HDFC HDFC HDFC NIFTY100 Index Fund HDFC NIFTY100 Index (TRI)) An open ended scheme replicating/tracking NIFTY100 Index (TRI))							
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-ope							
w Fund Offer Opens On	1	February 11, 2022					
w Fund Offer Closes On	:	February 18, 2022					
heme Reopens on:		Within 5 Business Days of allotment of units und	er NFO				
	UTUAL FUND HAROSA APNO KA Offer for U w Fund Offer Opens On: w Fund Offer Closes On	UTUAL FUND HAROSA APNO KA Investors must read the Key Information Memorandur This Form should be completed in English and in BLOCK Offer for Units of Rs.10/- Per Unit for cash during the New F w Fund Offer Opens On: w Fund Offer Closes On:	UTUAL FUND HAROSA APNO KA (An open ended scheme replicating/tracking NIFTY100 Index (TRI)) 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-order to the form offer Opens On: W Fund Offer Closes On: February 11, 2022				

of Rs.10/- Per Unit for cash during the New Fund Offer Period and at NAV based prices upon re-opening							
	February 11, 2022						
	February 18, 2022						
	Within 5 Business Days of allotment of units under NFO						
se the NFO before the above-mentioned date by issuing an addendum and publishing it on the Fund's website.							

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an application for subscription / redemption of _ _ Units of HDFC NIFTY100 Index Fund ation No.:

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			•	n - Individual	[Please attach FATCA, CRS & Ultimate Be Refer Instruction 4 & 19) (Mandatory)	neficial Owners	hip (UBO) Self Co	ertification Form
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Body Corporate LLP			al Resident in Indi				specify)	
5b. Occupation Details [Plea			Private Sector	Public Sect	or Government Service Student ease specify)	Professiona	al Housewife	Business
Retired Agriculture	Proprietors	hip Others	S	(pi				
LEI No. (Mandatory for Non - Individuals t	ransacting / prop	osing to transact fo	or an amount of F	Rs. 50 crores or	more) Expiry Date: DD	MM Y	YYY	
5c. Gross Annual Income (R	s.) [Please tick	(√)] □ Below	1 Lac	1 - 5 Lacs	5 - 10 Lacs 10 - 25 Lacs	>25 Lac	s - 1 Crore	>1 Crore
c. Net-worth (Mandatory for I	<i>.</i>			OF	as on		(Not o	Ider than 1 year)
		, <u> </u>	authorised signat	ories/ Promoter	DD s/ Karta/ Trustee/ Whole time Directors) I a		Polated to PEP	Not Applicable
5e. Non-Individual Investors		<u> </u>		rvices	Foreign Exchange / Money Changer Services		ambling / Lottery /	
6. JOINT APPLICANT DETAIL	.S. If any (Refe	r instruction 4) (In	case of Minor.		Money Lending / Pawning Io ioint holders)	None of the	above	
