

## Application Form (Except for ETFs, HDFC Retirement Savings Fund and HDFC Children's Gift Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on page 143 & 145 before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

### KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Managers/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN-							

### 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.

SIGN			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

☐ I confirm that I am a first time investor across Mutual Funds.

OR

☐ I confirm that I am an existing investor across Mutual Funds.

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.

### 1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 6, 7, 9 AND 13 ONLY. Refer instruction 3).

Folio No.      The details in our records under the folio number mentioned alongside will apply for this application.

### 2. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor

### 3. UNIT HOLDER INFORMATION (Refer instruction 4) DATE OF BIRTH@/DATE OF INCORPORATION      Proof of date of birth@      Please (✓) ☐ Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records(all unitholder))

Mr. Ms. M/s.      PAN#/ PEKRN#

Nationality      KYC Number      KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

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.      Designation      Contact No.

PAN#/ PEKRN#      DATE OF BIRTH      KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

Relationship with Minor@ Please (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian      Proof of relationship with minor@ Please (✓) ☐ Attached @ Mandatory

### CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code - Mobile

STD Code      STD Code      Res.      Telephone No. Office

eAlerts Mobile      eDocs Email of First / Sole holder ^      IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

☐ I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 9)

☐ I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: [www.hdfcfund.com](http://www.hdfcfund.com) (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 9)

### MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)

CITY      STATE      PIN CODE

COUNTRY

### KYC Details

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual\* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 4 & 18)

☐ Resident Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Pvt. Ltd. Company ☐ Public Ltd. Company ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP

☐ Society/Club ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Foreign National Resident in India ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others (please specify)

LEI No.      Expiry Date:      DD      MM      YYYY

(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

\* Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)	

Occupation Details [Please tick (✓)] ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Proprietorship ☐ Others (Please specify)

Gross Annual Income in Rs. [Please tick (✓)] ☐ Below 1 lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25 lac- 1 cr ☐ > 1 cr

OR Network in Rs. (Mandatory for Non Individual)      as on      (not older than 1 year)

For Individual [Please tick (✓)] ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYCR.

### 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

Date :     

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



4. 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.

DATE OF BIRTH

D

D

M

M

Y

Y

Y

Y

Nationality

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

Occupation Details [Please tick (✓)]

☐ Private Sector Service

☐ Public Sector Service

☐ Government Service

☐ Business

☐ Professional

☐ Agriculturist

☐ Retired

☐ Housewife

☐ Student

☐ Proprietorship

☐ Others (Please specify)

Gross Annual Income in Rs. [Please tick (✓)]

☐ Below 1 lac

☐ 1-5 lac

☐ 5-10 lac

☐ 10-25 lac

☐ 25 lac- 1 cr

☐ > 1 cr

For Individual [Please tick (✓)]

☐ I am Politically Exposed Person

☐ I am Related to Politically Exposed Person

☐ Not Applicable

CONTACT DETAILS OF SECOND APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

This email id belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s.

DATE OF BIRTH

D

D

M

M

Y

Y

Y

Y

Nationality

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

Occupation Details [Please tick (✓)]

☐ Private Sector Service

☐ Public Sector Service

☐ Government Service

☐ Business

☐ Professional

☐ Agriculturist

☐ Retired

☐ Housewife

☐ Student

☐ Proprietorship

☐ Others (Please specify)

Gross Annual Income in Rs. [Please tick (✓)]

☐ Below 1 lac

☐ 1-5 lac

☐ 5-10 lac

☐ 10-25 lac

☐ 25 lac- 1 cr

☐ > 1 cr

For Individual [Please tick (✓)]

☐ I am Politically Exposed Person

☐ I am Related to Politically Exposed Person

☐ Not Applicable

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

This email id belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

5. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA

Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYCR.

6. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Applicant/ Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Third Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No

Mandatory

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
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]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 10)

The redemption / IDCW proceeds will be directly credited to the investor's bank account.

