

I

I

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 cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PA	RTNER / AGENT IN	FORMA	FION (Inv	estors applying	under Direct Plan mus	t mention "Direc	t" in ARN columr	n.) (Refer Instruction 1)		FOR OFFICI	
A	RN/RIA Code		ARN/RIA	Name	Sub Agent's ARN	l Bank	Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME S	STAMP)
ARN-											
	claration (only where reby confirm that the					this transactio	on is executed w	vithout any interaction	n or advice by the employee	/relationship mana	uer/sales person
of the al	oove distributor/sub b	oroker or n	otwithsta	nding the advic	e of in-appropriaten	ess, if any, pro	vided by the emp	ployee/relationship n	n or advice by the employee nanager/sales person of the	distributor/sub bro	ker.
SIGN											
	First/ So ACTION CHARGES	eor Applica					nd Applicant efer Instruction	2)	Ir	ird Applicant	
									es, the same are deductibl shall be paid directly by th	e as applicable fro ne investor to the AF	m the purchase/ RN Holder (AMFI
1. EXIS	TING UNIT HOLDE	R INFOR	MATION	ssessment of values (IF YOU HAV	Arious factors includ /E EXISTING FOLIO,	PLEASE FILL	rendered by the	z. 1, 5, 6, 10 AND 13	ONLY. Refer instruction 3		
	Folio No.						The details in o	ur records under the	folio number mentioned al	ongside will apply fo	or this applicatio
2. MOD	e of Holding [Pi	ease tick	κ (√)	Single	Joint	Anyo	ne or Survivor				
	HOLDER INFORM			,	a shall ha na iaint h)F BIRTH@	D D M M	Y Y Y Y Pro	of of date of birth@	Please (√) Attached
Mr		PPLICANI	(in case	of Minor, ther	e snall de no joint n	olders) Ensure	that name is a	s per Aadnaar Card			
Nat	ionality					PAN#/ P	EKRN#			· · · · · · · · · · · · · · · · · · ·	
	C Number							tick (√)] (Mandatory			
Statu	is of First/ Sole Ap	oplicant [Please	tick (√)] ∟	Individual No	n - Individual	Please attach Aadhaar Updat	i FATCA, CRS & Ulti ion Form] (Refer Inst	mate Beneficial Ownershi ruction 4, 19 & 18 c) (Mand	p (UBO) Self Certif atory)	ication Form an
	esident Individual				epatriation 📃 Partr In National Resident i	iership 🗌 Tru	hanned hanned		Company EIIs Min	or through guardian Others(please si	
	E OF GUARDIAN (in ca							- F	J		
Mr	Ms.										
	ionality				Designation			Cor	ntact No.		
