



# HDFC NIFTY100 Equal Weight Index Fund

(An open ended scheme replicating/tracking NIFTY100 Equal Weight Index (TRI))

Application No.:

Investors must read the Key Information Memorandum and the instructions before completing this Form.  
This Form should be completed in English and in BLOCK LETTERS only.

**Offer for Units of Rs.10/- Per Unit for cash during the New Fund Offer Period and at NAV based prices upon re-opening**

<b>New Fund Offer Opens On:</b>	<b>February 11, 2022</b>
<b>New Fund Offer Closes On:</b>	<b>February 18, 2022</b>
<b>Scheme Reopens on:</b>	<b>Within 5 Business Days of allotment of units under NFO</b>

The Trustee reserves the right to close the NFO before the above-mentioned date by issuing an addendum and publishing it on the Fund's website.

<b>THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*</b> <ul style="list-style-type: none"> <li>Returns that are commensurate (before fees and expenses) with the performance of the NIFTY100 Equal Weight Index (TRI) over long term, subject to tracking error.</li> <li>Investment in equity securities covered by the NIFTY100 Equal Weight Index</li> </ul> <p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the NFO is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>	<b>RISKOMETER#</b>  <b>RISKOMETER</b> Investors understand that their principal will be at very high risk
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<b>KEY PARTNER / AGENT INFORMATION</b> (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						<b>FOR OFFICE USE ONLY (TIME STAMP)</b>
ARN/RIA Code/Portfolio Manager's Registration Number (PMRN)	ARN/RIA/Portfolio Manager's 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 Instruction 1)**  
 I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign 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 SECTIONS viz. 7, 8, 11, 12 AND 14 ONLY. Refer instruction 3).**

Folio No. \_\_\_\_\_ / \_\_\_\_\_

**2. MODE OF HOLDING [Please tick (✓)]**  Single  Joint  Anyone or Survivor (The particulars provided should match with that in your demat account)

**3. UNIT HOLDING OPTION**  DEMAT MODE\*  PHYSICAL MODE (Default) (Refer instruction 13)

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

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

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

**4. UNIT HOLDER INFORMATION (Refer instruction 4)**

**NAME OF FIRST / SOLE APPLICANT** (In case of Minor, there shall be no joint holders) \_\_\_\_\_ **DATE OF BIRTH@** DD MM YYYY **Proof of date of birth@**  Attached

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

**NAME OF GUARDIAN** (in case of First / Sole Applicant is a Minor) / **NAME OF CONTACT PERSON - DESIGNATION** (in case of non-individual investors)

Mr. Ms. \_\_\_\_\_ **Nationality** \_\_\_\_\_ **Designation** \_\_\_\_\_ **Contact No.** \_\_\_\_\_

**PAN#/ PEKRN#** \_\_\_\_\_ **KYC #** [Please tick (✓)] (Mandatory)  Proof Attached

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** \_\_\_\_\_

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]**

Date : \_\_\_\_\_

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

Received from Mr. / Ms. / M/s. \_\_\_\_\_

an application for subscription / redemption of \_\_\_\_\_ Units of HDFC NIFTY100 Equal Weight Index Fund

**Application No.:** \_\_\_\_\_

ISC Stamp & Signature \_\_\_\_\_

**4. UNIT HOLDER INFORMATION (Refer instruction 4)**

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Telephone : Off.	Country Code	STD Code
Alerts Mobile	Res.	Fax
Alerts Email of First / Sole holder ^		

This email id belongs to:  Self  Family Member (Please refer instruction 10 and tick)

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in  (Refer Instruction 10 & 12)

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

**5a. Status of First/ Sole Applicant [Please tick (✓)]**  Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 4 & 19) (Mandatory)

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

**5b. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify)

LEI No. \_\_\_\_\_ Expiry Date: DD MM YYYY

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

**5c. 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)

**5d. 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

**5e. 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

**6. JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders)**

**NAME OF SECOND APPLICANT**

Mr. Ms. M/s.	Nationality	PAN# / PEKRN#
KYC Number		

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

**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

**NAME OF THIRD APPLICANT**

Mr. Ms. M/s.	Nationality	PAN# / PEKRN#
KYC Number		

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

**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 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

**7. ADDITIONAL KYC DETAILS (Refer instruction 4b)**

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)								