NAME OF SECOND APPLICAN Mr. Ms. M/s.								
Nationality				PAN#/ PE	KRN#			
KYC Number				KY	C # [Please tick (\checkmark)] (Mandatory)	Proof Attached		
a. Occupation Details [Ple	ease tick (√)]	Service	Private Sector	Public S	ector Government Service Studer	nt Professi	ional Housev	vife Business
Retired Agriculture	Proprie	torship 🗌 Oth	ners		(please specify)			
b. Gross Annual Income (Rs.) 🗌 Below	1 Lac 🗌 1 - 5 La	cs 🗌 5 - 10 La	cs 🗌 10 - 25	Lacs $\square > 25$ Lacs - 1 Crore $\square > 1$ Crore OR	Net worth Rs		
c. Politically Exposed Perso	on (PEP) Status	(Also applicable fo	r authorised signa	tories/ Promoter	s/ Karta/ Trustee/ Whole time Directors) 📃 I ar	n PEP 📃 I am	Related to PEP	Not Applicable
NAME OF THIRD APPLICANT Mr. Ms. M/s.								
Nationality				PAN#/ PE	KRN#			
KYC Number				KY	C # [Please tick (\checkmark)] (Mandatory)	Proof Attached		
a. Occupation Details [Ple		Service	Private Sector	Public S		nt Professi	ional Housev	vife Business
Retired Agriculture			1ers	00 10 25	(please specify) Lacs 2>25 Lacs - 1 Crore >1 Crore OR	Not worth Po		
	/				s/ Karta/ Trustee/ Whole time Directors) 🔲 I ar			Not Applicable
	. ,		•		uction No 18b for KYC Identification Number issu		NEIALEU LO PEP	NUL Applicable
7. ADDITIONAL KYC DETAILS				any. notor mat		ca by okron.		
Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service					1 st Applicant			Not Applicable
Public Sector Service					2 nd Applicant			
Government Service					3 rd Applicant			
Business Professional					Guardian			
Agriculturist					Authorised Signatories			
Retired					Promoters			
Housewife					Partners			
Student					Karta Whole time Directors			
 Proprietorship Others (Please specify) 					Whole-time Directors Trustee			
Others (Please specify) Non-Individual Investors in Gross Annual Income Bange	nvolved/ provi	ding any of the	mentioned serv	vices	Foreign Exchange / Money Changer Services Money Lending / Pawning		Gambling / Lottery	/ Casino Services
Gross Annual Income Range	e (in Rs.) 1 st App	licant 2 nd Applica	ant 3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.) 1 st A			nt Guardian
Below 1 lac					10-25 lac			
1-5 lac					25 lac- 1 cr			
5-10 lac					> 1 cr			
OR Networth in Rs. (Mandat for Non Individual) (not older than 1 year) # Please attach Proof. Refer inst	r					as on	MM YYY	Y
# Please attach Proof Refer inst	ruction No 16 for F	AN/PEKRN and No 1	8a for KYC (KRA)	Refer instruction	No 18b for KYC Identification Number issued by CK			
π ΓΙΘΑΣΕ ΔΙΙΔΕΠ ΓΙΟΟΙ, ΝΕΙΕΓ ΙΝΣΙ	1001011 NO 10 10ľ h		ua iui ktu (KNA).	INGIGET HIST/UCUON	NO TOD TOT KTO TUCHUHGAUOH NUMBER ISSUED BY CK	ron.		

