

## **HDFC Defence Fund**

Application No.:

An open-ended equity scheme investing in Defence & allied sector companies

**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.

	er of Units of Rs. 10 each du	ring the New Fund			of Units at Applicable	e NAV							
	New Fund Offer Opens On: May 19, 2023  New Fund Offer Closes On: June 2, 2023												
Scheme Reopens on:	UII.				s of allotment of units under NFO								
•	t to place the NEO before the abo	us mantianed data by				iluci Ni O							
	t to close the NFO before the abo		giving at least one us	ay notice in one da	lliy Newspapei.	DIOVOMETED #							
	E FOR INVESTORS WHO ARE S	EEKING*				RISKOMETER#							
Investment predominar	apital appreciation/ income htly in equity & equity related instru		·	es.	low!	Moderate Moderately High	Nigh						
# The product labeling assig and the same may vary post i	eir financial advisers, if in doubt abouted the NFO is based on into NFO is based on into NFO when the actual investments are may refer to the Monthly Portfoli	ernal assessment of th are made.	e scheme characteris	·		RISKOMETER rstand that their principal will	be at very high risk						
KEY PARTNER / AGENT INI ARN/RIA Code/Stock Broker/ Portfolio Manager Registration	FORMATION (Investors applying ARN/RIA/Portfolio Manager's/ Stock Broker's	under Direct Plan must Sub Agent's ARN	mention "Direct" in AF	Internal Code for Sub-Agent/	Employee Unique Identification Number	FOR OFFICE USE ONI (TIME STAMP)	Y CAMS bar code						
Number (PMRN)	Name			Employee	(EUIN)								
ARN-													
	EUIN box is left blank) (Refer Ins iUIN box has been intentionally lo oker or notwithstanding the advio		this transaction is ex ess, if any, provided b	ecuted without an y the employee/re	y interaction or advice by lationship manager/sale	y the employee/relationshi s person of the distributor/	p manager/sales person sub broker.						
Sign •													
	cant/ Guardian/ PoA Holder		Second App	licant		Third Applican	t						
Folio No.  2. MODE OF HOLDING [PIe  3. UNIT HOLDER INFORMA  NAME OF FIRST / SOLE AP  Mr. Ms. M/s.  Nationality		VE EXISTING FOLIO,  Joint	PLEASE FILL IN SEC The de Anyone or S DATE OF BIR DIders) PAN#/ PEKRN#	ETIONS viz. 1, 5, 7 etails in our record survivor  RTH@  #	, 10 AND 13 ONLY. Refer	r instruction 3).  r mentioned alongside will  Y   Y   Proof of date of b							
Resident Individual Pa	olicant [Please tick (✓)] □ artnership □ Trust □ HUF □ A batriation □ NRI-Non Repatriation	40P 🗌 PIO 🗌 Pvt. L	n - Individual [Please (Refer td. Company 🔲 Pub	r Instruction 4 & 19 lic Ltd. Company	S & Ultimate Beneficial 0 )  Minor through guardia								
LEI No. (Mandatory for Non - Indiv	viduals transacting / proposing to	transact for an amou	Expiry Date: nt of Rs. 50 crores o	r more)	YYYY								
Mr. Ms.  Nationality	se of First / Sole Applicant is a N	linor) / NAME OF CO	NTACT PERSON – DE	SIGNATION (in ca	se of non-individual Inve	stors)							
PAN#/ PEKRN#  KYC Number  Relationship with Minor@ Ple		Court appointed Le		[Please tick (✓)] Proof of	(Mandatory) Pro	oof Attached lease (✓) Attached @	) Mandatory						
MAILING ADDRESS OF FIR	ST / SOLE APPLICANT (Mandato	ory) (Refer Instructio	n 4a)										
CITY			STATE			PIN CODE							
# Please attach Proof. Refer i	nstruction No 16 for PAN/PEKRN and	l No 18a for KYC (KRA).	Refer instruction No 1	8b for KYC Identifica	ation Number issued by CKY	/CR.							
ACKNOWI EDGEMENT SLIE	• (To be filed in by the Investor) [For	any queries please conf	act our nearest Investo	r Service Centre or	call us at our Customer Serv		/ 1800 419 7676 (Toll Free))						
Date:	(1.0 30 moz m sy mo mvostor) [10]	Head Office : HDF	HDFC MUTUAL C House, 2nd Floor, I clamation, Churchgat	<b>FUND</b> H.T. Parekh Marg,	165-166,		pplication No.:						
Received from Mr. / Ms. / M/s an application for subscription		of HDFC Defence Fund.				ISC	Stamp & Signature						