8. UNIT HOLDING OPTION

☐ DEMAT MODE\*

☐ PHYSICAL MODE (Default)

(refer instruction 12)

\*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	DP Name	DP ID	I N	Beneficiary Account No.
CDSL	DP Name	Beneficiary Account No.		

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

Particulars

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.



Scheme Name - 1											
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW ^	Sub-Option	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvestment			
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> NEFT/ RTGS/ Fund Transfer				<input type="checkbox"/> One Time Mandate (OTM)*				
Drawn on Bank / Branch											
Pay-In Bank Account No. (For Cheque Only)						Cheque/ DD/ Payment Instrument/ UTR No.					
Cheque/ DD/ Payment Instrument/ UTR Date				Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)							
DD Charges, if any				Net Cheque/ DD Amount							
Cheque/ DD Amount (in words):											

Scheme Name - 3					
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW ^	Sub-Option	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> NEFT/ RTGS/ Fund Transfer		<input type="checkbox"/> One Time Mandate (OTM)*
Drawn on Bank / Branch					
Pay-In Bank Account No. (For Cheque Only)				Cheque/ DD/ Payment Instrument/ UTR No.	
Cheque/ DD/ Payment Instrument/ UTR Date			Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)		
DD Charges, if any			Net Cheque/ DD Amount		
Cheque/ DD Amount (in words):					

**10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments if any) (refer instruction 5)**  
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

Bank Name																Bank City									
Branch Name																									
Account Number											Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)														
IFSC Code***											*** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)														

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

OR ☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

**Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of the following and provide details of same]**  
☐ Photograph & Signature    ☐ PAN    ☐ Aadhaar    ☐ Saving Bank account no.    ☐ Proof of Identity    ☐ Demat Account ID

\$ Any odd lot after division shall be transferred to the first nominee mentioned in the table above.

**\*Guardian's Relationship with Nominee (Mandatory):** ☐ Mother    ☐ Father    ☐ Legal Guardian

**Proof of Relationship of Guardian with Minor:** ☐ Birth Certificate    ☐ School Leaving Certificate    ☐ Passport    ☐ Others \_\_\_\_\_

I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

To be signed by ALL holders, irrespective of Mode of Holding or Mode of Operation

POA holder cannot nominate.	_____ First / Sole Applicant	_____ Second Applicant	_____ Third Applicant
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12. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 20)

☐ Smart ODR    OR    ☐ by harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India

13. DECLARATION & SIGNATURE/S (refer instruction 13)

I/ We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I/We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I/ We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) 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 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, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) 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.
- (h) 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 FOR THIS INVESTMENT.

Consent for Telemarketing (Refer Instruction 19):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/ Fund.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

For Foreign Nationals Resident in India only:

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

For NRIs/ PIO/ OCIs/ FPIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

For NRIs/ PIO/OCIs Please (✓)    ☐ Repatriation basis    ☐ Non-repatriation basis

**SIGN HERE ➡**  
(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

First/ Sole Applicant/ Guardian/ PoA Holder

Second Applicant

Third Applicant

CHECKLIST

☞ Please ensure that your Application Form is complete in all respect and signed by all applicants:

- Name, Address and Contact Details are mentioned in full. • Status of First/Sole Applicant is correctly indicated. • Bank Account Details are entered completely and correctly.
- Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
- Please attach proof of KYC Compliance status if not already validated. • Appropriate Plan / Option is selected.
- If units are applied by more than one applicant, Mode of Operation of account is indicated.

☞ Your investment Cheque/ DD is drawn in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name' dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.

