

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.

www.hdfcfund.com

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1) **FOR OFFICE USE ONLY (TIME STAMP)**

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

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 Here First/ Sole Applicant/ Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

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. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proceed to section 4. 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@** _____ Proof of date of birth@ Attached Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s. _____ DD MM YYYY

Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

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# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

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

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

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code _____ Telephone : Off. _____ Res. _____ Fax _____

Alerts Mobile _____ Docs Email ^ _____

I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).
 ^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

4. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 4)

4a. Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 19)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India QFI FPI Sole Proprietorship Non Profit Organisation Others (please specify) _____

4b. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business

Retired Agriculture Proprietorship Others (please specify) _____

4c. Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore

OR

c. Net-worth (Mandatory for Non-Individuals) Rs. _____ as on DD MM YYYY (Not older than 1 year)

4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

4e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning None of the above

5. JOINT APPLICANT DETAILS, If any (Refer instruction 4)

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business

Retired Agriculture Proprietorship Others (please specify) _____

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore **OR** Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

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 : _____

Received from Mr. / Ms. / M/s. _____ an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

ISC Stamp & Signature

5. JOINT APPLICANT DETAILS, If any (contd...) (Refer instruction 4)

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others _____ (please specify)

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____
 PAN#/ PEKRN# _____ KYC# [Please tick (✓)] (Mandatory) Proof Attached
 # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend 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 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 _____ Bank City _____
 Branch Name _____
 Account Number _____
 MICR Code _____ (The 9 digit code appears on your cheque next to the cheque number)
 Account Type (Please ✓) Savings Current NRO NRE FCNR 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 / DIVIDEND PROCEEDS VIA DIRECT CREDIT / NEFT / ECS (refer instruction 11)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 7) via Direct credit/ NEFT/ECS facility
 I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

9. INVESTMENTS & PAYMENT DETAILS (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

Scheme/Plan/Option/Sub Option

Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Cheque / DD / Payment Instrument No. & Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any
		Net Cheque/ DD Amount
		Drawn on Bank / Branch
		Pay-In Bank Account No. (For Cheque Only)

10. DEMAT ACCOUNT DETAILS* - (Optional - refer instruction 13)

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 enable us to match the demat details as stated in the application form.

11. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

[Please (✓) and sign] I/We do not wish to Nominate

First / Sole Applicant		Second Applicant		Third Applicant	
OR					
Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)	
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

12. DECLARATION & SIGNATURE/S (refer instruction 14)

I/ We hereby confirm and declare as under:-
 (1) I/ We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above.
 (2) I/We am/are eligible Investor(s) as per the scheme related documents, and am/are authorised to make this investment as per 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 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) 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.
 (5) 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.
(6) 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.
Applicable to 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.
Applicable to NRIs/ PIO/OCIs only:
 I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws.
 Please (✓) Yes No If Yes, (✓) Repatriation basis Non-repatriation basis

SIGN HERE ↴

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

SIGNATURE(S)	First / Sole Applicant / Guardian
	Second Applicant
	Third Applicant

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument 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.

Application Form (Except for HDFC Gold Exchange Traded Fund and HDFC Children's Gift Fund)

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www.hdfcfund.com

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)					FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EJIN)	
ARN-					

EJIN Declaration (only where EJIN box is left blank) (Refer Instruction 1)
I/We hereby confirm that the EJIN 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 First/ Sole Applicant/ Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)
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. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proceed to section 4. 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@** _____ Proof of date of birth@ Attached Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s. _____ DD MM YYYY

Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

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# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

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

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

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Telephone : Off. _____ Res. _____ Fax _____

Alerts Mobile _____ Docs Email ^ _____

I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).
^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

4. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 4)

4a. Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 19)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India QFI FPI Sole Proprietorship Non Profit Organisation Others (please specify) _____

4b. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify) _____

4c. Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore **OR**

c. Net-worth (Mandatory for Non-Individuals) Rs. _____ as on DD MM YYYY (Not older than 1 year)

4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

4e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

5. JOINT APPLICANT DETAILS, If any (Refer instruction 4)

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify) _____

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore **OR** Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

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 : _____

Received from Mr. / Ms. / M/s. _____ an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