3. UNIT HOLDER INFORMATIO CONTACT DETAILS OF FIRST /	•	,	0 1 0 1		OTD O		1 1	1 1			
Telephone : Off.			Res.	il of First / Ools	STD Code Fax	III CARITAL C					
eAlerts Mobile		0 - 0 - 11 - 0		il of First / Sole		IN CAPITALS		l' (′ EDI I	)		
					pendent Siblings Dependent Parents G Dependent Siblings Dependent Paren						
I hereby declare that I sha		,				ito duardian		_ oustodian (for i	i is only) i wio		
-					the terms & conditions displayed on webs	ite: www hdfcfu	nd com (	Fmail id mandato	rv)		
(only for non individuals a						ito. www.iiuioiu	iiu.coiii (	Linan iu manuato	· <b>y</b> )		
( , , , , , , , , , , , , , , , , , , ,			3 ,		mmary thereof/ account statements/ statu	tory and other d	locument	e hy amail			
					ridged summary thereof [Please tick ( $\checkmark$ )]						
JOINT APPLICANT DETAILS		.,			• • • • • • • • •	-p (					
	, ,	ilistruction 4) (ili	case of willor, ti	ilere silali de ili	o joint noiders)						
1. NAME OF SECOND APPLICA	NT										
Mr. Ms. M/s.											
Nationality				PAN#/ PEI	KRN#						
KYC Number				KYC	# [Please tick ( )] (Mandatory)</td <td>Proof Attach</td> <td>ned</td> <td></td> <td></td>	Proof Attach	ned				
2. NAME OF THIRD APPLICANT											
Mr. Ms. M/s.											
Nationality				PAN#/ PEI	ZDN#						
						Droof Attack	nod.				
KYC Number		DAN/DEVE:	40-4-10/6 //		# [Please tick ( )] (Mandatory)</td <td>Proof Attach</td> <td>idu</td> <td></td> <td></td>	Proof Attach	idu				
# Please attach Proof. Refer instr	uction No 16 for l	PAN/PEKRN and No	18a for KYC (KRA).	Reter instruction	No 18b for KYC Identification Number issued	DY CKYCR.					
ADDITIONAL KYC DETAILS (	Refer instructi	on 4b)									
Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) detail	le: lo o	PEP	Related to PEP	Not Applicable		
Private Sector Service	η Αρμισαπί	Z Applicatit	o Applicatit	Guaruiali	1 <sup>st</sup> Applicant	is. IS a	rer	neialeu lu PEP	Not Applicable		
Public Sector Service					2 <sup>nd</sup> Applicant	L					
Government Service					3rd Applicant						
Business Professional					Guardian						
Agriculturist					Authorised Signatories						
Retired					Promoters	-					
Housewife					Partners						
Student					Karta	-					
Proprietorship Others (Please specify)					Whole-time Directors Trustee						
Non-Individual Investors in	volvod/ nrovi	ding any of the	mentioned cor	vices	Foreign Exchange / Money Changer Serv	vices C	omina / G		/ Casino Services		
Non-marviduai mvestors m	voiveu/ piovi	uning any or the	ilicililolicu sci	VICES	Money Lending / Pawning		one of the		/ Gasiiio Seivices		
Cross Annual Income Dange	(in Do ) d\$ A	ond A I:-	Ord A 1:						-1 0 "		
Gross Annual Income Range	(III KS.) 1" App	olicant 2 <sup>m</sup> Applic	ant 3" Applicant	t Guardian	Gross Annual Income Range (in Rs.)	1" Applicant	2 <sup>m</sup> Appli	cant 3" Applica	nt Guardian		
Below 1 lac	L			Ц Ц	10-25 lac	Ш					
1-5 lac					25 lac- 1 cr						
5-10 lac					> 1 cr						
OR Networth in Rs. (Mandato	rv					as or	1				
for Non Individual) (not older	. ,										
than 1 year)						DI	) N	MM YYY	/		
. POWER OF ATTORNEY (Po	A) HOLDER D	ETAILS									
Name of PoA Mr. Ms. M/s	i.										
PAN#/ PEKRN#											
KYC Number				KY	C # [Please tick (√)] (Mandatory)	Proof Attac	hed				
	ruction No 16 for	PAN/PEKRN and No	18a for KYC (KRA)		n No 18b for KYC Identification Number issued		iiou				
# 1 lease attach 1 look lieler hist	iuction No 10 tot	I AN/I EKIN and No	Toa loi Kito (KiiA)	. 116161 11131146110	ii No 100 ioi K10 ideiliiileatioii Nuiiibei issued	i by okton.					
. MODE OF PAYMENT OF RE	DEMPTION /	IDCW PROCEED	OS (refer instru	ction 11)							
I / We would like to receive re			(	,							
directly into my / our bank			lt mode) NR	☐ via chemie	e / demand draft						
	. account (ac pt	Journal of (Dolan		via olloque							
. UNIT HOLDING OPTION	DEM	AT MODE*	PHYSICA	AL MODE (De	fault) ( refer instruction 13	3)					
*Demat Account details are man	ndatory for (i) Fl	Pls and (ii) investor	rs who wish to hol	d the units in De	emat Mode (Account statement (CAS) for u	nits held in dem	at mode	will be issued only	by NSDL/CDSL)		
NODI DO N-				DD ID		Beneficiary					
NSDL DP Name				DP ID	I N	Account No.					
				Rone	ficiary						
CDSL DP Name					unt No.						
*Investor opting to hold units in	demat form, m	nay provide a copy	of the DP stateme	ent for us to ma	tch the demat details as stated in the appli	ication form.					
			=								
				Partic	culars						
Scheme Name / Plan / Option / Si	ub-option /			ent /	Drawn on (Name of Rank and Pranch)		Δmount i	n figures (Pc.)			
Scheme Name / Plan / Option / Sub-option / Cheque / DD / Payment Instrument / UTR No. / Date Drawn on (Name of Bank and Branch) Amount in figures (Rs.)											
HDFC Defence Fund											
v Dolonov I unu											