☞ Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Individuals/ HUF/ Sole Proprietary Firms	Companies/ Trusts/ Societies/ Partnership Firms/ LLP	FPI®	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter		✓				
2.	List of Authorised Signatories with Specimen Signature(s) @		✓	✓			✓
3.	Notarised Power of Attorney						✓
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable				✓		
5.	PAN Proof	✓	✓	✓	✓	✓#	✓
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website ( <a href="http://www.cvindia.com">www.cvindia.com</a> )	✓	✓	✓	✓	✓#	✓
7.	Proof of Date of Birth					✓	
8.	Proof of Relationship with Guardian (where Minor is Investor or Nominee)					✓	
9.	PIO / OCI Card (as applicable)				✓		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI			✓			
11.	Ultimate Beneficial Owner		✓	✓			✓
12.	FATCA & CRS	✓	✓	✓	✓	✓	✓

@ Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

® As per prevailing SEBI (FPI) Regulations, 2019, FPIs can invest in Indian Securities only through Stock Broker and in demat mode only.    # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.



# Application Form for Equity and Debt Systematic Investment Plan (SIP)

## [For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use  
(Please refer Product labeling available on page 143 & 145 and terms and conditions overleaf)



KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA/Stock Broker/ Portfolio Manager's Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
ARN-307640					E584535	

**EUIIN Declaration (only where EUIIN box is left blank)**  
I/We hereby confirm that the EUIIN 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.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

<b>Transaction Charges for Applications through Distributors only</b>		Date: D D M M Y Y Y Y
<input type="checkbox"/> I confirm that I am a first time investor across Mutual Funds. <b>OR</b> <input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds.		
If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.		
Please (✓) any one. In the absence of indication of the option the form is liable to be rejected. <input type="checkbox"/> <b>NEW REGISTRATION</b> <input type="checkbox"/> <b>CANCELLATION<sup>s</sup></b>		

Please (✓) as applicable:  
☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.  
☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH modalities.

<b>1) INVESTOR DETAILS<sup>s</sup></b>		Application No. (For new investor)/ Folio No. (For existing Unitholder)
Applicant	Name	PAN/ PEKRN <sup>s</sup> (Mandatory)
Sole / First Applicant		
Second Applicant		
Third Applicant		
Guardian/POA Holder		

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP.

<b>I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))</b>	
<input type="checkbox"/> Purchase of Residence	<input type="checkbox"/> Children's Education
<input type="checkbox"/> Children's Marriage	<input type="checkbox"/> Retirement
<input type="checkbox"/> Others	Please Specify
Target Amount	

<b>2) INVESTMENT DETAILS FOR SIP<sup>s</sup> [Please tick (✓)]</b>			
Scheme Name	HDFC	HDFC	HDFC
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option / Facility	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW   <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW   <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW   <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout
Frequency	<input type="checkbox"/> Daily <sup>++</sup> <input type="checkbox"/> Weekly <sup>##</sup> <input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <sup>++</sup> <input type="checkbox"/> Weekly <sup>##</sup> <input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <sup>++</sup> <input type="checkbox"/> Weekly <sup>##</sup> <input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Date <sup>+</sup> or Weekly SIP Day <sup>+</sup> (Not for daily frequency)	D D D D or	D D D D or	D D D D or
Enrolment Period <sup>**</sup> (MM/YY)	From M M Y Y To M M Y Y	From M M Y Y To M M Y Y	From M M Y Y To M M Y Y
SIP Amount			
<b>SIP TOP-UP (✓) Not available for Daily and Weekly SIP</b>			
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <sup>+</sup>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <sup>+</sup>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <sup>+</sup>
Amount			
Percentage <sup>s</sup> (%) & Frequency	Yearly	Yearly	Yearly
SIP Top-Up Cap Amount or CAP Month-Year <sup>#</sup> :	M M Y Y	M M Y Y	M M Y Y

<sup>+</sup> Default, if not selected. <sup>++</sup> Triggerred and processed only on all Business Days and SIP TOP up facility shall not be available. <sup>##</sup> Triggerred and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day and SIP TOP up facility shall not be available. <sup>+</sup> In case of Quarterly SIP only the Yearly option is available as SIP Top-Up frequency. <sup>^</sup> TOP UP amount has to be in multiples of Rs.100 only. <sup>\$</sup> The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. Top-up will be applicable from next effective SIP installment. <sup>\*</sup> TOP-UP CAP amount <sup>\*\*</sup> SIP tenure can be registered upto a maximum of 40 years <sup>#</sup> TOP-UP CAP Month-Year