	I#/ PEKRN#						<i>(0 // ID)</i>				
	C Number ionship with Minor@ Pl	(م) معدما	Father	· Mother	Court appointed L		C # [Please	tick (√)] (Mandatory Proof of relationship w	·	ttached @ Mandat	orv
	ING ADDRESS OF FI	. , ,				•					lor y
-	TY					STATE			PIN	CODE	
	FACT DETAILS OF FIR	RST / SOLI	E APPLIC	ANT	Country Code			STD Co			
	lephone : Off. rts Mobile				Res. eDocs Ema	ui A		F	ax		
		jister for m	ıy/our HDI	FCMF Personal			sact online as pe	er the terms & condition	ons displayed on website:ww	w.hdfcfund.com (Em	nail id mandatory
4. JOIN	In providing email-id i F APPLICANT DET ME OF SECOND APP	AILS, If a			•	-	•		atutory and other document	s by email. (Refer In	struction 10 & 1
Mr											
	ionality					PAN#/ P					
	C Number ME OF THIRD APPLI	CANT				K	C # [Please	tick (√)] (Mandatory) Proof Attached		
Z. NA Mr	-	GANT									
	ionality					PAN#/ P	EKRN#				
	C Number							tick (√)] (Mandatory	r) Proof Attached		
5. ADDI	TIONAL KYC DETA	ILS (Refe	r instruct	ion 4b)							
	upation details for	1 st A	pplicant	2 nd Applican	t 3 rd Applicant	Guardian	Politically	Exposed Person (PEP) details: Is a PEP	Related to PEP	Not Applicable
	ate Sector Service						1 st Applica				
	vernment Service						2 nd Applica 3 rd Applica				
Bus Bus	iness						Guardian				
	fessional iculturist						Authorised	l Signatories			
Reti	red						Promoters				
- Hou	isewife dent						Partners Karta				
Pro	prietorship						Whole-tim	e Directors			
	ers (Please specify)		od/mean		ho montioned and		_ Trustee	hanna (Mara Ol		/ Combling / Lottor	
	Individual Investor		-			[Money Lend	hange / Money Chang ling / Pawning	None o) / Gambling / Lotter f the above	y / Casino Servic
	ase <u>attach Proof. Refer i</u>									0 2010 6767 / 1000 44	0 7676 (Toll Free)
ACKNU	WLEDGEIWENT SLI	10 DE 11	eu in dy th	e investor) [For a	any queries piease con		Investor Service (TUAL FUND	Jentre of Call US at OUR (Customer Service Number 180	0 3010 0707 / 1800 41	9 /0/0 (1011 Free)]
					Head Office .		IUAL FUND 2nd Floor, H.T. Pa	arekh Marg	Date :		
					165-166, Backbay						
										ISC Stamp &	& Signature
	ved from Mr. / Ms. / M/										
an ap	plication for Purchase o	of Units of t	he Scheme	e(s) alongwith C	heque / DD / Payment	Instrument as d	etailed overleaf.				

