

HDFC Retirement Savings Fund

Application No.:

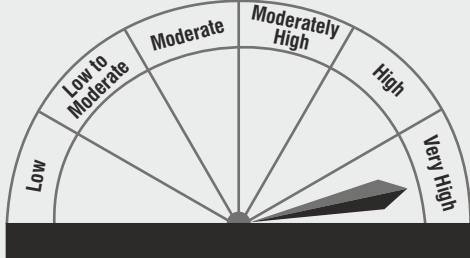
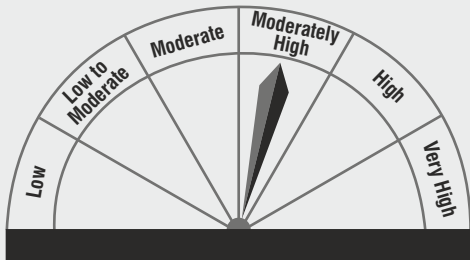

(A notified Tax Savings Cum Pension Scheme)

An open ended retirement solution oriented scheme having a lock-in of 5 years or till retirement age (whichever is earlier)

Investors must read the Key Information Memorandum, the instructions before completing this form.

The Application Form should be completed in English and in **BLOCK LETTERS** only.

Continuous Offer of Units at NAV based prices

Name of Scheme/ Investment Plan	This product is suitable for investors who are seeking*	RISKOMETER# (current risk as per latest month end portfolio)
HDFC Retirement Savings Fund – Equity Plan	<ul style="list-style-type: none"> a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years. investment predominantly in equity and equity related instruments 	 <p>Investors understand that their principal will be at very high risk</p>
HDFC Retirement Savings Fund – Hybrid-Equity Plan	<ul style="list-style-type: none"> a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years. investment predominantly in equity and equity related instruments & balance in debt and money market instruments. 	 <p>Investors understand that their principal will be at moderately high risk</p>
HDFC Retirement Savings Fund – Hybrid-Debt Plan	<ul style="list-style-type: none"> a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years. investment predominantly in debt and money market instruments & balance in equity and equity related instruments. 	 <p>Investors understand that their principal will be at moderately high risk</p>
<p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # As on September 30, 2023. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>		

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 Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)
ARN-307640					E584535

FOR OFFICE USE ONLY (TIME STAMP)

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)

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	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 (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)

If you have existing Folio, please fill in folio no. and date of birth in this section and proceed to sections 6, 7, 9 and 13. (Refer Instruction 3).

Folio No.

The details in our records under the folio number mentioned alongside will apply for this application.

DATE OF BIRTH@ Mandatory

D D M M Y Y Y Y

Proof of date of birth@ Mandatory

Please (✓) ☐ Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

2. MODE OF HOLDING (Please tick (✓))

☐ Single

☐ Joint

☐ Anyone or Survivor

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)]

Date :

HDFC MUTUAL FUND

Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg,
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Application No:

Received from Mr./Ms./M/s. _____

an application for allotment of Units of the Plan (as mentioned overleaf) of the HDFC Retirement Savings Fund - _____

along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.

Please Note : All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.

ISC Stamp & Signature

... continued overleaf

June 2024

June 2024

JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)																																																																																																			
1. NAME OF SECOND APPLICANT																																																																																																			
Mr. Ms. M/s.																																																																																																			
Nationality																																																																																																			
PAN#/ PEKRN#																																																																																																			
KYC Number																																																																																																			
KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached																																																																																																			
DATE OF BIRTH@ Mandatory																																																																																																			
D D M M Y Y Y Y																																																																																																			
Proof of date of birth@ Please (✓) <input type="checkbox"/> Attached																																																																																																			
Occupation Details [Please tick (✓)] <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife																																																																																																			
<input type="checkbox"/> Student <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)																																																																																																			
Gross Annual Income in Rs. [Please tick (✓)] <input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lac <input type="checkbox"/> 5-10 lac <input type="checkbox"/> 10-25 lac <input type="checkbox"/> 25 lac- 1 cr <input type="checkbox"/> > 1 cr																																																																																																			
For Individual [Please tick (✓)] <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable																																																																																																			
@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.																																																																																																			
CONTACT DETAILS OF SECOND APPLICANT																																																																																																			
eAlerts Mobile																																																																																																			
eDocs Email of First / Sole holder ^																																																																																																			
IN CAPITALS																																																																																																			
This mobile number belongs to (Mandatory Please ✓): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS																																																																																																			
This email id belongs to (Mandatory Please ✓): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS																																																																																																			
2. NAME OF THIRD APPLICANT																																																																																																			
Mr. Ms. M/s.																																																																																																			
Nationality																																																																																																			
PAN#/ PEKRN#																																																																																																			
KYC Number																																																																																																			
KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached																																																																																																			
DATE OF BIRTH@ Mandatory																																																																																																			
D D M M Y Y Y Y																																																																																																			
Proof of date of birth@ Please (✓) <input type="checkbox"/> Attached																																																																																																			
Occupation Details [Please tick (✓)] <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife																																																																																																			
<input type="checkbox"/> Student <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)																																																																																																			
Gross Annual Income in Rs. [Please tick (✓)] <input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lac <input type="checkbox"/> 5-10 lac <input type="checkbox"/> 10-25 lac <input type="checkbox"/> 25 lac- 1 cr <input type="checkbox"/> > 1 cr																																																																																																			
For Individual [Please tick (✓)] <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable																																																																																																			
@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.																																																																																																			
CONTACT DETAILS OF THIRD APPLICANT																																																																																																			
eAlerts Mobile																																																																																																			
eDocs Email of First / Sole holder ^																																																																																																			
IN CAPITALS																																																																																																			
This mobile number belongs to (Mandatory Please ✓): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS																																																																																																			
This email id belongs to (Mandatory Please ✓): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS																																																																																																			
# Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC. Refer instruction No 16b for KYC Identification Number issued by CKYCR.																																																																																																			

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

... continued overleaf

5. POWER OF ATTORNEY (PoA) HOLDER DETAILS

[illegible]

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

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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer Instruction 5)
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 9 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name																											
Branch Name	Bank City																										
Account Number																											
MICR Code	(The 9 digit code appears on your cheque next to the cheque 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)																										

8. MODE OF PAYMENT OF REDEMPTION PROCEEDS (refer instruction 7)

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

9. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 6 for Scheme details and Instruction 7 for Payment Details)
The name of the first/ sole applicant must be pre-printed on the cheque.