ISC Stamp & Signature

5. JOINT APPLICANT DETAILS, If any (contd...) (Refer instruction 4)

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others _____ (please specify)

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____
 PAN#/ PEKRN# _____ KYC# [Please tick (✓)] (Mandatory) Proof Attached
 # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend 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 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 _____ Bank City _____
 Branch Name _____
 Account Number _____
 MICR Code _____ (The 9 digit code appears on your cheque next to the cheque number)
 Account Type (Please ✓) Savings Current NRO NRE FCNR 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 / DIVIDEND PROCEEDS VIA DIRECT CREDIT / NEFT / ECS (refer instruction 11)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 7) via Direct credit/ NEFT/ECS facility
 I/We want to receive the redemption/ dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

9. INVESTMENTS & PAYMENT DETAILS (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

Scheme/Plan/Option/Sub Option

Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Cheque / DD / Payment Instrument No. & Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any
		Net Cheque/ DD Amount
		Drawn on Bank / Branch
		Pay-In Bank Account No. (For Cheque Only)

10. DEMAT ACCOUNT DETAILS* - (Optional - refer instruction 13)

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 enable us to match the demat details as stated in the application form.

11. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

[Please (✓) and sign] I/We do not wish to Nominate

First / Sole Applicant		Second Applicant		Third Applicant	
OR					
Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)	
(to be furnished in case the Nominee is a minor)					
Nominee 1					
Nominee 2					
Nominee 3					

12. DECLARATION & SIGNATURE/S (refer instruction 14)

I/ We hereby confirm and declare as under:-
 (1) I/ We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above.
 (2) I/We am/are eligible Investor(s) as per the scheme related documents, and am/are authorised to make this investment as per 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 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) 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.
 (5) 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.
(6) 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.
Applicable to 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.
Applicable to NRIs/ PIO/OCIs only:
 I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws.
 Please (✓) Yes No If Yes, (✓) Repatriation basis Non-repatriation basis

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

SIGNATURE(S)

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

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FOR OFFICE USE ONLY (TIME STAMP)

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

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3. UNIT HOLDER INFORMATION (Refer instruction 4)

DATE OF BIRTH@

Proof of date of birth@ Please (✓)
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NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s. _____ DD MM YYYY
Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

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

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

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code _____ Telephone : Off. _____ Res. _____ Fax _____
Alerts Mobile _____ Docs Email ^

I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory).
^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

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4a. Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 19)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI
 Body Corporate LLP Society / Club Foreign National Resident in India QFI FPI Sole Proprietorship Non Profit Organisation Others (please specify)

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c. Net-worth (Mandatory for Non-Individuals) Rs. _____ as on DD MM YYYY (Not older than 1 year)

4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

4e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

5. JOINT APPLICANT DETAILS, If any (Refer instruction 4)

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business

Retired Agriculture Proprietorship Others (please specify)

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

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 :

Received from Mr. / Ms. / M/s. _____
alongwith Cheque / DD / Payment Instrument as detailed overleaf.

_____ an application for Purchase of Units of the Scheme(s)

ISC Stamp & Signature

5. JOINT APPLICANT DETAILS, If any (contd...) (Refer instruction 4)

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others _____ (please specify)

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____
 PAN#/ PEKRN# _____ KYC# [Please tick (✓)] (Mandatory) Proof Attached
 # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend 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 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 _____ Bank City _____
 Branch Name _____
 Account Number _____
 MICR Code _____ (The 9 digit code appears on your cheque next to the cheque number)
 Account Type (Please ✓) Savings Current NRO NRE FCNR 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 / DIVIDEND PROCEEDS VIA DIRECT CREDIT / NEFT / ECS (refer instruction 11)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 7) via Direct credit/ NEFT/ECS facility
 I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

9. INVESTMENTS & PAYMENT DETAILS (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

Scheme/Plan/Option/Sub Option

Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Cheque / DD / Payment Instrument No. & Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any
		Net Cheque/ DD Amount
		Drawn on Bank / Branch
		Pay-In Bank Account No. (For Cheque Only)

10. DEMAT ACCOUNT DETAILS* - (Optional - refer instruction 13)

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 enable us to match the demat details as stated in the application form.

11. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

[Please (✓) and sign] I/We do not wish to Nominate

First / Sole Applicant		Second Applicant		Third Applicant	
OR					
Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)	
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

12. DECLARATION & SIGNATURE/S (refer instruction 14)

I/ We hereby confirm and declare as under:-
 (1) I/ We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above.
 (2) I/We am/are eligible Investor(s) as per the scheme related documents, and am/are authorised to make this investment as per 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 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) 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.
 (5) 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.
(6) 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.
Applicable to 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.
Applicable to NRIs/ PIO/OCIs only:
 I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws.
 Please (✓) Yes No If Yes, (✓) Repatriation basis Non-repatriation basis

SIGN HERE ↴

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

SIGNATURE(S)	First / Sole Applicant / Guardian
	Second Applicant
	Third Applicant

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument 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.

Declaration for Ultimate Beneficial Ownership [UBO] (Mandatory for Non-individual Applicant/Investor)

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name:

PAN

Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that -

- Our company is a Listed Company listed on recognized stock exchange in India
- Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed _____ Security ISIN _____

^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

Part III: Non-individuals other than Listed Company / its subsidiary company

(i) Category [✓ applicable category]:

- Unlisted Company Partnership Firm Limited Liability Partnership Company
- Unincorporated association / body of individuals Public Charitable Trust Religious Trust
- Private Trust Trust created by a Will Others _____ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]

#Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date:

Place:

Third Party Payment Declaration Form



Declaration Form No. _____

Third Party Payment Declaration Form should be completed in **English** and in **BLOCK LETTERS** only.
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.

1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)

Folio No. (For existing investor) _____ Application No. _____

NAME OF FIRST/SOLE APPLICANT (BENEFICIAL INVESTOR)

Mr. Ms. M/s. _____

2. THIRD PARTY INFORMATION (Refer Instruction No. 3)

NAME OF THIRD PARTY (PERSON MAKING THE PAYMENT)

Mr. Ms. M/s. _____

Nationality _____ PAN# _____ KYC** [Please tick (✓)] Attached (Mandatory for any amount)

#Mandatory for any amount. Please attach PAN Proof. Refer instruction No. 6. ** Refer instruction No. 8.

NAME OF CONTACT PERSON & DESIGNATION (in case of non-Individual Third Party)

Mr. Ms. _____

Designation _____

MAILING ADDRESS (P.O. Box Address may not be sufficient)

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS

STD Code _____

Tel. : Off. _____ Tel. : Res. _____ Mobile _____

Fax _____ Email _____

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3)		[Please tick (✓) as applicable]									
Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FII <input type="checkbox"/> Client	<input type="checkbox"/> Employee(s)								
Relationship of Third Party with the Beneficial Investor	<input type="checkbox"/> Father/Mother/Court appointed Legal Guardian (Please attach proof of relationship, if not already submitted@) <input type="checkbox"/> Grand Parent <input type="checkbox"/> Related Person (Please specify relationship) _____ (Maximum investment - Rs. 50,000/- per transaction@)	Custodian - SEBI Registration No. of Custodian _____ Registration Valid Till <table border="1"> <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	Employer
D	D	M	M	Y	Y	Y	Y				
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment is made on behalf of FII/ Client and the source of this payment is from funds provided to us by FII/Client.	I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through Payroll Deductions.								

3. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)

Mode of Payment [Please tick (✓)]	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

Amount# in figures (Rs.) _____
in words _____

Cheque/DD/PO/UTR No. _____ Cheque/DD/PO/RTGS Date _____
DD MM YYYY

Pay- in Bank A/c No. _____

Name of the Bank _____

Branch _____ Bank City _____

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS _____ (please specify)

including Demand Draft charges, if any.

4. DECLARATIONS & SIGNATURE/S (Refer Instruction 5)

THIRD PARTY DECLARATION

I/We hereby confirm and declare as under:-

I/We have read and understood the Third Party Payment rules, as given below and agree to comply and be bound by the same.

The information provided is true and correct and HDFC Mutual Fund ('Fund')/the HDFC Asset Management Company Limited ('AMC') is entitled to verify the same directly or indirectly. I/We agree to furnish such further information as Fund/AMC may require from me/us. I/We agree that if any of the declarations furnished by me/us are found to be incorrect or incomplete, the Fund/AMC shall have the absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies accordingly.