October 2017

- -

Gross Annual Income Range (in Rs			.) 1 st Applicant		2 nd	Appli	cant	3 rd A	pplica	nt	Gua	dian	ian Gross Annual Inc		ome Range (in Rs.)		1 st Applicant		nt	2 nd Applicant		ant	3 rd Applicant		Guardian							
	Below 1 lac)-25]	[
	1-5 lac 5-10 lac	-								-	[i lac- 1 cr	1 CI								+]]		
t	DR Networth in Rs. (Mandatory or Non Individual) (not older han 1 year)						-11									- 1-	Dues			1.4				s on DD		M				YYYY		
	AADHAAR DETAILS (Ensure a Particulars		Aadhaar Number*				ar Ca	rd) (f	or In		_		_	-	ole	Prop	PIN Code			atory for NRI				_	nstru e No		1 18	C)	Enro	Iment		
					ront & back side			e)				Date			of Birth			PIN Code										Proof#				
	1st Applicant									[) D	M	M	Υ	Υ	Y	Y															
	2nd Applicant									[D	M	\mathbb{M}	Υ	Υ	Y	Y															
	3rd Applicant									[) D	M	M	Y	Y	Y	Y															
	Guardian									[) D	M	M	Υ	Υ	Y	γ															
	POA									1) D	M	M	Y	Y	Y	Y															
f	ddress Type: Residential s the applicant(s)/ guardian's Yes, please provide the followi lease indicate all countries in v	Coui ng ir	itry of iforma	f Birt ation	h / ([ma	itize ndat	ensh cory]	ip / N	lation	ality	/ Ta	c Re	eside	ency	y otl	er	han	Indi	a?		Ye			ting No		dres	ss a	ppea	arin	g in F	olio)	
	Category		First	Арр	lica	nt (i	nclu	ling	Minor)				Sec	cond	Ap	plica	nt/	Gua	dia						Т	hird	App	olica	ant		
	Place/ City of Birth																															
	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																															
	Tax Payer Ref. ID No. 2 Identification Type [TIN or other, please specify]																															
	Identification Type																															
	Identification Type [TIN or other, please specify]																															
	Identification Type [TIN or other, please specify] Country of Tax Residency 3																															
	Identification Type [TIN or other, please specify] Country of Tax Residency 3 Tax Payer Ref. ID No. 3 Identification Type					izen,	/ gre	en ca	rd hol	der (of US	А.	^ ı	n ca	ise 1	ax I	denti	ficat	tion	Num	per is	not a	ıvaila	ole,	kino	ily p	rovi	de it:	s fu	nctio	nal equ	ivalent
>(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 t					izen,	/ gre	en ca	rd hol	der (of US						denti						ivaila			lly p	rovi	de it:	s fu	nctio	nal equ	ivalent
# # # #	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 t DWER OF ATTORNEY (PoA) HO Name of PoA Mr. Ms. PAN#/ PEKRN# # Please attach Proof. Refer instruction AKK ACCOUNT DETAILS OF TH Iandatory to attach proof, in case for unit holders opting to hold units Bank Name	No 1	6 for P/ RST / ay-out	TAILS AN/PE SOL bank	KRN E Al	and N PPLI	lo 18a CAN is diff	for K T (Fc ferent	/C (KR/ r redu	l). Re empt	er ins ion/ ank a	K truct divi ccoi	(YC # tion N iden unt m	¥ [o 18 d if nenti	Plea b for any ione	se ti KYC) (I	ck (√ Identi efer der Si)] (I icati instr ectio	Mand on Nu ructi on 10 ientio	ator mbe on 5 belo) issue w.) ere.	P	roof A			lly p	rovi	de it:	s fu		nal equ	ivalent
	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 t DWER OF ATTORNEY (POA) HO Name of PoA Mr. KYC Number Mr. #Please attach Proof. Refer instruction ANK ACCOUNT DETAILS OF TH Iandatory to attach proof, in case for unit holders opting to hold units Bank Name Branch Name Account Number VICR Code	DLDB	6 for P/ RST / ay-out	TAILS AN/PE SOL bank	KRN E Al acci lease	and N PPLI	lo 18a CAN is difi ure th	for K T (Fc ferent	r C (KRA r red from bank a	I). Re empi he b	ier ins ion/ ank a nt lini	K truct divi ccou	XYC # tion N iden unt m with t	¥ [o 18 d if nenti the c code	(Plea b for any ione dema	se ti KYC (I un acci ars	ck (√ Identii efer Si count	(I)] (I iicati is m is m ur cl	Manc on Nu ructi on 10 eentio Bar bleas	ator mbe on 5 belo ned k C) issue w.) ere. y to th ecify	Dependence of the second secon	roof <i>F</i> YCR.	ttach	ned						aring or ur bank)	