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

For Default Plan (viz. Direct / Regular Plan) refer instruction 6.

<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

Payment For [Please (✓)]		<input type="checkbox"/> Lump sum Investment <input type="checkbox"/> Systematic Investment Plan (SIP) Please attach duly filled and signed SIP Enrolment Form					
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)					
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM							
Payment Type [Please (✓)]		<input type="checkbox"/> Non-Third Party Payment					
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. UNIT HOLDING OPTION ☐ DEMAT MODE* ☒ PHYSICAL MODE (Default) (Refer Instruction 11)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the name as mentioned in the application form matches with that of the demat account. 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.

[illegible]

... continued overleaf

11. NOMINATION FOR UNITS IN NON-DEMAT MODE Please refer to instruction no. 13 (Nomination is mandatory for all folios held Singly)

☐ 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.

Name and Address of Nominee(s) (IN CAPITALS) (Mandatory)	PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	Name of the Guardian (Mandatory) PAN and Address of Guardian (Optional)	Share of each nominee (%)\$ (If not equally, please specify percentages below)
				(Mandatory to be furnished in case the Nominee is a minor)	
Nominee 1				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally (provide %) _____ %
Nominee 2				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally (provide %) _____ %
Nominee 3				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally (provide %) _____ %
Mobile/Telephone No. of nominee(s)/ Guardian in case of Minor	Nominee 1		Nominee 2		Nominee 3
Email ID of nominee(s)/ Guardian in case of Minor	Nominee 1		Nominee 2		Nominee 3

Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of 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

12. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 19)

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

13. DECLARATION & SIGNATURE/S (refer instruction 12)

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 18):
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

<div><div>SIGN HERE</div><div>(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)</div></div>	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
--	-----------------------------------	------------------	-----------------

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 cover page 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 (EUN)	
ARN-307640					E584535	

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

Transaction Charges for Applications through Distributors only

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ I confirm that I am a first time investor across Mutual Funds. **OR** ☐ 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. ☐ NEW REGISTRATION ☐ CANCELLATION[§]

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.

1) INVESTOR DETAILS[§] Application No. (For new investor)/ Folio No. (For existing Unitholder)

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	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 ⁺⁺ <input type="checkbox"/> Weekly ^{**} <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily ⁺⁺ <input type="checkbox"/> Weekly ^{**} <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily ⁺⁺ <input type="checkbox"/> Weekly ^{**} <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly																								
SIP Date ⁺ or Weekly SIP Day ⁺ (Not for daily frequency)	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D						
D	D	D	D	D	D																						
D	D	D	D	D	D																						
D	D	D	D	D	D																						
Enrolment Period** (MM/YY)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y
M	M	Y	Y																								
M	M	Y	Y																								
M	M	Y	Y																								
M	M	Y	Y																								
M	M	Y	Y																								
M	M	Y	Y																								
SIP Amount																											
SIP TOP-UP (✓) Not available for Daily and Weekly SIP																											
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺																								
Amount																											
Percentage [§] (%) & Frequency	Yearly	Yearly	Yearly																								
SIP Top-Up Cap Amount or CAP Month-Year [§] :	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y												
M	M	Y	Y																								
M	M	Y	Y																								
M	M	Y	Y																								

⁺ Default, if not selected. ⁺⁺ Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. ^{**} Triggered 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. [§] In case of Quarterly SIP only the Yearly option is available as SIP Top-Up frequency. [^] TOP UP amount has to be in multiples of Rs. 100 only. ^{\$} 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. ^{*} TOP-UP CAP amount ^{***} SIP tenure can be registered upto a maximum of 40 years [#] TOP-UP CAP Month-Year

ACKNOWLEDGEMENT SLIP FOR 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	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	FOLIO NO.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									ISC Stamp & Signature
D	D	M	M	Y	Y	Y	Y													
Received from Mr. / Ms. _____																				
[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^s [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 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 <input type="text"/>	DP ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary Account No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CDSL	Depository Participant (DP) Name <input type="text"/>	Beneficiary Account No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

*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)^s

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 Holder

Second Unit holder

Third 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	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

[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

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



Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank/AMC communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We will inform the AMC about any changes in my bank account. I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.



INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

- Investor may register for the One Time Mandate (OTM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg lumpsum, SIP) received through any mode i.e. physical or electronic ("OTM facility"). Investors who have already submitted a One Time Mandate (OTM) form i.e. already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number: Unit holder(s) should mandatorily provide their mobile number on the mandate form.
- Where the mode of holding in the bank account is "Joint", the OTM mandate is to be signed by all Jointholders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- PAN/PEKRN:** Investors should provide the PAN/PEKRN of the First Holder in the space provided.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, 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.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code.
- The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
- As per NPCI Circular NPCI/NACH/OC No.012/2023-24, mandate can be registered for a maximum duration of 40 years. An investor has to mandatorily enter the 'End Date' of the mandate by filling the date for a maximum period of 40 years from the start date or less.
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.
- Date has to be filled in mandatorily.