I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor(s) as detailed in the Application Form.

Applicable to NRIs/ PIO/OCIs only:

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc. of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓) Yes No

If yes, (✓) Repatriation basis

Non-repatriation basis

DD	MM	YYYY

Signature of the Third Party

BENEFICIAL INVESTOR(S) DECLARATION

I/We hereby confirm that the information provided herein by the Third Party is true and correct.

Applicable to Guardian receiving funds on behalf of Minor only:

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

DD	MM	YYYY

SIGNATURE/S

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

THIRD PARTY PAYMENT RULES

1. In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions
- 2a. The following words and expressions shall have the meaning specified herein:
 - (a) **"Beneficial Investor"** is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
 - (b) **"Third Party"** means any person making payment towards subscription of Units in the name of the Beneficial Investor.
 - (c) **"Third Party payment"** is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
- 2b. The Fund / AMC will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
 - (i) Payment by Parents/Grand-Parents/Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- for each regular Purchase or per SIP installment. However, this restriction of Rs. 50,000/- will not be applicable for payment made by a Guardian whose name is registered in the records of Mutual Fund in that folio (i.e. father, mother or court appointed Legal Guardian).
(This limit of Rs. 50,000 shall not be applicable for investments in HDFC Children's Gift Fund. However, the Donors will have to comply with all the requirements specified in 2c below)
 - (ii) Payment by Employer on behalf of employee under Systematic Investment Plans or as lump sum/one-time subscription, through Payroll deductions.
 - (iii) Custodian on behalf of an FII or a Client.

* 'Related Person' means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
- 2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.
 - (i) Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
 - (ii) Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
- 2d. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of HDFC Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in **Rule (2b)** above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of HDFC AMC or visit our website www.hdfcfund.com for any further information or updates on the same.

Enrolment Form for SIP/ Micro SIP

[For Investments through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]



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

Enrolment Form no. _____

SIP/ Micro SIP via **ECS (Debit Clearing)** in select cities or via **Direct Debit/Standing Instruction** in select banks / branches only.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)					FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub-Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-					

EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 3a)

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 Here _____ First/ Sole Applicant/ Guardian	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one) Date: D D M M Y Y Y Y

I confirm that I am a **First time** investor across Mutual Funds.
 (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds.
 (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

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.

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

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 ECS (Debit Clearing) / Direct Debit / Standing Instruction facilities.

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.

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

<input type="checkbox"/> NEW REGISTRATION	<input type="checkbox"/> CHANGE IN BANK ACCOUNT	<input type="checkbox"/> CANCELLATION (Refer Item No. 11)
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INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder) [Grid for Application/Folio No.]

SIGNATURE (Refer Item No. 3(c))

Sole/1st applicant		
PAN# or PEKRN#	[Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached
Name of Guardian (In case Applicant is minor)		
PAN# or PEKRN#	[Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached
Second Applicant		
PAN# or PEKRN#	[Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached
Third Applicant		
PAN# or PEKRN#	[Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

Scheme [Grid]

(Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Plan [Grid] Option [Grid]

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date:	HDFC MUTUAL FUND Head Office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Enrolment Form No.
Received from Mr./Ms./M/s. [Grid]	'SIP/ Micro SIP' application for	
Scheme / Plan / Option [Grid]	ISC Stamp & Signature	
Total Amount (Rs.) [Grid]	Please Note: All purchases are subject to realisation of cheques	

Each SIP/ Micro SIP Amount (Rs.) Frequency Monthly* Quarterly (*Default Frequency) [Refer Item No. 6(iv)]

SIP Top-up (Optional)
(Refer Item No. 7 e)

(Please ✓ to avail this facility)

Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only)

SIP Top-up Frequency: Half-yearly Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

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.

SIP/ Micro SIP Date 1st 5th 10th* 15th 20th 25th (*Default Date) [Refer Item No. 6(iv)]

SIP/ Micro SIP Period Start From

End On** OR Default Date (December 2032)

**Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro 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.

@The first cheque amount should be same as each SIP Amount.