**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

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year) \_\_\_\_\_ as on DD MM YYYY

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

**Particulars**

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC NIFTY100 Equal Weight Index Fund			

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

Mandatory

January 2022

**8. FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification)**

Non Individual investors please attach FATCA, CRS & Ultimate beneficial Ownership (UBO) Self Certification Form (Refer instruction 4 & 19) (Mandatory)

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

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

	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
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			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

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

**9. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

**10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, 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 12 below.)**

Please ensure that the bank account linked with the demat account provided under section 3 is mentioned here.

Bank Name \_\_\_\_\_  
 Branch Name \_\_\_\_\_ Bank City \_\_\_\_\_  
 Account 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)

**11. MODE OF PAYMENT OF REDEMPTION/ IDCW PROCEEDS (Refer instruction 11)**

I / We would like to receive redemption / IDCW proceeds :  
 directly into my / our bank account (as per Section 10) (Default mode) OR  via cheque / demand draft

Mandatory

Mandatory

**12. INVESTMENTS & PAYMENT DETAILS** [Please (✓)] (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.

<b>Scheme Name: HDFC NIFTY100 Equal Weight Index Fund</b>						
<input type="checkbox"/> <b>Regular Plan - Growth Option</b> (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information			<input type="checkbox"/> <b>Direct Plan - Growth Option</b> (Purchase/ Subscription made directly with the Fund) Mention <b>DIRECT</b> in Key Partner/ Agent Information			
<b>Mode of Payment</b>		<input type="checkbox"/> <b>Cheque</b>	<input type="checkbox"/> <b>Demand Draft</b>	<input type="checkbox"/> <b>NEFT/ RTGS/ Fund Transfer</b>	<input type="checkbox"/> <b>One Time Mandate (OTM)</b>	
<b>Name of Bank:</b> HDFC Bank Limited		<b>Branch:</b> Manekji Wadia Building, Ground Floor, Nanik Motwani Marg, Fort, Mumbai				
<b>Beneficiary Name:</b> HDFC NIFTY100 Equal Weight Index Fund A/c		<b>Account No:</b> 57500000854271		<b>RTGS/ NEFT IFSC Code:</b> HDFC0000060		
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM						
<b>Payment Type</b> [Please (✓)]		<input type="checkbox"/> <b>Non-Third Party Payment</b>		<input type="checkbox"/> <b>Third Party Payment</b> (Please attach 'Third Party Payment Declaration Form')		
Drawn on Bank / Branch		Pay-In Bank Account No. (For Cheque Only)	Cheque/ DD/ Payment Instrument/ UTR No. or UMRN in case of OTM	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any

**13. NOMINATION (Refer instruction 15) (Mandatory for new folios of Individuals and Sole Proprietors where mode of holding is single) (For Units in Non-Demat Form)**

I/We wish to nominate as under: **OR**  I/We do not wish to Nominate ..... (Sole applicant's signature mandatory)

Name and Address of Nominee(s)	PAN	Relationship of Guardian with Nominee (Proof to be attached)	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%)
Nominee 1						
Nominee 2						
Nominee 3						

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

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

POA holder cannot nominate. So sole/all joint applicants must sign	_____	_____	_____
	First / Sole Applicant	Second Applicant	Third Applicant

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

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply to the Trustees for allotment of Units of the HDFC NIFTY100 Equal Weight Index Fund of HDFC Mutual Fund ('Fund') and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgement passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me / us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC/ Fund) I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

**Consent for Telemarketing (Refer Instruction 20):**

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

**Consent for disclosure of Personal Information in terms of Privacy Policy**

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

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

**For Foreign Nationals Resident in India only:**

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

**For NRIs/ PIO/ OCIs/ FPIs only:**

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

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

**SIGN HERE**

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

<b>SIGNATURE(S)</b>	First / Sole Applicant / Guardian	
	Second Applicant	
	Third Applicant	

