

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.

	(investors apply	ring under Direct Plan must mentio	II DIRECT III AKIN COIUIT	nn.) (Refer Instruction 1)	FOR OFFICE USE	ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN/	Internal Code for Sub-Agent/	Employee Unique Identification Number		
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RN-						
	EUIN box is left blank) (Refer			1	<u> </u>	
We hereby confirm that the l f the above distributor/sub b	EUIN box has been intentional roker or notwithstanding the a	lly left blank by me/us as this tra dvice of in-appropriateness, if a	insaction is executed iny, provided by the en	without any interaction or a ıployee/relationship manaç	dvice by the employee/i jer/sales person of the d	relationship manager/sales perso listributor/sub broker.
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Mr. Ms. M/s.		DAN	N#/ PEKRN#			Please tick (✓)] ☐ Proof Attach
Nationality NAME OF GUARDIAN (in ca	ase of First / Sole Applicant is	a Minor) / NAME OF CONTACT		ION (in case of non-individu		(Mandatory)
Mr. Ms.						
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... continued overleaf

5. JOINT APPLICANT DETAILS, If	any (contd) (Refer instruction 4)										
2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality		'AN#/ PEKRN#		KYC# [Please tick ()] Proof Attached							
a. Occupation Details [Please ti	ick (<)] Service Private Sector	Public Sector Governi	ment Service Student I	Professional 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 wort ole time Directors) am PEP								
6. FATCA INFORMATION/ FOREIG	N TAX LAWS (Self Certification) (Refer instruc	ction 4)									
Is the applicant(s)/ guardian's	ired for all applicant(s)/ guardian c Country of Birth / Citizenship / Nationality /	Tax Residency other tha	n India? Yes 🗌	No							
If Yes, please provide the follow Please indicate all countries in	ving information [mandatory] which you are resident for tax purposes and th	ne associated Tax Referen	ce Numbers below.								
Category	First Applicant (including Minor)	Second Applie	cant/ Guardian	Third Applicant							
Place/ City of Birth											
Country of Birth											
Country of Tax Residency 1											
Tax Payer Ref. ID No. 1				j							
Country of Tax Residency 2											
Tax Payer Ref. ID No. 2											
Country of Tax Residency 3											
Tax Payer Ref. ID No. 3											
7. POWER OF ATTORNEY (PoA) H	IOLDER DETAILS										
Name of PoA Mr. Ms. M/s.											
PAN#/ PEKRN#		e tick (√)] (Mandatory) □	Proof Attached								
	on No 16 for PAN/PEKRN and No 18 for KYC. 'HE FIRST / SOLE APPLICANT (For redemption	on/dividend if any) (refe	r instruction 5)								
(Mandatory to attach proof, in case	the pay-out bank account is different from the bar in demat form, please ensure that the bank account l	nk account mentioned under	Section 9 below.)								
Bank Name	in definat form, please crisure that the bank account i	inked with the demar account	is mondoned note.								
Branch Name			Bank City								
Account Number MICR Code		(The 9 digit code annears on	your cheque next to the cheque num	her)							
	☐ Savings ☐ Current ☐ NRO ☐ N	RE □ FCNR □ Otl	ners (please specify)	, I							
IFSC Code***		*** Refer Instru cheque leaf. If yo	ction 5C (Mandatory for Credit via NEFT ou do not find this on your cheque leaf, p	/ RTGS) (11 Character code appearing on your please check for the same with your bank)							
	MPTION / DIVIDEND PROCEEDS VIA DIRECT										
'	on/ dividend proceeds directly into their bank accoun n / dividend proceeds (if any) by way of a cheque / der	,		tit through FCS into my / our bank account							
·											
	TAILS (refer instruction 6 & 7 for Scheme details an st mention "Direct" against the Scheme name.)	id instruction 8 & 9 for Payme	nt Details) The name of the first/ sole	applicant must be pre-printed on the cheque.							
Scheme/Plan/Option/Sub Option_											
Payment Type [Please (✓)]	·	Third Party Payment (Ple	ease attach 'Third Party Payment D	eclaration Form')							
Payment Instrument/ Payment I	ue/ DD/ Instrument/ Payment Instrument / Payment Instrument / Payment Instrument / RTGS/ NEFT in figures (Rs.)		Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)							
				li							
		Doutieule:									
Scheme Name / Plan / Option / Sub-op	otion / Cheque / DD / Payment Instrument /	Particulars	of Barbard D IV	Amount in figures (Dr.)							
Payout Option	UTR No. / Date	Drawn on (Nam	e of Bank and Branch)	Amount in figures (Rs.)							
Please Note: All Purchases are subject to	o realisation of cheques / demand drafts / Payment Inst	rument.									
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	DP Name		DP ID	I	N			I						B	enefici ccount	ary No.									
CDSL	DP Name			enefic		Ī			T			T							T	T				Τ	T
nvestor	opting to hold units in demat form, may provide a copy of					ie de	emat	det	tails	as	state	ed in	the	e app	licatio	n forr	n.								_
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	_	S	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	e and Address of Nominee(s)	/to he fu	rnichad	in cas	a tha l	lom	inoo	ie a	mir	nor)		Guardian of Nomi					minee (Optional)/ iinee (Mandatory)				the units will be shared each Nominee				
		(to be furnished in case the Nominee is a minor)															(should aggregate to 1								
	Nominee 1																								
													H												_
	Nominee 2																								
	Nominee 3																								
SEBI. I/We confirm that my application is in compliance with applicable Indian and 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 conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above. (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per					er	(Please write Application Form No. / Folio No on the reverse of the Cheque / Demand Draft Payment Instrument.)																			
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 and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.				d		First / Sole Applicant / Guardian																			
(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.																									
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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