The below information is r	FION (for Individual including Sole F equired for all applicant(s)/ guardia ntial or Business	an			oned in form/e	xisting address app	pearing in Folio)
Category	First Applicant/Guardian in ca	ise of Minor	Second Ap	oplicant/ Guardia	ın	Third A	Applicant
Place/ City of Birth							
Country of Birth							
Country of Tax Residency:	#						
Nationality/Tax Residency Please indicate all countries	n's Country of Birth/Citizenship/ other than India? es in which you are resident for tax ted Tax Reference Numbers below*.	First Applic	cant/Guardian in ca	ase of Minor		plicant/ Guardian	Third Applican
If Yes, please provide the f	following information [mandatory]						
Category	First Applicant/Guardian in ca	se of Minor	Second Ap	pplicant/ Guardia	ın	Third A	Applicant
Tax Payer Ref. ID No ^							
Identification Type [TIN or other, please speci	ify]						
Country of Tax Residency	2						
Tax Payer Ref. ID No. 2							
Identification Type [TIN or other, please speci	ify]						
Country of Tax Residency	3						
Tax Payer Ref. ID No. 3							
Identification Type [TIN or other, please speci	ifyl						
D. INVESTMENTS & PAYMENT he name of the first/ sole appli Regular Plan (Purcha	rere the individual is a citizen/ green c  DETAILS [Please (<)] (Refer instruction cant must be pre-printed on the chequetiase/ Subscription routed through Distribution (Xey Partner/ Agent Information)	tion 6 & 7 for See.	cheme details and i	nstruction 8 & 9 f	or Payment De	tails)	
Scheme/Plan/Sub Option/	Frequency						
	come Distribution cum Capital Withdrawa ne amounts can be distributed out of inves	` ' '		ch is part of sale pr	rice that represen	its realized gains.)	Payout Reinvestment
Mode of Payment	☐ Cheque ☐ D	emand Draft	□ NEI	FT/ RTGS/ Fund	Transfer	One Ti	me Mandate (OTM)
Please note that OTM can transactions via OTM	Defence Fund NFO Collection A/c be selected as mode of payment provide	Account No: 57 d OTM is already		RTGS/ NEFT OTM is not register	IFSC Code: HD ed please fill in	FC0000060 the attached OTM Deb	
Payment Type [Please			ird Party Payment	`			
Drawn on Bank / Brand	ch Pay-In Bank Account N (For Cheque Only)	No. Pay	Cheque/ DD/ /ment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument UTR Date	/ Paymen RTGS/ NEF	f Cheque / DD / It Instrument / T in figures (Rs.)	D Charges, if any Net Cheque/
Cheque/ DD Amount (in word	ds):	-					
1. BANK ACCOUNT DETAILS	OF THE FIRST / SOLE APPLICANT ( case the pay-out bank account is differen	(For redemption	n/ IDCW Payments account mentioned ur	if any) (refer ins	truction 5) low.)		
For unit holders opting to hold	units in demat form, please ensure that the						
Bank Name Branch Name				Bank (	City		
Account Number		/TL	ha Q digit ands annesses			number)	
MICR Code Account Type (Please √)	Savings Current 1	NRO 🗆 NRE	he 9 digit code appears FCNR	s on your cheque ne   Others (please s	•	number)	
IFSC Code***	_ Javings _ Cuffell _ I	INITO LINKE	*** Refer Ir cheque leaf.	nstruction 5C (Manda If you do not find this	tory for Credit via l s on your cheque l	NEFT / RTGS) (11 Chara eaf, please check for the	cter code appearing on yo same with your bank)

] I/We wish to nominate as under: <b>0</b>	R	nfirm that I / We do es involved in non-a (s) would need to si ttlement of death cla	not wish to appoint ppointment of any noun the province of any noun the requisite of transmission of	nt any nomine ominee(s) and documents is units in favour	ee(s) for my mutual fund u l am/ are further aware that ssued by the Court or such r of the legal heir(s), based of	inits held in my / our mutua in case of my demise / death other competent authority, a on the value of the units held i	al fund folio and understand of all the unit holders in the f s may be required by the Mu n the mutual fund folio/s.
Name and Address of Nominee(s) (IN CAPITALS) (Mandatory)	PAN	Nominee Relationship (Mandatory)*	Date of Birth		ne Guardian (Mandatory) d Address of Guardian (Optional)	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which units will be shared by each Nominee (should aggregate to 100%)
		(Proof to be attached)	(Mandatory to be f	urnished in ca	ase the Nominee is a minor		(Mandatory)
				PAN:			
				PAN:			
				PAN:			
	rst / Sole Applicant	_	_	Second	Applicant	_	Third Applicant
nominate. Fi	fer instruction 14)	elated documents a	nd the addendum is		Applicant	SIGN HERE	Third Applicant
nominate. Fit	fer instruction 14)	elated documents a as the rules and re as may be applicab ipply to the Trustees	nd the addendum is gulations of SEBI, A le to me/us from tin for allotment of Un		(Please w	rite Application Form No. / erse of the Cheque / Dema	Folio No.
nominate.  Fi  ECLARATION & SIGNATURE/S (re  / We have read, understood the terms and therein till date, Key Information Memorane Prevention of Money Laundering Act, 2002 time and agree to comply with the same as the Scheme(s) of HDFC Mutual Fund ("Fund (a) I/We am/are eligible Investor(s) as per	fer instruction 14) I conditions of the scheme re Jum of the Schemes as well and such other regulations a Unitholder. I /We hereby a ') and confirm and declare as the scheme related documen	its and not prohibite	d from accessing ca	sued MFI, ne to ts of	(Please w	rite Application Form No. /	Folio No.
nominate.  Fi  ECLARATION & SIGNATURE/S (re  / We have read, understood the terms and herein till date, Key Information Memorand Prevention of Money Laundering Act, 2002 time and agree to comply with the same as he Scheme(s) of HDFC Mutual Fund ("Fund (a) IWe am/are eligible Investor(s) as perimarkets by any order/ruling / judgmen laws. I am/We are authorised to make amount invested in the Scheme(s) is the scheme(s) in the scheme(s) in the scheme(s) is the scheme(s) in the sche	fer instruction 14) I conditions of the scheme redum of the Schemes as well and such other regulations a Unitholder. I /We hereby a ") and confirm and declare as the scheme related document etc. passed by SEBI/ Statut this investment as per the Corough legitimate sources only	nts and not prohibite tory Authority or Co onstitutive documer y and is not for the p	d from accessing ca ourts in India and Foots ourpose of contrave	sued MFI, ne to ts of  pital eign The	(Please w	rite Application Form No. / erse of the Cheque / Dema	Folio No.
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nominate.  Fi  ECLARATION & SIGNATURE/S (re  / We have read, understood the terms and herein till date, Key Information Memoran Prevention of Money Laundering Act, 2002 ime and agree to comply with the same as the Scheme(s) of HDFC Mutual Fund ('Fund (a) We am/are eligible Investor(s) as perimarkets by any order/ruling / judgmen laws. I am/We are authorised to make amount invested in the Scheme(s) is the and/or evasion of any act, rules, regulndia.  (b) I / We will be bound by the Fund's terms (c) The information given by me /us in or such other further/additional information such other further/additional information.	fer instruction 14) I conditions of the scheme re tum of the Schemes as well and such other regulations a Unitholder. I /We hereby a ") and confirm and declare as the scheme related document etc. passed by SEBI/ Statut this investment as per the Corough legitimate sources onliations, notifications or direct and conditions as amended along with this application for n as may be required by the I	its and not prohibite tory Authority or Co onstitutive documer y and is not for the ctions issued by an from time to time. rm is true and corre HDFC Asset Manag	d from accessing caurts in India and Fonts/ authorization(s), burpose of contrave y regulatory authorization (s), and I/we shall furement Company Lir	sued MFI, ne to ts of  pital eign The tition ty in	(Please w	rite Application Form No. / erse of the Cheque / Dema	Folio No.
nominate.  File CLARATION & SIGNATURE/S (recovered) when we read, understood the terms and therein till date, Key Information Memorant Prevention of Money Laundering Act, 2005 ime and agree to comply with the same as the Scheme(s) of HDFC Mutual Fund ('Fund a) I/We arn/are eligible Investor(s) as perimarkets by any order/ruling / judgmen laws. I am/We are authorised to make amount invested in the Scheme(s) is the and/or evasion of any act, rules, regularidia.  (b) I/We will be bound by the Fund's terms (c) The information given by me /us in or such other further/additional information (AMC)/ Fund. I/We undertake to proma about any change in the information fur	fer instruction 14) I conditions of the scheme relum of the Schemes as well and such other regulations a Unitholder. I /We hereby a 'j and confirm and declare as the scheme related document etc. passed by SEBI/ Statut this investment as per the Corough legitimate sources on lations, notifications or direct and conditions as amended along with this application for a try inform the AMC / Fund/Rished by me/us from time to	its and not prohibite tory Authority or Co onstitutive documer y and is not for the ptions issued by an from time to time. If the corrections is true and corrections is true and corrections and Transfactions.	d from accessing c: unts in India and Foi nts/ authorization(s), ourpose of contrave y regulatory authori ect and I/we shall fue ment Company Lir er Agent (RTA) in w	sued MFI, ne to ts of  upital eign The tition ty in  mish nited	(Please w on the rev First / Sole Applicant / Guardian	rite Application Form No. / erse of the Cheque / Dema	Folio No.
nominate.  ECLARATION & SIGNATURE/S (ref. / We have read, understood the terms and herein till date, Key Information Memorane Prevention of Money Laundering Act, 2002 ime and agree to comply with the same as he Scheme(s) of HDPC Mutual Fund ("Fund" ("Aund") and "Aundering Act, 2002 ime and agree to comply with the same as he Scheme(s) of HDPC Mutual Fund ("Fund" ("Aund") are leipible Investor (s) as perf markets by any order/ruling / judgmen laws. I am/We are authorised to make amount invested in the Scheme(s) is the and/or evasion of any act, rules, reguindia.  (b) I / We will be bound by the Fund's terms (c) The information given by me /us in or such other further/additional informatio (AMC) / Fund. I/We undertake to promp about any change in the information fur (d) I/We hereby authorize you to disclose, part of it including the changes/update Asset Management Company, its er	fer instruction 14) I conditions of the scheme relum of the Schemes as well and such other regulations a Unitholder. I /We hereby a 'y and confirm and declare as he scheme related document etc. passed by SEBI/ Statut this investment as per the Corough legitimate sources on lations, notifications or direct and conditions as amended along with this application for nas may be required by the I thy inform the AMC / Fund/Renished by me/us from time to share, remit in any form/mars is that may be provided by I noloyees, agents and third	its and not prohibite tory Authority or Co constitutive documer y and is not for the parties is sued by an from time to time. If the corrections is true and corrections is true and corrections and transfatime.  Inter/mode the abow me/us to the Fund, party service proconstitutions.	d from accessing c: urts in India and Foi ts/ authorization(s), purpose of contrave y regulatory authorian ect and I/we shall fur- er Agent (RTA) in which e information and/or its Sponsor/s, Trus sviders, SEBI regist	sued MFI, le to ts of lipital leign The thition ty in mish nited itting any ees, eered	(Please w on the rev First / Sole Applicant /	rite Application Form No. / erse of the Cheque / Dema	Folio No.
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## **HDFC Defence Fund**

