

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.

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) Employee Unique Sub Agent's ARN ARN Identification Number (EUIN) ARN Name for Sub-Agent/ Bank Branch Code Employee **SANGHI** 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 section 1 and proceed to section 4. 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 Survivor Proof of date of birth@ Please (✓) 3. UNIT HOLDER INFORMATION (Refer instruction 4) DATE OF BIRTH@ Attached NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) 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 KYC# [Please tick (</)] Proof Attached PAN#/ PEKRN# (Mandatory) 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) PIN CODE CITY STATE **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 Ultimate Beneficial Ownership (UBO) Declaration Form and FATCA/ Foreign Tax Laws Information Form1 (Refer Instruction 4 & 19) 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 🔝 FOI 🗀 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) 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) 1. NAME OF SECOND APPLICANT Mr. Ms. M/s. [Please tick (\checkmark)] (Mandatory) Proof Attached Nationality a. Occupation Details [Please tick (</)] Service Private Sector Public Sector Government Service Student Professional Housewife 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 7 RN 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: HUL 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, If	any (contd) (Refer instruction 4)			
2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality		PAN#/ PEKRN#		KYC# [Please tick (✓)] ☐ Proof Attached
a. Occupation Details [Please t	ick (✓)] ☐ Service ☐ Private Sector ☐	Public Sector Govern	ment Service Student P	rofessional Housewife Business
Retired Agriculture	Proprietorship Others	(please specify)		
b. Gross Annual Income (Rs.) c. Politically Exposed Person (PE	Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs P) Status (Also applicable for authorised signatories/		- 1 Crore >1 Crore OR Net worth nole time Directors) am PEP	
6. FATCA INFORMATION/ FOREIG	N TAX LAWS (Self Certification) (Refer instru	iction 4)		
•	iired for all applicant(s)/ guardian s Country of Birth / Citizenship / Nationality /	/ Tax Residency other tha	nn India? Yes	 No
If Yes, please provide the follow Please indicate all countries in	wing information [mandatory] which you are resident for tax purposes and t	he associated Tax Referer	ice Numbers below.	
Category	First Applicant (including Minor)	Second Appli	cant/ Guardian	Third Applicant
Place/ City of Birth				
Country of Birth				
Country of Tax Residency 1				
Tax Payer Ref. ID No. 1				i
Country of Tax Residency 2				
Tax Payer Ref. ID No. 2				
Country of Tax Residency 3				I
Tax Payer Ref. ID No. 3				
7. POWER OF ATTORNEY (PoA) I	HOLDER DETAILS			
Name of PoA Mr. Ms. M/s.				
PAN#/ PEKRN#	· · · · · · · · · · · · · · · · · · ·	se tick (✓)] (Mandatory)	Proof Attached	
	on No 16 for PAN/PEKRN and No 18 for KYC. FHE FIRST / SOLE APPLICANT (For redempti	on/ dividend if any) (ref	er instruction 5)	
(Mandatory to attach proof, in case	e the pay-out bank account is different from the ba in demat form, please ensure that the bank account	nk account mentioned under	Section 9 below.)	
Bank Name	III dollar form, prodos shouls that the bank absolute	minod with the definet deceal	to monacine note.	
Branch Name Account Number			Bank City	
MICR Code		(The 9 digit code appears on	your cheque next to the cheque numb	per)
· · · /	Savings Current NRO N	NRE FCNR 01	hers (please specify)	/ RTGS) (11 Character code appearing on your
IFSC Code***				/ RTGS) (11 Character code appearing on your lease check for the same with your bank)
	MPTION / DIVIDEND PROCEEDS VIA DIRECT on/ dividend proceeds directly into their bank account of the contract o			
'	on / dividend proceeds (if any) by way of a cheque / de	,		it through ECS into my / our bank account 🔲 📗
	TAILS (refer instruction 6 & 7 for Scheme details a	nd instruction 8 & 9 for Paymo	ent Details) The name of the first/ sole a	applicant must be pre-printed on the cheque.
	st mention "Direct" against the Scheme name.)			
Scheme/Plan/Option/Sub Option_				
Payment Type [Please ()</td <td>us/DD/ Amount of Cheque / DD /</td> <td>,</td> <td>ease attach 'Third Party Payment De</td> <td>· · · · · · · · · · · · · · · · · · ·</td>	us/DD/ Amount of Cheque / DD /	,	ease attach 'Third Party Payment De	· · · · · · · · · · · · · · · · · · ·
Payment Instrument/ Payment	Instrument/ R Date RTGS/ NEFT in figures (Rs.)		Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)
		Particulars		
Scheme Name / Plan / Option / Sub-o Payout Option	ption / Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Nam	e of Bank and Branch)	Amount in figures (Rs.)
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Please Note: All Purchases are subject t	o realisation of cheques / demand drafts / Payment Ins	trument.		

	DP Name		DP ID	ı	N			I						B	enefici ccount	ary No.									
CDSL	DP Name			enefic		Ī			T			T							T	T				Τ	T
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IOMIN/	ATION (refer instruction 15) (Mandatory for new fo	olios of Individu	als wh	ere n	node	of h	oldi	nq	is s	inc	ıle)	(Fo	r U	Jnits	in No	n-D	emat	Fo	rm)						
Please	e (✓) and sign] ☐ I/We do not wish to Nominate																								
	First / Sole Applicant			econd	Applic	ant		_									Th	nird .	Appli	cant					
	W		0R																						
I/We	e wish to nominate as under:																								
		Date of Birth		Nam	e and	Addı	ress	of (Guar	diaı	n			Signo	uro of l	lomin	ιοο (Ο ι	ntion	al\/			ortio			
Name and Address of Nominee(s)		/to he fu	rnichad	in cas	a tha l	lom	inoo	ie a	mir	nor)								(Optional)/ the units will be Nandatory) each Nom					ninee	inee	
		(to be furnished in case the Nominee is a minor)															(should aggregate to 10								
	Nominee 1																								
													H												_
	Nominee 2																								
	Nominee 3																								
app (2) I/We	Ve have read, understood and hereby agree to comply with th ily for allotment of Units of the Scheme(s) of HDFC Mutual Fur e am/are eligible Investor(s) as per the scheme related docu	d ('Fund') indicated ments and am/are	d above. authoris	sed to r	nake t	nis ir	nvest	tme	nt as	s pe	er				Please n the r	evers		he C	hequ	ıe / I	Dem				
not	Constitutive documents/ authorization(s). The amount invest for the purpose of contravention and/or evasion of any act, ulatory authority in India.																								
(3) The information given in / with this application form is true and correct further/additional information as may be required by the HDFC Asset Manage undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in wifurnished from time to time.			nent Company Limited (AMC)/ Fund and						d			First / Sole Applicant / Guardian													
(A) Tha	t in the event, the above information and/or any part of it is/a consequences arising therefrom.																								
the	(5) I/We 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/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.				et	<u>.</u>																			
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