DEMAT ACCOUNT DETAILS*

(Optional - refer instruction 10)

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

	NSDL	CDSL
DP Name	<input type="text"/>	<input type="text"/>
DP ID	<input type="text"/>	<input type="text"/>
Beneficiary Account No.	<input type="text"/>	<input type="text"/>

I/we hereby authorise HDFC Mutual Fund/HDFC Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.

BANK DETAILS

Bank Name

Branch Name Bank City

Account Number

9 Digit MICR Code ◀ (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____

Accountholder Name as in Bank Account

Authorisation of the Bank Account Holder (to be signed by the Investor)**

** To, The Branch Manager, _____ (Name of the Bank)

Bank Account Number

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my/our payment towards my/our investment in the Scheme of HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We hereby authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

I/ We have read and agree to comply with the terms and conditions mentioned overleaf and be bound by the same. I/We hereby declare that the particulars given above are true and correct and agree to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction.. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account.

Applicable to SIP Top-up facility (not available under Micro SIP):

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

Please write SIP Enrolment Form no. / Folio no. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)	<input type="text"/>	2nd Account Holder's Signature (As in Bank Records)	<input type="text"/>	3rd Account Holder's Signature (As in Bank Records)	<input type="text"/>
---	----------------------	---	----------------------	---	----------------------

BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account Number

For Office Use only (Not to be filled in by Investor)

Recorded on	<input type="text"/>	Scheme Code	<input type="text"/>
Recorded by	<input type="text"/>	Credit Account Number	<input type="text"/>

Enrolment Form for SIP/ Micro SIP

[For Investments through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]



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

Enrolment Form no. _____

SIP/ Micro SIP via **ECS (Debit Clearing)** in select cities or via **Direct Debit/Standing Instruction** in select banks / branches only.

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

EUIIN Declaration (only where EUIIN box is left blank) (Refer Item No. 3a)

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 _____ First/ Sole Applicant/ Guardian	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one) Date: D D M M Y Y Y Y

- I confirm that I am a **First time** investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
 I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

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.

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

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 ECS (Debit Clearing) / Direct Debit / Standing Instruction facilities.

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.

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

NEW REGISTRATION
 CHANGE IN BANK ACCOUNT
 CANCELLATION (Refer Item No. 11)

INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder) [Grid for Application/Folio No.]

SIGNATURE (Refer Item No. 3(c))

Sole/1st applicant	
PAN# or PEKRN# [Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached
Name of Guardian (In case Applicant is minor)	
PAN# or PEKRN# [Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached
Second Applicant	
PAN# or PEKRN# [Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached
Third Applicant	
PAN# or PEKRN# [Grid]	KYC# (Mandatory) [Please tick (✓)] <input type="checkbox"/> Proof Attached

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

Scheme [Grid] (Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Plan [Grid] Option [Grid]

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date:	HDFC MUTUAL FUND Head Office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Enrolment Form No.
Received from Mr./Ms./M/s. [Grid]	'SIP/ Micro SIP' application for	
Scheme / Plan / Option [Grid]	ISC Stamp & Signature	
Total Amount (Rs.) [Grid]	Please Note: All purchases are subject to realisation of cheques	

Each SIP/ Micro SIP Amount (Rs.) Frequency Monthly* Quarterly (*Default Frequency) [Refer Item No. 6(iv)]

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only)
(Refer Item No. 7 e) SIP Top-up Frequency: Half-yearly Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

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.

SIP/ Micro SIP Date 1st 5th 10th* 15th 20th 25th (*Default Date) [Refer Item No. 6(iv)]

SIP/ Micro SIP Period Start From End On** OR Default Date (December 2032) **Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro 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 first cheque amount should be same as each SIP Amount.
The name of the first/ sole applicant must be pre-printed on the cheque.

DEMAT ACCOUNT DETAILS*

(Optional - refer instruction 10)

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

	NSDL	CDSL
DP Name	<input type="text"/>	<input type="text"/>
DP ID	<input type="text"/>	<input type="text"/>
Beneficiary Account No.	<input type="text"/>	<input type="text"/>

I/we hereby authorise HDFC Mutual Fund/HDFC Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.