Mobile No.

Tele./Fax

E-mail:

An open-ended equity scheme investing in Defence & allied sector companies

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 of Units of Rs. 10 each during the New Fund Offer (NFO) and Continuous Offer of Units at Applicable NAV

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New Fund Offer Opens On:	May 19, 2023								
New Fund Offer Closes On:	June 2, 2023								
Scheme Reopens on:	Within 5 Business Days of allotment of units under NFO								

The Trustee reserves the right to close the NFO before the above-mentioned date by giving at least one day notice in one daily Newspaper.

# THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING\* To generate long-term capital appreciation/ income Investment predominantly in equity & equity related instruments of defence and allied sector companies. \*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 \*\*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

#### APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

(The A	Application Form s	hould be completed in <b>Englis</b>	sh and in BLOCK LE	TTERS only.)		ASB	A Applicatio	n No.	
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RAW# / PEKRN#  KYC Wimber  NAME OF SECOND APPLICANT  Mr. Ms. Mys.  Nationality  KYC Number  NAME OF THIRD APPLICANT  Mr. Ms. Mys.  NAME OF THIRD APPLICANT  Mr. Mys.  NAME OF THIRD APPLICANT  NAME OF THIRD APP		1 1	1 1			Des	signation						Cont	act No.				T				+
Relationship with Minor@ Please (*) Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (*) Attached @ Mandatory  . NAME OF SECOND APPLICANT  Mr. Ms. M/s.  Nationality  . NAME OF THIRD APPLICANT  Mr. Ms. M/s.  . NAME OF THIRD APPLICANT  Mr. Ms. M/s.  Nationality  . PAN#/ PEKRN#  KYC # [Please tick (*)] (Mandatory) Proof Attached  . NAME OF THIRD APPLICANT  Mr. Ms. M/s.  Nationality  . PAN#/ PEKRN#  KYC Williams  Mr. Ms. M/s.  Nationality  . PAN#/ PEKRN#  KYC Williams  Malling ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)  CITY  COUNTACT DETAILS OF FIRST / SOLE APPLICANT  Telephone: Off.  Res.  Res.  Fax  Alerts Mobile  Dependent Children Dependent Siblings Dependent Parents Guardian (POA Custodian (for FPIs only)) PMS  This mobile number belongs to (Mandatory Please *): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)) PM  Thereby declare that I shall immediately notify any change to the mobile number / email id. (Refer instruction 10)  I / We would like to register for online access to transact on HPTCMFOnline Investors as per the terms & conditions displayed on website: www.hdcfund.com (Email id mandatory) (only for non individuals with mode of holding as 'Joint'). Refer instruction 10  I / We would like to register for online access to transact on HPTCMFOnline Investors as per the terms & conditions displayed on website: www.hdcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer instruction 10  On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof (Please tick (*)) Opt-in (Refer Instruction 10 & 12)	PAN#/ PEKRN#																					
Relationship with Minor@ Please (*) Father Mother Court appointed Legal Guardian  Proof of relationship with minor@ Please (*) Attached @ Mandatory  NAME OF SECOND APPLICANT  Mr. Ms. M/s. Nationality  NAME OF THIRD APPLICANT  Mr. Ms. M/s. Nationality  YYO Number  NAME OF THIRD APPLICANT  Mr. Ms. M/s. Nationality  YYO Number  KYC # [Please tick (*)] (Mandatory) Proof Attached  KYC # [Please tick (*)] (Mandatory)  Proof Attached  WAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)  CITY  STATE  Country Code  STD Code  Telephone: Off.  Bes.  Fax  Alerts Mobile  This email id belongs to (Mandatory Please *): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please *): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile to register for online access to transact on HDCMFOOline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof (Please tick (*)) Opt-in (Refer Instruction 10 & 12)									KYC +	# [Ple	ase tick	(√)1 (Ma	ndatory)		Proof /	Attache	d					
NAME OF SECOND APPLICANT  Mr. Ms. M/s.  Nationality  NRO Number  NAME OF THIRD APPLICANT  Mr. Ms. M/s.  Nationality  NR Ms. M/s.  Nationality  NR Ms. M/s.  Nationality  NAME OF THIRD APPLICANT  Mr. Ms. M/s.  Nationality  NAME OF THIRD APPLICANT  NAME OF THIRD APPLICANT  WALLING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)  NAME OF THIRD APPLICANT  Country Code  STATE  PIN CODE  CONTACT DETAILS OF FIRST / SOLE APPLICANT  Telephone : Off.  Res.  Does Email of First / Sole holder  This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Quardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Quardian POA Custodian (for FPIs only) PM  I hereby declare that I shall immediately notify any change to the mobile number / email id. (Refer instruction 10)  I We would like to register for online access to transact on INFCMPConline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof (Please tick (✓)] Opt-in (Refer Instruction 10 & 12)	Deletionabin with M	inar Dlas	20//	F-th	B.dHe	Carret		I I amal Cuar						h!	DI		A I		O M-			
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ANAME OF THIRD APPLICANT  Mr. Ms. Ws.  Nationality  PAN#/PEKRN#  KYC Mumber  KYC # [Please tick (~)] (Mandatory)  Proof Attached  MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)  COUNTACT DETAILS OF FIRST / SOLE APPLICANT  Country Code  STD Code  Telephone : Off.  Alerts Mobile  Docs Email of First / Sole holder  This email id belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PM  I hereby declare that I shall immediately notify any change to the mobile number/email id. (Refer instruction 10)  I/ We would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory)  (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  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)	Nationality							PAI	N#/ PEKI	RN#												
Mr. Ms. M/s.  Nationality  PAN#/PEKRN#  KYC Mumber  KYC # [Please tick (~)] (Mandatory) Proof Attached  MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)  CITY  STATE  PIN CODE  COUNTACT DETAILS OF FIRST / SOLE APPLICANT  Country Code Res.  Alerts Mobile  ADOES Email of First / Sole holder  This email id belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please ~): Self Spouse Dependent Parents Guardian P	KYC Number								KYC a	# [Ple	ase tick	(✓)] (Ma	ndatory)		Proof I	Attache	d					
Nationality   PAN#/PEKRN#   KYC # [Please tick (*/)] (Mandatory)   Proof Attached   Proof A	2. NAME OF THIRD	) APPLICA	NT																			
KYC Number    KYC # [Please tick (~)] (Mandatory)   Proof Attached	Mr. Ms. M/s	<b>i.</b>																				