Ι

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

0 October 2017

B	MENTS & PAYMEN [®]	T DETAILS [Ple	ase (√)] (refer instruc	ction 6 & 7 for Sch	ieme deta	ils and	instructio	on 8 & 9	for Paym	ent Detail	s) The nai	me of the fir	st/ sole ap	plicant	must be pre-pr	inted on	n the che			
	•		on routed through Dis	stributor)		Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information														
	lention valid ARN in ne/Plan/Sub Option	Key Fai tilei/ Ay					IV		DINCUI	III KEY F		Agentinio	mation							
Mode	of Payment	Che	que	e Demand Draft NEFT/ RTG										One	Time Man	date ((0 TM			
	e note that OTM can actions via OTM	be selected as i	mode of payment pro	vided OTM is al	ready re	gister	ed. In ca	se OTM	is not r	not registered please fill in the attached OTM Debit Mandate to make fut										
Payı	ment Type [Please	(√)] □ Ⅰ	Non-Third Party Pa	ayment	Third	Party	/ Paym	ent (Ple	ease att	ach 'Thir		Payment D			ırm')					
Drawn on Bank / Branch		Pay-In Bank Accou (For Cheque Or	ınt No. niy)	Cheque/ DD/ Chequ Payment Instrument/ Payment UTR No. UTR					rument/	P	ount of Ch ayment Ins S/ NEFT in	trument	/	DD Charges, Net (if any		Cheque/ Amount				
	DLDING OPTION		T MODE*	PHYSICAL the units in Dem		(Defa	ult)		refer	instruct	ion 13)									
NSDL						I	N					eneficiary ccount No.								
CDSL						enefic														
			ay provide a copy of tl			lo to m		dometre			a the enr	lighting for								
□ I/W€	Fir wish to nominate as	st / Sole Applicar s under:	nt		S Or		Applica	nt	_				Thir	d Appl	1					
Name	e and Address of Nor	ninee(s)	Relationship with Applicant	Date of Birth (to be f	urnished		e and Ac				- (0	ignature of optional)/ G ominee (M	uardian	of	Proportion (%) in wh the units will be share each Nominee (should aggregate to 1					
	Nominee ⁻	1																		
	Nominee 2	2																		
	Nominee 3	3																		
as an U declare (a) I/Wu /jud this legi noti (b) The furt .I/W thei (c) I/Wu it ir Mar sing incl (d) I/Wu Inte time inde pro and (e) The con furt furt .I/W thei incl incl incl incl incl incl incl inc	hitholder. I /We hereby as under: e am/are eligible Inv gement passed by SI investment as per the imate sources only fications or directions information given by her/additional inform e undertake to prom nformation furnished e hereby authorize you cluding the changes hagement Company, le updation/ submiss uding but not limited te e shall be liable and rmediaries, arising or or investing/redeen emnified, save and have redings, claims, los in case of any dispute ARN holder (AMFI mission or any othe namongst which the E HEREEY CONFIRM D/ OR ANY INDICATIV t for Telemarketing reby accord my/our keting calls etc. on the t for authentication reby provide my cons	y apply for allotting vestor(s) as per EBI/ Statutory Au e Constitutive doc and is not for th sissued by any req me /us in or alon ation as may be ptly inform the AN by me/us from tin u to disclose, sha s/updates that n its employees, a sion, any Indian o o Financial Intellig responsible for a ut of any false, m ning the units. I/A armless AMC/Fu ses, damages, cl e regarding the elig registered Distrik r mode), payable scheme is being r 1 THAT I/WE HAN VE YIELD BY THE (Refer Instructio consent to HDPC e mobile number a and sharing of A sent in accordance	re, remit in any form/m nay be provided by r gents and third party or foreign statutory, re lence Unit-India (FIU-IN any loss, claims suffe isleading, inaccurate a We hereby uncondition dr/Trustee and their o harges and expenses i gibility, validity and aut boutor) has disclosed to him/them for the di ecommended to me/u: VE NOT BEEN OFFERI FUND/AMC/ITS DISTF n 20): C AMC for receiving th and email provided by r	eme(s) of HDFC M documents and lia and Foreign la (s). The amount ention and/or ev- dia. form is true and Asset Managen and Transfer Agen manner/mode the me/us to the Fu service provider: gulatory, judicial ID) etc without ar red, directly or i and incomplete in nally and irrevoco fficers, directors nourred or suffer horization of my/d to me/us all the fferent competin s. ED/ COMMUNIC RIBUTOR FOR TH e promotional in ne/us in this Appl 16 and regulation	Autual Fu not prol wws. I am invested asion of correct a ent Corr t (RTA) in above ini nd, its 5 s, SEBI r , quasi- j ny intimati ndirectly inde cably ind	nd ('Fu hibited /We aid and sha any ao and sha apany a writin formatt Boonsc egister judicial by AN on furnin ployee by AN actions ssions nes of ' IY IND STMEP	IND') and by any e authori Scheme(ct, rules, all furniss Limited (g about a ion and/c n/s, Tru- red interr authorit vice to m AC/ Func shed by and at a s agains (C/Fund i s. (in the various N ICATIVE IT. erial via	confirm order/r regulat h such h AMC)/ ny chan r any pa tetes, <i>A</i> nediarie les/ager e/us. V RTA/ W RTA/ W RTA/ me/us a all time form of futual F PORTF(and Juling Julin	AI UKE (S)		ase write A ne reverse Pa		on Forr neque /	n No. / Folio I / Demand Dra					
I/We he	and usade (III) validatii	and a second the second			Third Applicant															

October 2017

| |