January 2022

January 2022



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Application No.:

(An open ended scheme replicating/tracking NIFTY100 Equal Weight Index (TRI))

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<b>Scheme Reopens on:</b>	<b>Within 5 Business Days of allotment of units under NFO</b>

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<b>THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*</b>	<b>RISKOMETER#</b>
<ul style="list-style-type: none"> <li>Returns that are commensurate (before fees and expenses) with the performance of the NIFTY100 Equal Weight Index (TRI) over long term, subject to tracking error.</li> <li>Investment in equity securities covered by the NIFTY100 Equal Weight Index</li> </ul>	<p><b>RISKOMETER</b> Investors understand that their principal will be at very high risk</p>
<p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the NFO is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>	

## APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

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

ASBA Application No.

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/RIA Code/Portfolio Manager's Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUN)	
ARN-						

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

I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

<p>Sign Here</p> <p>_____ First/ Sole Applicant/ Guardian</p>	<p>Sign Here</p> <p>_____ Second Applicant</p>	<p>Sign Here</p> <p>_____ Third Applicant</p>
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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 (AMF registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

### ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC NIFTY100 Equal Weight Index Fund)

<b>HDFC MUTUAL FUND</b>		Date : _____
Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020		ASBA Application No. _____
<b>TO BE RETAINED BY THE SCSB (To be filled by the Sole/First Applicant)</b>		
Received from Mr./Ms. _____ Address _____	SCSB Account Details	Total Amount to be blocked
Tele./Fax _____ Mobile No. _____ E-mail: _____	Bank Account No. _____ Bank Name & Address _____	(Rs. in figures) _____ (Rs. in words) _____
Sign Here	Sign Here	Sign Here
_____ First/ Sole Applicant / Guardian / PoA	_____ Second Applicant	_____ Third Applicant

### ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC NIFTY100 Equal Weight Index Fund)

<b>HDFC MUTUAL FUND</b>		Date : _____
Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020		ASBA Application No. _____
<b>TO BE GIVEN BY THE SCSB (To be filled by the Sole/First Applicant)</b>		
Received from Mr./Ms. _____ Address _____	SCSB Account Details	Total Amount to be blocked
Tele./Fax _____ Mobile No. _____ E-mail: _____	Bank Account No. _____ Bank Name & Address _____	(Rs. in figures) _____ (Rs. in words) _____
		SCSB Stamp Signature, Date & Time of Form Submission

**1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1, 1c, 1d and proceed to section 2. Refer Instruction 3).**

Folio No. \_\_\_\_\_ / \_\_\_\_\_

**1a. UNIT HOLDER INFORMATION**  
Refer Instruction 4)

BIRTH (Mandatory in case of Minor) DD MM YYYY  
Proof of date of birth@ Please (✓)

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

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

**Status of First/ Sole Applicant [Please tick (✓)]**  Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 4 & 19) (Mandatory)

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

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

LEI No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_ DD MM YYYY  
(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

**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. \_\_\_\_\_  
Nationality \_\_\_\_\_ Designation \_\_\_\_\_ Contact No. \_\_\_\_\_  
PAN#/ PEKRN# \_\_\_\_\_  
KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached  
Relationship with Minor@ Please (✓)  Father  Mother  Court appointed Legal Guardian Proof of relationship with minor@ Please (✓)  Attached @ Mandatory

**NAME OF THE SECOND APPLICANT**  Resident Individual  NRI [Mandatory Please tick (✓)]

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

**NAME OF THE THIRD APPLICANT**  Resident Individual  NRI [Mandatory Please tick (✓)]

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

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

\_\_\_\_\_  
\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code \_\_\_\_\_ STD Code \_\_\_\_\_  
Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_  
eAlerts Mobile \_\_\_\_\_ eDocs Email of First / Sole holder ^ \_\_\_\_\_

This email id belongs to:  Self  Family Member (Please refer instruction 12 and tick)