CITY  STATE  PIN CODE  CONTACT DETAILS OF FIRST / SOLE APPLICANT  Country Code  Res.  Alerts Mobile  Active Mandatory Please V: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS This mobile number belongs to (Mandatory Please V): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS This mobile number belongs to mandatory Please V): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS This mobile number declare that I shall immediately notify any change to the mobile number/email id. (Refer instruction 10)  I/ We would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals with mode of holding as 'Joint'). Refer Instruction 12.  On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof (Please tick (V)) Opt-in (Refer Instruction 10 & 12)	Nationality							PAI	N#/ PEKI	RN#												
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Country Code  Telephone : Off.  Res.  Pocs Email of First / Sole holder   In CAPITALS  This email id belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  Thereby declare that I shall immediately notify any change to the mobile number/email id. (Refer instruction 10)  If we would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof [Please tick (<)] Opt-in (Refer Instruction 10 & 12)	MAILING ADDRES	S OF FIRS	T / SOLE A	APPLICAN	IT (Manda	itory) (Re	fer Instru	ction 4a)														
Country Code  Telephone : Off.  Res.  Pocs Email of First / Sole holder   In CAPITALS  This email id belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  Thereby declare that I shall immediately notify any change to the mobile number/email id. (Refer instruction 10)  If we would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof [Please tick (<)] Opt-in (Refer Instruction 10 & 12)																						
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Telephone : Off.  Res.  Pocs Email of First / Sole holder Instruction 10  In CAPITALS  This email id belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  This mobile number belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS  I hereby declare that I shall immediately notify any change to the mobile number/email id. (Refer instruction 10)  I/ We would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof [Please tick (<)] Opt-in (Refer Instruction 10 & 12)	CONTACT DETAILS	OF FIRST	/ SOLE A	PPLICAN	г																	
eAlerts Mobile   eDocs Email of First / Sole holder ^ IN CAPITALS  This email id belongs to (Mandatory Please ✓): Self   Spouse   Dependent Children   Dependent Siblings   Dependent Parents   Guardian   POA   Custodian (for FPIs only)   PMS  This mobile number belongs to (Mandatory Please ✓): Self   Spouse   Dependent Children   Dependent Siblings   Dependent Parents   Guardian   POA   Custodian (for FPIs only)   PM  I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 10)  I/ We would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory)  (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  ^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in   (Refer Instruction 10 & 12)			,			Cor	untry Code	е					STD Cod	le								
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I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 10)  I/ We would like to register for online access to transact on HDFCMFOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.  ^ 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)																						
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F 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.	nowever, ii tile iiiv	esiors wis	ii io receiv	re pilysica	i copy of t	ile schein	e wise aiii	iuai report t	ır all auri	uyeu su	illilary u	iereoi [Fi	ease lick	(* )] <b>u</b> þ	t-III	(neie	r ilistruc	uon i	υα 12	.)		
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Name of PoA Mr. Ms	s. M/s.														
Nationality					PA	N#/ PEKRI									
KYC Number							[Please tick (√)]			Proof Attache	d				
Please attach Proof. Refe	er instruction	No 16 fo	r PAN/PEKRN an	d No 18a for KYO	C (KRA). Refer in	struction No	18b for KYC Identifica	tion Number issu	ed by C	KYCR.					
1c. ADDITIONAL R	(YC DETAII	•	• , ,	fer instruction	n 4)										
Occupation details		<b>1</b> st	Applicant	2 <sup>nd</sup> Applic	cant 3 <sup>rd</sup>	Applican	t Guardian	Politically E			ls a	Related	Not		
Private Sector Servi								Person (PE		ails:	PEP	to PEP	Applicable		
Public Sector Servi								1 <sup>st</sup> Applicar							
Government Service	е							2 <sup>nd</sup> Applicat							
Business								3 <sup>rd</sup> Applicar	11						
Professional								Guardian	0'						
Agriculturist								Authorised	Signato	ories					
Retired								Promoters							
Housewife								Partners							
Student								Karta Whole-time	Diroot	oro					
Proprietorship								Trustee	Direct	015					
Others (Please spec							_								
Non-Individual Investors involved/													vices		
Gross Annual Income Range (in Rs.)	1st Applic	ant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applica	Guar	dian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applic	ant	2 <sup>nd</sup> Applica	nt	3 <sup>rd</sup> Applicant	Guardian		
Below 1 lac							10-25 lac				$\neg$				
1-5 lac							25 lac- 1 cr								
5-10 lac							> 1 cr								
OR Networth in Rs. (not older than 1 year) (Mandatory for Non Individual) 1d. FATCA INFORM										as on			YY		
The below informati	•		• • •	., .		Registered	d Office (for addr	ess mentione	d in fo	rm/existing	addro	ess appearing	ı in Folio)		
Category		First	Applicant/G	uardian in ca	se of Minor		Second Applicant	/ Guardian			Th	nird Applicant			
Place/ City of Birth															
Country of Birth															
Country of Tax Res	idency#														
Is the applicant(s)/g				zenship/	First Appli	cant/Guar	dian in case of N	linor Sec	cond A	Applicant/ G	uardia	an Thir	d Applicant		
Nationality/Tax Res Please indicate all of purposes and the a	countries ir	which	n you are resid	dent for tax ers below*.		Yes	□ No			Yes No	0		⁄es 🗌 No		
If Yes, please provi	de the follo	wing ir	nformation [m	andatory]											
Category		First	Applicant/Gu	ardian in ca	se of Minor		Second Applicant	/ Guardian			Th	nird Applicant			
Tax Payer Ref. ID N	0^														
Identification Type [TIN or other, pleas	e specify]														
Country of Tax Res	idency 2														
Tax Payer Ref. ID N	0. 2														
Identification Type [TIN or other, pleas	e specify]														
Country of Tax Res	idency 3														
Tax Payer Ref. ID N	0. 3														
Identification Type [TIN or other, pleas	e specify]														