BANK DETAILS

Bank Name

Branch Name Bank City

Account Number

9 Digit MICR Code ◀ (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____

Accountholder Name as in Bank Account

Authorisation of the Bank Account Holder (to be signed by the Investor)**

** To, The Branch Manager, _____ (Name of the Bank)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my/our payment towards my/our investment in the Scheme of HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We hereby authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

<input type="text"/>
Bank Account Number

I/ We have read and agree to comply with the terms and conditions mentioned overleaf and be bound by the same. I/We hereby declare that the particulars given above are true and correct and agree to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction.. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account.

Applicable to SIP Top-up facility (not available under Micro SIP):

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

Please write SIP Enrolment Form no. / Folio no. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)	<input type="text"/>	2nd Account Holder's Signature (As in Bank Records)	<input type="text"/>	3rd Account Holder's Signature (As in Bank Records)	<input type="text"/>
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BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account Number

For Office Use only (Not to be filled in by Investor)

Recorded on Scheme Code
Recorded by Credit Account Number

Enrolment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

Date :

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

I / We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms and conditions mentioned overleaf of Systematic Withdrawal Advantage Plan and of the relevant Scheme(s) and hereby apply for enrolment under the Systematic Withdrawal Advantage Plan of the following Scheme(s)/Plan(s)/Options(s). **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.**

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

<input type="checkbox"/> New Registration: For enrolment under SWAP facility	<input type="checkbox"/> Change in withdrawal amount: For Change in withdrawal amount under SWAP facility	<input type="checkbox"/> Cancellation: For cancellation of SWAP facility
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FOLIO NO. OF EXISTING UNIT HOLDER / APPLICATION NO. (New Investor)	
---	--

1) UNIT HOLDER INFORMATION	
First / Sole Unit holder	Name <input type="text"/>
	PAN <input type="text"/> or PEKRN <input type="text"/>
Guardian (in case of First / Sole Unit holder is a minor)	Name <input type="text"/>
	PAN <input type="text"/> or PEKRN <input type="text"/>

2) SCHEME DETAILS (If the SWAP is to be registered from Direct Plan of the Scheme, please mention so clearly.)	
SCHEME NAME #	<input type="text"/>
PLAN	<input type="text"/>
OPTION	<input type="text"/>

Please note that one SWAP Form must be used for one Scheme / Plan / Option only. Unit holder(s) need to fill in Separate SWAP Form for each Scheme / Plan / Option.

3) WITHDRAWAL DETAILS (Please ✓ choice of Plan)	
<input type="checkbox"/> Fixed Plan (Refer item 8(ii) & (iii) overleaf)	<input type="checkbox"/> Variable Plan (Capital Appreciation, if any) (Refer item 9(ii) overleaf)
<input type="radio"/> MONTHLY@ <input type="radio"/> QUARTERLY <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)	<input type="radio"/> QUARTERLY@ <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)
Rs. (in figures) <input type="text"/>	
Rs. (in words) <input type="text"/>	

4) ENROLMENT DETAILS (refer item 7, 8, 9 & 10 overleaf)							
Commencement Date : <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Refer Item 8(v), 9(iii) & 10 overleaf)	M	M	Y	Y	Y	Y	Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th @ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th (@ Default Date)
M	M	Y	Y	Y	Y		
Last Withdrawal Date : <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	
M	M	Y	Y	Y	Y		

5) PAYMENT OF SWAP PROCEEDS (refer item 14)	
Redemption proceeds through SWAP will be credited to the default bank account registered in the Scheme/Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Scheme/Folio, please mention the Bank Account No. and Name below:	
ACCOUNT NO.	<input type="text"/>
BANK NAME	<input type="text"/>

(If the above mentioned bank details do not match with the registered bank account in your the Scheme/Folio, proceeds will be credited to the default bank account registered in the the Scheme/Folio.)

6) SIGNATURES ^		
_____	_____	_____
First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

^ **Please note:** Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)		
Date :	HDFC MUTUAL FUND Head Office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	ISC Stamp & Signature
Received from Mr. / Ms. / M/s. _____		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
a 'SWAP' application for redemption of Units of Scheme / Plan / Option _____		