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 Index Fund								

First Applicant (including Minor) Second Applicant (Guardian) Third Applicant Is the applicant (s) (guardian's Country of Birth/Clazenship/ Wese, places provide the following information (mandatory) Yese No Yese No Yese No Places disclowed the time in huld? First Applicant (including Minor) Second Applicant/ Guardian Third Applicant Places (Dity of Birth Estimation (Second Applicant/ Guardian) Third Applicant Third Applicant Category First Applicant (including Minor) Second Applicant/ Guardian Third Applicant Category First Applicant (including Minor) Second Applicant/ Guardian Third Applicant Country of Birth Estimation Estimation Estimation Estimation Country of Tax Residency # Estimation Estimation Estimation Estimation Country of Tax Residency # Estimation Estimation Estimation Estimation Country of Tax Residency # Estimation Estimation Estimation Estimation Inford Applicant # Estimation Estimation Estimation Estimation Country o	First Applicant (including Minor) Second Applicant/ Guardian Third Applicant Is the applicant(s)/guardian's Country of Birth/Citaenship/ @es No ?es No ?es No Yess, plases provide the following information (including Minor) Plases indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below. Third Applicant Plase indicate all countries in which you are resident for tax purposes. Second Applicant/ Guardian Third Applicant Plase indicate all countries in which you are resident for tax purposes. Second Applicant/ Guardian Third Applicant Plase fold and the second applicant (including Minor) Second Applicant/ Guardian Third Applicant Country of Tax Residency#	Aaa	e below information is requ Iress Type: 🔲 Residentia				Registered Office (fo	address mentioned in forn	n/existing ad	ldress appearing in Folio)
Nationality Tax Residency blem than India 2 Yes No Yes Yes Yes Yes	Nationality/Tax Residency of the following information (mendatory) 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 Pleace/ City of Birth Image: Second Applicant/ Guardian Image: Second Applicant/ Guardian Third Applicant Country of Birth Image: Second Applicant/ Second Applicant / Second Ap					First Applican	t (including Minor)	Second Applicant/ Gua	rdian	Third Applicant
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below. Third Applicant Category First Applicant (including Minory) Second Applicant/Gaudian Third Applicant Place/ City of Birth Image City of Birth	Please indicate all countries is witch you are resident for fax purposes and the associated Tax Reference Numbers below. Tax Applicant Third Applicant Place/ Chy of Birth				zenship/	Ye	es 🗌 No	Yes No		Yes No
Place/City of Birth	Place/ City of Birth					rposes and the	e associated Tax Refe	rence Numbers below.		
Country of Birth	Country of Birth	Ca	ategory	First Applica	nt (including	Minor)	Second Ap	plicant/ Guardian		Third Applicant
Country of Tax Residency#	Country of Tax Residency#	Pla	ace/ City of Birth							
Tax Payer Ref. ID No^ Image: Imag	Tax Payer Ref. ID No ^ Image: Control of the places specify Identification Type [TIN or other, places specify] Image: Control of Tax Residency 2 Tax Payer Ref. ID No. 2 Image: Control of Tax Residency 2 Tax Payer Ref. ID No. 2 Image: Control of Tax Residency 2 Identification Type [TIN or other, places specify] Image: Control of Tax Residency 3 Country of Tax Residency 3 Image: Control of Tax Residency 3 Tax Payer Ref. ID No. 3 Image: Control of Tax Residency 3 Identification Type [TIN or other, please specify] Image: Control of Tax Residency 3 Identification Type [TIN or other, please specify] Image: Control of Tax Residency 3 Identification Type [TIN or other, please specify] Image: Control of Tax Residency 3 Identification Type [TIN or other, please specify] Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 3 Image: Control of Tax Residency 4 Image: Control of Tax Residency 4 <td>Сс</td> <td>ountry of Birth</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Сс	ountry of Birth							
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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 ItIN or other, please specify] Identification Type [TIN or other, please specify] Identification Type ItIN or other, please specify] ItIN or other, please specify] </td <td>Tax Payer Ref. ID No. 2 Identification Type [TIN or other, please specify] Identification Type [TIN or other, please specify] Country of Tax Residency 3 Identification Type [TIN or other, please specify] Identification Type [TIN or other, please specify] # Tax Payer Ref. ID No. 3 Identification Type [TIN or other, please specify] 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 of POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. Mvs. PAN#/ PEKRN# Name of PoA Mr. Ms. Mvs. PAN#/ PEKRN# Please atlach Prool. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for CYC (Identification Number issued by CXYCB. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption / Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction 3 is mentioned here.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Tax Payer Ref. ID No. 2 Identification Type [TIN or other, please specify] Identification Type [TIN or other, please specify] Country of Tax Residency 3 Identification Type [TIN or other, please specify] Identification Type [TIN or other, please specify] # Tax Payer Ref. ID No. 3 Identification Type [TIN or other, please specify] 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 of POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. Mvs. PAN#/ PEKRN# Name of PoA Mr. Ms. Mvs. PAN#/ PEKRN# Please atlach Prool. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (RMA). Refer instruction No 16 for CYC (Identification Number issued by CXYCB. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption / Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction 3 is mentioned here.									