1b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

(The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)  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	Payout Reinvestment
Scheme/Plan/Sub Option   Frequency    Growth Option   Income Distribution cum Capital Withdrawal (IDCW) Option   (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)    3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 21B) (Application Money to be blocked from this Account)  Pay-in Bank   Name of the Ban	Reinvestment
Growth Option   Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)   SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 21B) (Application Money to be blocked from this Account)   Name of count No.   Name of the Bank   Name of the Ba	Reinvestment
Ay-in Bank ccount No.    Name of the Bank	lease specify)
count No.	please specify)
count Type SAVINGS CURRENT NRE NRO FCNR OTHERS (ptal Amount to be blocked Amount in figures (Rs.)  words (Rupees)  The 9 digit MICR Code number of my/our	please specify)
SAVINGS   CURRENT   NRE   NRO   FCNR   OTHERS   (FCNR   OTHERS   CURRENT   NRE   NRO   FCNR   OTHERS   CREATER   NRO   CREATER   NRO   FCNR   OTHERS   CREATER   NRO   CREAT	olease specify)
words (Rupees)  C Code***	
SC Code***                   The 9 digit MICR Code number of my/our	
	1 1 1
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.	
ccount No. Name of the Bank	
ranch	
count Type   SAVINGS   CURRENT   NRE   NRO   FCNR   OTHERS   (*/)]	(please specify)
CC Code*** MICR Code**	
Refer Instruction 11 (The 9 digit code appears on your cheque next to the cheque number)  DEMAT ACCOUNT DETAILS - (Mandatory - Refer Instruction 21)  NSDL  CDSL	
NODE	
DP Name	
Beneficiary Account No.	
. NOMINATION    I/We wish to nominate as under: OR	olio and understand unit holders in the
my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mut	e required by the M
(IN CAPITALS)  Relationship Date of Birth PAN and Address of Guardian (Optional)/ Guardian of Units (Mandatory) each	tion (%) in which s will be shared b n Nominee (shoul
(Proof to be attached) (Mandatory to be furnished in case the Nominee is a minor)	gregate to 100%) (Mandatory)
Nominee 1	
PAN:	
Nominee 2	
PAN:	
Nominee 3	
PAN:	
Guardian's Relationship with Nominee (Mandatory): Mother Father Legal Guardian  roof of Relationship of Guardian with Minor: Birth Certificate School Leaving Certificate Passport Others  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 in respect of the folio(s) mentioned above.  to be signed by ALL holders, irrespective of Mode of Holding or Mode of Operation	nominations mad
POA holder cannot nominate.  First / Sole Applicant  Second Applicant  Th	ird Applicant

