ature of Account Holder
to 3 1 1 2 2 0 3 2								
or			2.				3.	
	lame as in Bank R Ierstood & made by		authorizing the U		as in Bank l corporate to			me as in Bank Records tions as agreed and signed by me.
This is to confirm that the declaration has been carefully read, und I have understood that I am authorized to cancel/ amend the mand	date by appropriately	ly communicatir	ng the cancellati	ion/ amendn	ment reques	t to the User enti	ty/ corporate or the ba	nk where I have authorized the debit.
Please tick ✓ as applicable:	Registration	/Renewal	Form (for 0	OTM regis	stered inv	estors only)	0	* 6
OTM Debit Mandate is already registered in the folio. [No	need to submit ag	gain]. SIP Auto	o debit can sta	ırt in TEN D	ays i.e. for	debit date 15th	n, form can be submi	tted till 4th of the month.
OTM Debit Mandate is attached and to be registered in the				-				
The total of all installments in a day should be less than or ed KEY PARTNER / AGENT INFORMATION (Investors ap	•					tered or submi		E USE ONLY (TIME STAMP)
ARN ARN Name	Sub-Agent's ARN		ranch Code	Internal for Sub-		Employee Unique Identification Nun	ıe	002 01121 (111112 01111111)
ADAL				Emplo	byee	(EUIN)	ibei	
EUIN Declaration (only where EUIN box is left blank)								
I/We hereby confirm that the EUIN box has been intentiona person of the above distributor/sub broker or notwithstandi	lly left blank by m	ne/us as this t	ransaction is	executed w	ithout any	interaction or	advice by the employ	/ee/relationship manager/sales
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Sign Here								n Here
First/ Sole Applicant/ Guardian		92	cond Annlican	t			Third	Δnnlicant
First/ Sole Applicant/ Guardian Transaction Charges for Applications through Distributors or	nly (Please tick (✓		econd Applican	t		Date:	D D M	Applicant M Y Y Y Y
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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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Each SIP	/ Micro SIP Am	ount (R	3.)			Frequen	ıcy	Monthl	y ⁺	Quarterly (*Defa	ault Frequency) [R	efer Item	1 No. 6(iv)]
SIP/ Micr	o SIP Date	1st	5th	10th ⁺	15th	20th	25th	(*Default	Date) [Refer I	tem No. 6(iv)]		**Dloo	ase refer Item
SIP/ Micro	SIP Period Sta	art From	M M	Y Y Y	Υ	End On**	M M	Y Y	Y Y OR	Default Date (D	ecember 2032)		ii) and 7(b)
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Maximum	n amount of del	bit (SIP-	+Top-up) ເ	ınder direct deb	it facility f	or investors v	with bank a	accounts w	ith State Bank	of India shall n	ot exceed Rs. 5,00),000/- p	er installment.
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I/we here Direct Del	by authorise HDI bit/Standing Inst DETAILS	FC Mutua	al Fund/HDF	/ provide a copy of C Asset Manager of SIP/ Micro SIP	nent Compa						orm. owing bank account	by ECS ((Debit Clearing) /
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