<b>ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)</b>	
HDFC MUTUAL FUND: Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	
DATE D D M M Y Y Y Y	FOLIO NO.
Received from Mr. / Ms.	ISC Stamp & Signature
[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)]	
✉ e-mail us at: hello@hdfcfund.com or 🌐 visit our website: www.hdfcfund.com 📞 Missed Call Number - +91 85069 36767	



2) INVESTMENT DETAILS FOR SIP<sup>s</sup> [Please tick (✓)] (Contd...)

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.

First SIP Transaction via Cheque No. Cheque Dated D D M M Y Y Y Y Amount (Rs.)

Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled cheque Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.

3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: Account Number:

4) UNIT HOLDING OPTION DEMAT MODE\* PHYSICAL MODE (Default)

\*Demat Account details are mandatory for (i) Foreign Portfolio Investors and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name	DP ID	I	N								Beneficiary Account No.								
CDSL	Depository Participant (DP) Name	Beneficiary Account No.																		

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

5) DECLARATION AND SIGNATURE(S)<sup>s</sup>

I / We hereby confirm and declare as under:-  
I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ Debit Clearing / Direct Debit/ Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.  
The ARN holder 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.

SIGNATURE (S)

First/ Sole Unit holder/ Guardian/ POA HolderSecond Unit holderThird Unit holder

Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.  
In case the mode of holding is joint, all Unit holders are required to sign.  
#In case the OTM is not registered in the folio please submit duly filled and signed OTM form separately.

Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility, please visit our website www.hdfcfund.com and also refer to scheme related documents.

- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with HDFC Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. 5 lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- HDFC Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility and SIP facility in the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.
- The Enrolment Form should be submitted atleast 30 days before the first date ^ for NACH/ Direct Clearing/ Direct Debit/ Standing Instruction.
- If the start period is not mentioned, the chosen/Default date falling 15 days from submission date will be considered as the start date and will be registered from that date (eg. If the application is submitted on June 1 without indicating the start period then the SIP start date would be July 1).
- In cases where D-SIP/W-SIP application is accompanied with fresh OTM mandates, the start date/day for D-SIP/W-SIP shall be 10 days after receipt of confirmation for registration of OTM from destination banks. Investors enrolling for D-SIP/W-SIP should select "As & when presented" as payment frequency in the OTM.
- In case the D-SIP/W-SIP instalment is not debited on a particular day on account of system constraints, technical/operational issues/actions of other parties or any other circumstances beyond the control of HDFC AMC/Fund, such missed debits will not be re-initiated.
- ^ In case the auto debit start date/day as mentioned in the form does not satisfy this condition, the first date/day shall be rolled over to begin from the immediately following month (provided the roll over date/day does not exceed the maximum time gap of 90 days between the SIP submission date and first installment of SIP through NACH/Direct Clearing or Direct Debit/ Standing Instruction) and the end date/day shall accordingly get extended.
- In case of auto cancellation, the below given uniform timeline for treating an SIP as closed / cancelled shall be adopted by all AMCs:

S No.	SIP Interval	No. of failed debit attempts prior to cancellation of SIP
1.	Daily	3
2.	Weekly, Fortnightly	3
3.	Monthly	3
4.	Bi-monthly, Quarterly or Longer interval SIPs	2

The AMC will send a communication to investor after 1st failed debit attempt, mentioning that the SIP will cease in case of 3 consecutive rejections and another communication after cancellation of SIP intimating the cancellation to the investor.

SIP cancellation request will be effective within 10 calendar days from the submission of such request by the investor.

When an investor submits request for cancellation of SIP, all AMCs shall ensure that there is cancellation of auto-debit/ SIP within 10 calendar days of such request placed by the investor.

ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)

Scheme / Plan / Option

Scheme 1

Scheme 2

Scheme 3

[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)]

e-mail us at: hello@hdfcfund.com or visit our website: www.hdfcfund.com Missed Call Number - +91 85069 36767



Application Form for Equity and Debt Flex Systematic Investment Plan (Flex SIP)
[For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use
(Please refer Product labeling available on page 143 & 145 and terms and conditions overleaf)



Enrolment Form no.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)
FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)
ARN/RIA/Stock Broker/ Portfolio Manager's Name
Sub-Agent's ARN
Bank Branch Code
Internal Code for Sub-Agent/ Employee
Employee Unique Identification Number (EUIIN)
ARN-307640
E584535
EUIN Declaration (only where EUIN box is left blank)
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.

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.
NEW REGISTRATION
CANCELLATION

1) INVESTOR DETAILS
Applicant Name PAN/ PEKRN\* (Mandatory)
Sole / First Applicant
Second Applicant
Third Applicant
Guardian/POA Holder

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP.

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))
Purchase of Residence
Children's Education
Children's Marriage
Retirement
Others
Please Specify
Target Amount

2) INVESTMENT DETAILS FOR SIP [Please tick (✓)]
Scheme Name
Plan / Option
Frequency
Start Month/Year
Tenure of Flex SIP
First SIP Transaction via Cheque No.
Cheque Dated
Amount

\*Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date.

Mandatory Enclosure (if 1st Installment is not by cheque)
Blank cancelled cheque
Copy of cheque
The name of the first/ sole applicant must be pre-printed on the cheque.

3) BANK DETAILS
OTM Bank Details to be debited for the SIP (OTM already Registered)
Bank Name:
Account Number:
NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

ACKNOWLEDGEMENT SLIP FOR Flex SIP (To be filled in by the Investor)
HDFC MUTUAL FUND: Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.
DATE
FOLIO NO.
Received from Mr. / Ms.
ISC Stamp & Signature
[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)]
e-mail us at: hello@hdfcfund.com or visit our website: www.hdfcfund.com Missed Call Number - +91 85069 36767



(refer instruction 6)

<b>NSDL</b>	Depository Participant (DP) Name _____ DP ID	I N	Beneficiary Account No.
<b>CDSL</b>	Depository Participant (DP) Name _____ Beneficiary Account No.		

## 5) DECLARATION AND SIGNATURE(S)

**SIGNATURE (S)**

### Terms and Conditions and Instructions

Scheme Name	: HDFC Top 100 Fund - Growth Option ("the Scheme")
Installment Date & Frequency of Flex SIP	: 15th of every month (T)
Fixed Installment Amount	: Rs. 5000/-
Number of Installments	: 36
Total Enrolment Amount	: Rs 5000 X 36 = Rs 1,80,000
Period	: January 2018 to December 2020

 e-mail us at: [hello@hdfcfund.com](mailto:hello@hdfcfund.com) or  visit our website: [www.hdfcfund.com](http://www.hdfcfund.com)  Missed Call Number - +91 85069 36767



OTM Debit Mandate Form NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes]



UMRN

OFFICE USE ONLY

Date

D

D

M

M

Y

Y

Y

Y

Utility Code

OFFICE USE ONLY

Create

Modify

Cancel

Sponsor Bank Code

OFFICE USE ONLY

I/We authorize

HDFC Mutual Fund

To debit (tick✓)

SB/CA/CC/SB-NRE/SB-NRO/OTHER

Bank A/c number

With Bank

IFSC/MICR

an amount of Rupees

₹

Debit Type

☐ Fixed Amount

☒ Maximum Amount

Frequency

☐ Monthly

☐ Quarterly

☐ Half Yearly

☐ Yearly

☒ As & when presented

PAN/PEKRN

Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From

D

D

M

M

Y

Y

Y

Y

To

D

D

M

M

Y

Y

Y

Y

Signature of Primary Account Holder

Signature of Account Holder

Signature of Account Holder

Maximum period of validity of this mandate is 40 years only.

1. 

Name as in Bank Records

2. 

Name as in Bank Records

3. 

Name as in Bank Records

Phone No.