<ol> <li>MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 11) [Pleas</li> <li>We would like to receive redemption / IDCW proceeds:</li> </ol>	se tick (✓)]	
directly into my / our bank account (as per Section 4) (Default mode) OR via cheque / demand dra	ıft	
	1	
B. DECLARATION & SIGNATURE/S (refer instruction 14)		SIGN HERE
<ol> <li>We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:</li> <li>(a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing</li> </ol>		(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)
capital markets by any order/fuling/judgment etc. 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.	First / Sole Applicant / Guardian	
(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, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.	SIGN	
(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/ Stock Broker 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 Intermedianes, 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.	Second Applicant	
<ul> <li>(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.</li> <li>(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.</li> </ul>	SIGN SIGN SIGN	
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.	Third Applicant	
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.	SIGN	
For NRIs/ PIO/ OCIs/ FPIs only:		
//We confirm that my application is in compliance with applicable Indian and foreign laws.   For NRIs/ PIO/OCIs Please ( ✓ )   Repatriation basis   Non-repatriation basis		

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# FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name	e of the entity																														
Type	of address given at KRA		Res	sidentia	al or	Busi	ness			F	Reside	ntial				Bus	siness	S			Reg	jiste	red Of	fice							
PAN																		Da	ate of	Incorp	oratio	on		D	D	$\mathbb{N}$	M	Υ	Υ	Υ	Υ
	f incorporation																														
Coun	try of incorporation																														
										FA	TCA 8	& CRS	S De	clarat	tion																
Pleas	e tick the applicable tax res	ident	dec	claratio	n -																										
	"Entity" a tax resident of a	•		-							Yes		_	No																	
(If ye	es, please provide country/ies i	in whic	ch th	e entity	y is a	resid	ent for	tax pu	rposes a	nd t	he ass	ociate	d Tax	( ID nui	mber b	elow	/.)														
Sr. No.	C	ount	ry								Tax	denti	fica	tion N	lumbe	er <sup>%</sup>						(T	ld IN or C	entii Othe	icat r*, p	ion leas	Type se sp	ecify	)		
1.																															
2.																															
3.																															
	ase Tax Identification Numl se TIN or its functional equi													numbe	er or G	aloba	al Ent	tity Io	dentifi	cation	Num	ber	or GIIN	I, et	c.						
In cas	se the Entity's Country of In	icorp	orati	ion / Ta	ax res	sider	nce is	U.S. I	out Entit	y is	not a	Spec	ified	I U.S.	Perso	n, m	nentic	on Er	ntity's	exem	ption	cod	e here								
PART	「 <b>A</b> (to be filled by Financial In	etituti	inns i	or Dire	ct Rer	ortin	n NFF	s)																							
1.	We are a, Financial institution (Refer 1 of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriat				-			GIIN Note: GIIN a	If you d bove an	d in	dicate	e your					elow						e provi			spo	nsor's	6			_
	GIIN not available (ple	ase t	ick a	as app	licab	le)			Applied	for					N	lot c	btain	ned -	- Non	-partio	ipatin	ıg F									-
									Not requ	iired	to a	oply fo	or -	please	spec	ify 2	2 digi	ts su	ıb-ca	tegory			] (R	efer	1 A	of P	art C	)			
PART	B (please fill any one as app	ropria	te "t	o be fil	led by	NFE	s othe	r than i	Direct Re	port	ing NF	Es")																			
1.	Is the Entity a publicly trac whose shares are regular securities market) (Refer	ly tra	ded	on an				any				es [	of st	(If yes			cify any	y one	stock e	exchang	e on wh	ich ti	he stock	is reg	ularly	trade	d)				
2.	Is the Entity a related entit (a company whose share established securities ma	y of a	a pu regi	blicly i	trade	d on	an	у			Yo N	es [ ame o ature	of lis		s, please ompar	e spec							e stock e				th the s				
3.	Is the Entity an active NFE	(Ref	er 2	c of P	art C	)					N			usine:		-cat	egory	y of i	Active	NFE				Men	tion	cod	e – re	efer 2	c of	Part	C)
4.	Is the Entity a passive NFE	(Ref	fer 3	B(ii) of	Part	C)						es [ ature	of B	usine	ss																
			_							_						_		_								_		_			_

