

Application Form (Except for HDFC Gold Exchange Traded Fund and HDFC Children's Gift Fund)
Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form.
The Application Form should be completed in English and in BLOCK LETTERS only.

| KEY PARTNER / AGENT INFORMAT | IIUN (Investors applying | under bliebt i lan must men | | Internal Code | Employee Unique | FOR OFFICE USE ONLY (TIME STAMP) | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| ARN | ARN Name | | Bank Branch Code | for Sub-Agent/ Employee | Employee Unique Identification Number (EUIN) | | | | | | |
| ARN- | | | 1 | | | | | | | | |
| UIN Declaration (only where EUIN box | is left blank) (Refer Ins | struction 1) | <u> </u> | | | l . | | | | | |
| We hereby confirm that the EUIN box f the above distributor/sub broker or n | has been intentionally le otwithstanding the advic | eft blank by me/us as this ce of in-appropriateness, i | transaction is executed wit if any, provided by the empl | thout any interaction loyee/relationship m | or advice by the employee/ anager/sales person of the | relationship manager/sales perso distributor/sub broker. | | | | | |
| Sign Here | | _ | Sign Here | _ | | ign Here | | | | | |
| First/ Sole Applicant/ G | | | Second Applicant | | Inir | d Applicant | | | | | |
| RANSACTION CHARGES FOR APP | | | | , | a the same are deductible | as annicable from the number | | | | | |
| n case the purchase/ subscription an ubscription amount and payable to th egistered Distributor) based on the inv | nount is Hs. 10,000 or ne Distributor. Units will restors' assessment of v | more and your Distribute I be issued against the ba various factors including th | or nas opted in to receive alance amount invested. U he service rendered by the <i>i</i> | Transaction Charge pfront commission s ARN Holder. | s, the same are deductible shall be paid directly by the | e as applicable from the purchast e investor to the ARN Holder (AMI | | | | | |
| EXISTING UNIT HOLDER INFOR | MATION (IF YOU HAY | VE EXISTING FOLIO, PLE | | | • | | | | | | |
| Folio No. | | | The details in ou | ir records under the f | folio number mentioned alo | ngside will apply for this applicati | | | | | |
| MODE OF HOLDING [Please tick | (√) ☐ Single | Joint | Anyone or Survivor | | | | | | | | |
| UNIT HOLDER INFORMATION (R NAME OF FIRST / SOLE APPLICANT | , | re shall be no joint holder | DATE OF BIRTH@ | DD MM | YYYY Proo | f of date of birth@ Please (<') Attached | | | | | |
| Mr. Ms. M/s. Nationality | | | PAN#/ PEKRN# | | | [Please tick (√)] ☐ Proof Attack | | | | | |
| NAME OF GUARDIAN (in case of Firs | t / Sole Applicant is a M | | | N (in case of non-ind | ividual Investors) | [Please tick (✓)] ☐ Proof Attach (Mandatory) | | | | | |
| Mr. Ms. | | | | | | | | | | | |
| Nationality | | Designation | | Cont | tact No. | | | | | | |
| PAN#/ PEKRN# | | 0 | 0 | | |] (Mandatory) Proof Attache | | | | | |
| Relationship with Minor@ Please () MAILING ADDRESS OF FIRST / SOL</td <td></td> <td>Court appointed Legal (ory) (Refer Instruction 4a</td> <td></td> <td>Proof of relationship wi</td> <td>th minor@ Please (√)</td> <td>tached @ Mandatory</td> | | Court appointed Legal (ory) (Refer Instruction 4a | | Proof of relationship wi | th minor@ Please (√) | tached @ Mandatory | | | | | |
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| CITY | | | | | | | | | | | |
| | F APPLICANT | Country Code | ATE | STD Cod | PIN C | ODE | | | | | |
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... continued overleaf