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in  (Refer Instruction 12 & 13)

**1b. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_  
Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_  
KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

**1c. ADDITIONAL KYC DETAILS (Mandatory)** (Refer instruction 4)

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____				

**Non-Individual Investors involved/ providing any of the mentioned services**

- Foreign Exchange / Money Changer Services  
 Money Lending / Pawning

- Gaming/Gambling/Lottery/Casino Services  
 None of the above

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OR Networth in Rs. (not older than 1 year) (Mandatory for Non Individual)**

\_\_\_\_\_ as on \_\_\_\_\_

DD      MM      YYYY

**1d. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification)** (Refer instruction 4D)

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

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

	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
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			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

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

**2. INVESTMENT DETAILS - [Please tick (✓)] (Refer Instruction 6)**

**Scheme Name: HDFC NIFTY100 Equal Weight Index Fund**

**Regular Plan - Growth Option** (Purchase/ Subscription routed through Distributor)  
Mention valid ARN in Key Partner/ Agent Information

**Direct Plan - Growth Option** (Purchase/ Subscription made directly with the Fund)  
Mention **DIRECT** in Key Partner/ Agent Information

**3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 21B) (Application Money to be blocked from this Account)**

Pay-in Bank Account No. \_\_\_\_\_ Name of the Bank \_\_\_\_\_

Branch \_\_\_\_\_ Bank City \_\_\_\_\_

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

Total Amount to be blocked Amount in figures (Rs.) \_\_\_\_\_

in words (Rupees) \_\_\_\_\_

IFSC Code\*\*\* \_\_\_\_\_ The 9 digit MICR Code number of my/our Bank & Branch is\*\* \_\_\_\_\_

**4. BANK ACCOUNT (PAY-OUT) DETAILS OF FIRST / SOLE APPLICANT (Refer Instruction 5)**  
Fill in these details only if the ASBA Account details provided in Section 3 are different from the Bank Account details linked with the Demat Account as mentioned under Section 5 below. Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 3 above.

Account No. \_\_\_\_\_ Name of the Bank \_\_\_\_\_

Branch \_\_\_\_\_ Bank City \_\_\_\_\_

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

IFSC Code\*\*\* \_\_\_\_\_ MICR Code\*\* \_\_\_\_\_

(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)  
\*\*\* Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS/ IMPS) (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)  
\*\* Refer Instruction 11 (The 9 digit code appears on your cheque next to the cheque number)

**5. DEMAT ACCOUNT DETAILS - (Mandatory - Refer Instruction 21)**

NSDL		CDSL	
DP Name	_____	_____	_____
DP ID	_____	_____	_____
Beneficiary Account No.	_____	_____	_____

**6. NOMINATION**

I/We wish to nominate as under: **OR**  I/We do not wish to Nominate ..... (Sole applicant's signature mandatory)

Name and Address of Nominee(s)	PAN	Relationship of Guardian with Nominee (Proof to be attached)	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						

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

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

POA holder cannot nominate. So sole/all joint applicants must sign

\_\_\_\_\_ First / Sole Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant



**7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 11) [Please tick (✓)]**

I / We would like to receive redemption / IDCW proceeds :

directly into my / our bank account (as per Section 4) (Default mode) OR  via cheque / demand draft

**8. DECLARATION & SIGNATURE/S (refer instruction 14)**

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply to the Trustees for allotment of Units of the HDFC NIFTY100 Equal Weight Index Fund of HDFC Mutual Fund ("Fund") and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgement passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC) / Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc, in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (h) **I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

**Consent for Telemarketing (Refer Instruction 20):**

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

**Consent for disclosure of Personal Information in terms of Privacy Policy**

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

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

**For Foreign Nationals Resident in India only:**

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

**For NRIs/ PIO/ OCIs/ FPIs only:**

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

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

**SIGN HERE** 

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

JANUARY 2022

SIGNATURE(S)

First / Sole Applicant / Guardian

**SIGN** 

Second Applicant

**SIGN** 

Third Applicant

**SIGN** 