UBO Declaration	UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)									
Category (Please tick applicable category):	: Unlisted Company	Partnership Firm	Limited Liability Partnership Company							
Unincorporated association / body of	f individuals Public Charitable Trust	Religious Trust	Private Trust							
Others (please specify	)									
controlling person(s). (Please attach addition	person(s), confirming ALL countries of tax resid ional sheets if necessary) Owner Reporting Statement and Auditor's Letter									
Details	UB01	UBO2	UB03							
Name of UBO										
UBO Code (Refer 3(iv) (A) of Part C)										
Country of Tax residency*										
PAN#										
Address										
	Zip	Zip	Zip							
	State:	State:	State:							
	Country:	Country:	Country:							
Address Type	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office							
Tax ID*										
Tax ID Type										
City of Birth										
Country of birth										
Occupation Type	☐ Service ☐ Business ☐ Others	Service Business Others	Service Business Others							
Nationality										
Father's Name										
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others							
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY							
Percentage of Holding (%) <sup>s</sup>										
specified wherever applicable. *In case Tax Identification Number is not availa	closed. Else PAN or any other valid identity proof i lable, kindly provide functional equivalent olding pattern duly self attested by Authorized Sign	natory / Company Secretary	ector / Settlor of Trust / Protector of Trust to be							
		ns and Conditions								
and certain certifications and documentation fron to provide information to any institutions such as v Should there be any change in any information pro Please note that you may receive more than one re you have already supplied any previously requeste If you have any questions about your tax residenc country information field along with the US Tax Ide	cy, please contact your tax advisor. If any controlling pers	have to be reported to tax authorities/ appointed agenc tte withholding from the account or any proceeds in rela , within 30 days. with us or our group entities. Therefore, it is important son of the entity is a US citizen or resident or green car	ies. Towards compliance, we may also be required tition thereto.  that you respond to our request, even if you believe d holder, please include United States in the foreign							
by me/us on this Form is true, correct and comple	quirements and the Terms and Conditions mentioned in t ete. I/We hereby agree and confirm to inform HDFC Ass visions of the Scheme related documents inter alia pro	set Management Company Limited/HDFC Mutual Fun	d/ Trustees for any modification to this information							
Name										
Designation										
			Place							
Signature	Signature	Signature	Date/							

#### 1. Financial Institution (FI)

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- · Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution: is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributale to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
  - (i) The three financial years preceding the year in which determination is made; or
  - (ii) The period during which the entity has been in existence, whichever is less.
- Investment entity is any entity:
  - ✓ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - (I) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
    - (ii) Individual and collective portfolio management; or
    - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 (refer point 2c.)

• Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

	·
• Fl no	t required to apply for GIIN:
A. Reasor	is why FI not required to apply for GIIN:
Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers& Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

#### 2. Non-financial entity (NFE) - Entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

c. Active N	FE: (is any one of the following):
Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial yearis passive income and less than 50 percent of the assets held by theNFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFEconsist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements:
	• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;
	It is exempt from income tax in India;
	• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
	The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.
	Explanation For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-
	(I) an Investor Protection Fund referred to in clause (23EA);
	(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and
	(III) an Investor Protection Fund referred to in clause (23EC),
	of section 10 of the Act;

#### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) Passive NFE

The term passive NFE means

(1) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company;

or

- (2) an investment entity defined in clause (1) of these instructions
- (3) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

#### (iii) Passive income

The term passive income includes income by way of :

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

#### (iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- (1) More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- (2) More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- (3) More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institutionshall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling	Person Type (UBO):
UBO Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent

#### (v) Specified U.S. person – A U.S person other than the following:

- (1) a corporation the stock of which is regularly traded on one or more established securities markets;
- (2) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (3) the United States or any wholly owned agency or instrumentality thereof;
- (4) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (5) any organization exempt from taxation under section 501 (a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701 (a) (37) of the U.S. Internal Revenue Code:
- (6) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (7) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (8) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (9) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- $(10) \ \ any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;$
- (11) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (12) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (13) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

#### (vi) Owner documented FI

An FI meets the following requirements:

- (a) The FI is an FI solely because it is an investment entity;
- (b) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FI does not maintain a financial account for any non participating FI;
- (d) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

#### (vii) Direct reporting NFE

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exem	nption code for U.S. persons
Code	Sub-category
А	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
В	The United States or any of its agencies or instrumentalities
С	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
Е	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
Н	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

# Application Form for Equity and Debt Systematic Investment Plan (SIP) [For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]



Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)  ARN-  EUIN Declaration (only where EUIN box is le I/We hereby confirm that the EUIN box ha relationship manager/ sales person of the distributor/su  Sign Here  First/ Sole Applicant/ Guardian/ PoA Hol  Transaction Charges for Applications throut I confirm that I am a first time investor across If the total commitment of investment through S Charges, the same are deductible as applicable fissued against the balance of the installment amo  Please (*) any one. In the absence of indication  1) INVESTOR DETAILS  Applicant  Sole / First Applicant  Second Applicant	eft blank) as been intentionally left blabove distributor/sub broke b broker.  Idder  Jugh Distributors only  Mutual Funds.  SIP (i.e. amount per SIP installing the instal	Sign Second OR ment X no. of ins d payable to the	as this tran anding the ac n Here I Applicant	vice of in-app	Date: Date:	y interaction or advice by the employeny, provided by the employee/relationsh  Sign Here Third Applicant  D M M Y Y Y  ing investor across Mutual Funds.
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### OTM Debit Mandate Form NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes] HDFC UMRN Date MUTUAL FUND **Utility Code** Modify Create Cancel BHAROSA APNO KA Sponsor Bank Code I/We authorize **HDFC Mutual Fund** To debit (tick✓) SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number IFSC/MICR With Bank an amount of Rupees ₹ Maximum Amount PAN/PEKRN Reference 2 1. Lagree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit. From To

Name as in Bank Records 2. Name as in Bank Records 3.

□ Until Cancelled

Phone No.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank/AMC communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We will inform the AMC about any changes in my bank account. I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.



- 1. Investor may register for the One Time Mandate (OTM) for NACH/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg lumpsum, SIP) received through any mode i.e. physical or electronic ("OTM facility"). Investors who have already submitted a One Time Mandate (OTM) form i.e. already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number: Unit holder(s) should mandatorily provide their mobile number on the mandate form.
- 4. Where the mode of holding in the bank account is "Joint", the OTM mandate is to be signed by all Jointholders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- PAN/PEKRN: Investors should provide the PAN/PEKRN of the First Holder in the space provided.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 8. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
- 9. Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- 11. Please mention the Name of Bank and Branch, IFSC / MICR Code.
- 12. The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- 13. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
- 14. There is no maximum duration for enrolment.
  - An investor has an option to choose the 'End Date' of the mandate by filling the date or the Default Date i.e. December 2040 will be the end date.
- 15. Please affix the Names of investors and signature/s as well as seal of Company (where required) and sign the undertaking.
- Investors enrolling for Daily/ Weekly SIP should select "As & when presented" as payment frequency in the OTM.