Identification Type [TIN or other, please specify] Image: Control of the please specify] Country of Tax Residency 3 Image: Control of the please specify] Tax Payer Ref. ID No. 3 Image: Control of the 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 equivalence of the please specify] Water OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mrc Ms. Mvs. Please tabe Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC (KRA). Refer instruction No 18 for KYC (KRA). Refer instruction No 18 for YXC (KRA). Refer instruction No 18 for XYC (KRA). Refer instruction No 18 for YXC (KRA). Please ensure that the bank account provided under section 3 is mentioned here. Bank Name Bank City Bank City Bank City Bank City Bank City Bank City Fore Code***	Identification Type [TIN or other, please specify] Identification Type [TIN or other, please specify] Country of Tax Residency 3 Identification Type [TIN or other, please specify] # 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 of POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mc Msi. M/s. Passe attach Proot. Refer instruction No 15 for FAN/FEKRN and No 18a for KYC (KRA). Refer instruction No 180 for KYC (Identification Number is used by CKYCR. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer inst Mandatory to attach proot, in case the pay-out bank account provided under section 3 is mentioned here. Bank Name Bank City Please ensure that the bank account linked with the demat account provided under section 3 is mentioned here. Bank Name Bank City Branch Name Bank City Code*** Savings Current NRO NRE FCC Mede*** Savings Current NRO NRE **** Refer Instruction 10 Moute the ceepter redemption / IDCW proceeds :	Co	ountry of Tax Residency 2							
If IN or other, please specify Image: specify	[TIN or other, piease specify]	Та	x Payer Ref. ID No. 2							
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 equ POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. M/s. Nationality KYC Number # 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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruct Mandatory to attach proof. in case the pay-out bank account provided under section 3 is mentioned here. Bank Name Bank City Branch Name Bank City Account Type (Please Savings Current NRO NRE FCNR MOE OF PAYMENT OF REDEMPTION/ IDCW PROCEEDS (Refer instruction 11) **** Refer Instruction 5C, (Mandatory for Credit via NEFT/ ATGS) (11 Character code appearing or cheque leaf. If you do not find this on your cheque leaf. please check for the same with your bank	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 epowers OF ATTORNEY (PoA) HOLDER DETAILS Name of POA Mr. Ms. M/s. Nationality KYC Number # 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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction Vol 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 liked with the demat account provided under section 3 is mentioned here. Bank Name Bank City Branch Name Bank City Account Type (Please <)									
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 equi- POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mt Ms. M/s.	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 of 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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction No 18b for KYC Identification Number issued by CKYCR. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction Nameer issued by CKYCR. BANK Aname Bank Name Baranch Name Bank City Account Number Savings Account Number Savings Account Type (Please Savings IFSC Code*** Savings MODE OF PAYMENT OF REDEMPTION/ IDCW PROCEEDS (Refer instruction 11) I // We would like to receive redemption / IDCW proceeds :	Сс	ountry of Tax Residency 3							
[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 equivalence of PoA Mr. Ms. W/s. POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. W/s. PAN#/ PEKRN# Nationality PAN#/ PEKRN# KYC Number PAN#/ PEKRN# # 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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction No 18b for KYC Identification Number issued by CKYCR. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction No 18b for KYC (KRA). Refer instruction A 18b for KYC (KRA). Please ensure that the bank account is different from the bank account metioned under Section 12 below.) Please ensure that the bank account linked with the demat account provided under section 3 is mentioned here. Bank Name Bank City Branch Name Bank City Account Number Bank City Account Type (Please <)	[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 of POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. M/s. Nationality PAN#/ PEKRN# KYC Number KYC Mumber # Please attach Proot. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC (Identification Number issued by CKYCR. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction 12 below.) Please ensure that the 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 Bank City Branch Name Bank City Account Number NRO 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 cheque leaf. If you do not find this on your cheque leaf. please check for the same with your base of the sam	Та	x Payer Ref. ID No. 3							
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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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction 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 Account Number Account Type (Please <) Savings Currrent IFSC Code*** MODE OF PAYMENT OF REDEMPTION/ IDCW PROCEEDS (Refer instruction 11) I/We would like to receive redemption / IDCW proceeds :	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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction Na 18b for KYC Identification Number issued by CKYCR. Please ensure that the bank account linked with the demat account provided under section 3 is mentioned here. Bank Name Branch Name 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 cheque leaf. If you do not find this on your cheque leaf, please check for the same with your ba MODE OF PAYMENT OF REDEMPTION/ IDCW PROCEEDS (Refer instruction 11) I/We would like to receive redemption / IDCW proceeds :	POW Na	VER OF ATTORNEY (PoA) H ame of PoA Mr. Ms. M/s.							
# 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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction 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 Bank City Branch Name Bank City Account Number Savings Account Type (Please ✓) Savings IFSC Code*** *** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing or cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank) MODE OF PAYMENT OF REDEMPTION/ IDCW PROCEEDS (Refer instruction 11) I // We would like to receive redemption / IDCW proceeds :	# 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. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, if any) (Refer instruction 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 Bank City Branch Name Bank City Account Number Savings Account Type (Please <)							lick (√)1 (Mandatory) P	roof Attached	
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HDFC NIFTY100 Index Fund