| 5. JOINT APPLICANT DETAILS, If any (con 2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality a. Occupation Details [Please tick (\(\sigma\))] | PAN: | #/ PEKRN# Governm | | KYC# [Please tick ([Mandatory) Professional Housewife Business |
|--|--|--|--|---|
| Retired Agriculture Propriet | torship Others | (please specify) | | |
| b. Gross Annual Income (Rs.) Belowc. Politically Exposed Person (PEP) Status | | | | |
| 6. FATCA & CRS INFORMATION (for Indivi | idual including Sole Proprietor) (Self C | ertification) (Refer instr | uction 4) | |
| The below information is required for a Address Type: Residential or Busils the applicant(s)/ guardian's Country If Yes, please provide the following infor Please indicate all countries in which yo Category | ness Residential Business Re of Birth / Citizenship / Nationality / Ta mation [mandatory] | x Residency other than | e Numbers below. | sting address appearing in Folio) No Third Applicant |
| Place/ City of Birth | rst Applicant (including ininor) | оссона Аррис | any duarulan | типа Аррисана |
| Country of Birth | | | | |
| • | | | | |
| Country of Tax Residency# 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 indivi | idual is a citizen/ green card holder of US | SA. ^ In case Tax Iden | tification Number is not availa | able, kindly provide its functional equivalent. |
| 7. POWER OF ATTORNEY (PoA) HOLDER I | <u>-</u> | | | , , , , |
| Name of PoA Mr. Ms. M/s. PAN#/PEKRN# # Please attach Proof. Refer instruction No 16 fo 8. BANK ACCOUNT DETAILS OF THE FIRS (Mandatory to attach proof, in case the pay-c For unit holders opting to hold units in demat fo Bank Name Branch Name Account Number MICR Code Account Type (Please ✓) IFSC Code*** | r PAN/PEKRN and No 18 for KYC. T / SOLE APPLICANT (For redemption) but bank account is different from the bank a corm, please ensure that the bank account link orm, please ensure that the bank account link | ed with the demat account ne 9 digit code appears on y FCNR Oth *** Refer Instruc cheque leaf. If you | section 10 below.) is mentioned here. Bank City Four cheque next to the cheque nuers (please specify) tion 5C (Mandatory for Credit via NE u do not find this on your cheque lea | Imber) EFT / RTGS) (11 Character code appearing on your f, please check for the same with your bank) |
| 9. MODE OF PAYMENT OF REDEMPTION / | DIVIDEND PROCEEDS VIA NEFT / ECS | S / DIRECT CREDIT (ref | er instruction 11) | |
| ' ' | nd proceeds directly into their bank account (a | , | | |
| I/We want to receive the redemption / divi | idend proceeds (if any) by way of a demand dra | aft instead of direct credit / c | redit through NEFT system / credit | through ECS into my / our bank account |
| 10. INVESTMENTS & PAYMENT DETAILS [P | lease (\checkmark)] (refer instruction 6 & 7 for Scheme (| details and instruction 8 & 9 fo | or Payment Details) The name of the | first/ sole applicant must be pre-printed on the cheque. |
| Regular Plan (Purchase/ Subscript Mention valid ARN in Key Partner/ A | , | | n (Purchase/ Subscription ma IRECT in Key Partner/ Agent Inf | , |
| | For Default Plan (viz. | Direct / Regular Plan) refer | instruction 7. | |
| Scheme/Plan/Sub Option | <u> </u> | | | |
| Payment Type [Please (✓)] | Non-Third Party Payment Thi | ird Party Payment (Plea | ase attach 'Third Party Paymen' | t Declaration Form') |
| Cheque/ DD/ Cheque/ Payment Instrument/ Payment Inst UTR No. UTR Da | DD/ Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.) | Charges, Net Cheque/ DD Amount | Drawn on Bank / Branch | Pay-In Bank Account No. (For Cheque Only) |
| UTA NO. UTA DA | ate mus/ NET Fillingules (ns.) | | | |
| | | Particulars | | |
| Scheme Name / Plan / Option / Sub-option / | Cheque / DD / Payment Instrument / | Drawn on (Marsa | of Rank and Pranch) | Amount in figures (Ps.) |
| Payout Option | UTR No. / Date | Diawii dii (ivame | of Bank and Branch) | Amount in figures (Rs.) |
| | | | | |

| | DLDING OPTION DEM/ ccount details are mandatory if the in | AT MODE* Investor wishes to hold to | PHYSICAL M the units in Demat | • | efau | ilt) | | (| rete | er in | nstru | ctio | n 13) | | | | | | | | | | |
|---|---|---|----------------------------------|---|-----------------|--------------------|---------------------------|--------|----------|--------|--------|------|-------|----------------------|-------------|-------|--------|------|--------------|-------|---------------|------|------|
| NSDL | DP Name | | | OP ID | ı | N | | | | Τ | | T | B | eneficia ccount N | ry lo. [| | | | | | Τ | T | |
| CDSL | DP Name | | | | nefici count | | | | | | | | | | | | | | | | T | | |
| | opting to hold units in demat form, m | * | | | | | | | | | | | | | | | | | | | | | |
| IOMIN <i>i</i> | ATION (refer instruction 15) (Ma | andatory for new fo | lios of Individua | ils whe | re m | ode o | f ho | lding | g is | sing | gle) (| For | Units | s in Non | -De | emat | Forn | n) | | | | | |
| [Please | (\checkmark) and sign] $\ \ \ \ \ \ \ \ \ \ \ \ \ $ | h to Nominate | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | First / Sole Applica | nt | _ | Sec | cond | Applica | ant | | - | | | | | _ | | Th | ird Ap | olic | ant | | _ | | |
| _ | | | | OR | | | | | | | | | | | | | | | | | | | |
| I/We | wish to nominate as under: | | | | | | | | | | | | | | | | | | | | | | |
| Name | and Address of Nominee(s) | Relationship with | Date of Birth | | Name | e and A | Addre | ess of | Gua | ardiaı | n | | | ture of No | | | | | Pro the u | inits | | é sh | ared |
| | , and , ladi 500 51 No | Applicant | (to be furi | nished ir | n cas | e the N | omin | nee is | a m | ninor) |) | | Guard | ian of Nor | nine | e (Ma | ndator | | (shou | | h No ggreg | | |
| | Nominee 1 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | + | | | | | | + | | | | | |
| | Nominee 2 | | | | | | | | | | | | | | | | | | | | | | |
| | Nominee 3 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above. (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per 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. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/ misleading, I/We will be liable for the consequences arising therefrom. (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual | | | | l in /or v in ssh ent fer ue/ | | App | t / So blican ardia | nt / | | | | | | | | | | | | | | | |
| anityof any part of it initiotining the changes/equates that may be provided by file/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR | | | | rty or to to the ing to NY | SIGNALURE(S) | | econo | | | | | | | | | | | | | | | | |
| | RTHIS INVESTMENT. eign Nationals Resident in India onl | lv· | | | | | | | | | | | | | | | | | | | | | |
| I/We wil shall be | Il redeem my/our entire investment/s fully liable for all consequences (in | before I/We change my | | | | | | =- | . | | | | | | | | | | | | | | |
| 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 or account of change in residential status. | | | | | | Third Applicant | | | | | | | | | | | | | | | | | |
| | s/ PIO/OCIs only: | | | | | | | | | | | | | | | | | | | | | | |
| For NRI | s/ PIO/OCIs only: nfirm that my application is in complian | nce with applicable Indi | an and foreign laws | | | | | | | | | | | | | | | | | | | | |