Application No.:

E HDFC
MUTUAL FUND
BHAROSA APNO KA

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

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

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

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.

 THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*

 • Returns that are commensurate (before fees and expenses) with the performance of the NIFTY100 Index (TRI) over long term, subject to tracking error.

 • Investment in equity securities covered by the NIFTY100 Index

*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

RISKOMETER#

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 IN	IFORMATION (Investors applying	under Direct Plan must	mention "Direct" in AR	N column.) (Refer Instruc	tion 1)	FOR OFFICE USE ONLY	
ARN/RIA Code/Portfolio	ARN/RIA/Portfolio	Sub Agent's ADN	Dards Darrich Oards	Internal Code	Employee Unique	(TIME STAMP)	
Manager's Registration Number (PMRN)	Manager's Name	Sub Agent's ARN	Bank Branch Code	for Sub-Agent/ Employee	Identification Number (EUIN)		
ARN-							
	EUIN box is left blank) (Refer Ins	, , ,					
I/We hereby confirm that the of the above distributor/sub b	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/ 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 d						
Si						Sign Here	
First/ Sole A	oplicant/ Guardian		Second Applica	int	Th	ird Applicant	

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.

ACKN	IOWLEDGEMENT SLIP FOR SCSB (HDFC NIFTY100 Inde	x Fund)
TO BE RETAINED BY THE SCSB (To be filled by the Sole/First Applicant)	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020	Date : ASBA D Application No.
Received from Mr./Ms.	SCSB Account Details	Total Amount to be blocked
Address	Bank Account No.	(Rs. in figures)(Rs. in words)
Tele./Fax Mobile No.		(10. 11 Wordd)
E-mail:		
Sign Here	Sign Here	Sign Here
First / Sole Applicant / Guardian / PoA	Second Applicant	Third Applicant
	IOWLEDGEMENT SLIP FOR SCSB (HDFC NIFTY100 Inde	
	HDFC MUTUAL FUND	Date :

TO BE GIVEN BY THE SCSB (To be filled by the Sole/First Applicant) 16	Head Office : HDFC House, 2nd Floor, H.T. Pr 5-166, Backbay Reclamation, Churchgate, Mu		Date :
Received from Mr./Ms.	SCSB Account Details	Total Amount to be blocked	SCSB Stamp Signature, Date & Time of
Tele./Fax Mobile No.	Bank Name & Address	(Rs. in figures) (Rs. in words)	Form Submission
E-mail:			

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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 st Applicant	st Applicant 2 nd Applicant		3 rd Applicant Guardian		Politically Exposed			Not
Private Sector Service						Person (PEP) details:		PEP	to PEP	Applicable
Public Sector Service						1 st Applicant				
Government Service						2 nd Applicant				
Business						3 rd Applicant				
Professional						Guardian				
Agriculturist						Authorised Signato	ries			
Retired						Promoters				
Housewife						Partners				
Student						Karta				
Proprietorship						Whole-time Directors				
Others (Please specify)						Trustee				
Non-Individual Inve providing any of the services		/	 Foreign Exchang Money Lending 	 Gaming/Gambling/Lottery/Casino Services None of the above 						
Gross Annual Income Range (in Rs.)	1 st Applica	nt Applicant	3 rd t Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applican	ıt	3 rd Applicant	Guardian
Below 1 lac					10-25 lac					
1-5 lac	lac 🗌 🗌				25 lac- 1 cr					
5-10 lac					> 1 cr					
OR Networth in Rs. (not older than 1 year) (Mandatory for Non Individual)							as on DD	M	 M YY	YY

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?	Yes No	Yes No	Yes 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 Instruct	ation 6)									
	ciioii 0)									
Scheme Name: HDFC NIFTY100 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										
Mention valid ARN in Key Partner/ Agent Information						•				
3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Re	efer Instructi	Name c		y to be blocke	d from	this Acc	ount)			
Pay-in Bank Account No.		the Ban								
Branch		Bank	City							
Account Type [Please tick (✓)] □ SAVINGS □ CURRENT □	NRE	NR0	FCNR	OTHERS				(plea	se specif	y)
Total Amount to be blocked Amount in figures (Rs.)										
in words (Rupees)										
IFSC Code***		The 9 digit MIC Bank & Branch	R Code numb is**	er of my/our						
 BANK ACCOUNT (PAY-OUT) DETAILS OF FIRST / SOLE / Fill in these details only if the ASBA Account details pro with the Demat Account as mentioned under Section 5 different from the bank account mentioned under Section 	ovided in Sec below. Mand	tion 3 are diffe	erent from th							
Account No.		Name	of the Bank							
Branch		Bank	City							
Account Type [Please tick (✔)] □ SAVINGS □ CURRENT	NRE	NR0	FCNR	OTHERS				(ple	ase spec	ify)
IFSC Code***				MICR Co	de**					
(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 Instruct	ction 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 1	Nominate					(So	le applicant's s	ignature ma	indatory)	
	Relationship of Guardian	Date of Birth	Name and	Address of Gua	rdian		e of Nominee	Proportion units wi	(%) in wh Il be share	

Name and Address of Nominee(s)	PAN	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee	units will be shared by each Nominee (should
		of Guardian with Nominee (Proof to be attached)	(to be furnish	ed in case the Nominee is a minor)	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	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

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 Index Fund of HDFC Mutual Fund ('Fund') and confirm and declare as under:

- (a) I/We an/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) 1/We will be bound by the Fund's terms and conditions as amended from time to time. 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/maner/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.
- We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/Fund (TA) 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. (f) 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.

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.) First / Sole Applicant / Guardian SIGN **GNATURE(S)** Second Applicant SIGN S Third Applicant SIGN

SIGN HERE