

HDFC NIFTY200 Momentum 30 Index Fund

Application No.:

MUTUAL FUND BHAROSA APNO KA	(An open ended scheme Investors must read the Ke This Form should be completed the set Po. 10 each due	y Information Memora eted in English and in B	andum and the instr BLOCK LETTERS only	ructions before co	ompleting this Form									
New Fund Offer Opens On		ing the New Fund ((NFO) and Continuous Offer of Units at Applicable NAV February 09, 2024										
New Fund Offer Closes On				February 23, 2024										
Scheme Reopens on:	•			•	of allotment of uni	ts under NFO								
The Trustee reserves the right to	close the NFO before the abov	/e-mentioned date by g				is under the o								
THIS PRODUCT IS SUITABLE F	OR INVESTORS WHO ARE SI	EKING*				RISKOMETER#								
(TRI) over long term, subject Investment in equity securitives the securitive transfer of the security securitives and the security security and the security securit	ies covered by the NIFTY200 N nancial advisers, if in doubt abo during the NFO is based on inte	flomentum 30 Index out whether the product ernal assessment of the	is suitable for them.			Moderate Moderately High	Tital New High							
and the same may vary post NFO For latest riskometer, investors m		n Investors	RISKOMETER understand that their principal will be											
KEY PARTNER / AGENT INFOR ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	RMATION (Investors applying ARN/RIA/Portfolio Manager's/ Stock Broker's Name	under Direct Plan must n Sub Agent's ARN	nention "Direct" in AR Bank Branch Code	N column.) (Refer I Internal Code for Sub-Agent/ Employee	nstruction 1) Employee Uniqu Identification Numl (EUIN)	e (TIME STAMP)	CAMS bar code							
EUIN Declaration (only where EUI I/We hereby confirm that the EUIN of the above distributor/sub broke			nis transaction is ex ss, if any, provided by	ecuted without an y the employee/re	y interaction or advi lationship manager/	ce by the employee/relationship n /sales person of the distributor/su	nanager/sales persor b broker.							
First/ Sole Applican	/ Guardian/ PoA Holder		Second Appl	icant		Third Applicant								
RANSACTION CHARGES FOR	APPLICATIONS THROUG	H DISTRIBITORS (ONIY (Refer Ins	truction 2)										
☐ I confirm that I am a first time i In case the purchase/ subscripti subscription amount and payable	nvestor across Mutual Funds. on amount is Rs. 10,000 or to the Distributor. Units will be	more and your Distrib issued against the bal	OR outor has opted in t lance amount invest	o receive Transacted.	ction Charges, the s	existing investor across Mutual Fur same are deductible as applicabl								
. EXISTING UNIT HOLDER IN	FORMATION (IF YOU HAY	/E EXISTING FOLIO, P	LEASE FILL IN SEC	TIONS viz. 1, 5, 9	, 10 AND 14 ONLY. I	Refer instruction 3).								
Folio No.			The de	tails in our record	ls under the folio nu	mber mentioned alongside will ap	ply for this applicatio							
. MODE OF HOLDING [Please	e tick (<')] Single	Joint	Anyone or S	urvivor										

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)
I confirm that I am a first time investor across Mutual Funds. OR I confirm that I am an existing investor across Mutual Funds.
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.
1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 9, 10 AND 14 ONLY. Refer instruction 3).
Folio No. The details in our records under the folio number mentioned alongside will apply for this application.
2. MODE OF HOLDING [Please tick (√)] Single Joint Anyone or Survivor
3. UNIT HOLDER INFORMATION (Refer instruction 4) DATE OF BIRTH@ D M M Y Y Y Proof of date of birth@ Please (<)
NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)
Mr. Ms. M/s.
Nationality PAN#/ PEKRN#
KYC Number
Status of First/ Sole Applicant [Please tick (🗸)] Individual Non - Individual* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form, (Mandatory) (Refer Instruction 4 & 18)
Resident Individual Partnership Trust HUF AOP PIO Company Minor through guardian BOI OCI Body Corporate LLP Society / Club
NRI-Repatriation NRI-Non Repatriation Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify)
LEI No. Expiry Date: D D M M Y Y Y Y
(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)
NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)
Mr. Ms.
Nationality Designation Contact No.
PAN#/ PEKRN#
KYC Number KYC # [Please tick (✓)] (Mandatory) □ Proof Attached
Relationship with Minor@ Please (🗸) 📗 Father 🔝 Mother 🔝 Court appointed Legal Guardian Proof of relationship with minor@ Please (🗸) 🗀 Attached @ Mandatory
Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYCR.

ACKNOWLEDGEMENT SLIP	(To be flled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800	3010 6767 / 1800 419 7676 (Toll Free)
Date :	HDFC MUTUAL FUND Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Application No.:
Received from Mr. / Ms. / M/s.		ISC Stamp & Signature
an application for subscription /	redemption of Units of HDFC NIFTY200 Momentum 30 Index Fund.	

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Please a	attach Proof. Refer instru	ıction No 15 for	PAN/PEKRN a	and No 17a	a for KYC (KR	A). Refer instru	iction N	lo 17b for KYC	Identifica	ition Nur	nber issu	ed by Cl	KYCR.							
DE OF	PAYMENT OF RED	EMPTION / I	IDCW PRO	CEEDS ((refer insti	ruction 10)														
The red	emption / IDCW proce	eeds will be di	irectly credi	ted to the	investor's	bank account														
	DING OPTION		AT MODE* Pls and (ii) in	vestors w		CAL MODE (`	,	•		ruction (CAS) for	•	ield in de	emat	mode	will be	issued	only b	y NSDL	/CDS
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. FATCA AND CRS INFORMAT	,		• '	(Self Ce	rtification) (Refer instruction	4)					
The below information is re Address Type: Residen	-			Regist	ered Office	(for address m	entioned in fo	m/existing a	ddress	appearing ir	ı Folio)	
Category	First Appl	icant/Guardian in c	ase of Minor	,	Second	Applicant/ Gua	ardian		Thi	rd Applicant		
Place/ City of Birth												
Country of Birth												
Country of Tax Residency#	£											
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Nationality/Tax Residency of Please indicate all countries	Nationality/Tax Residency other than India? Please indicate all countries in which you a purposes and the associated Tax Referenc				Yes No			Yes No		☐ Y€	es No	
If Yes, please provide the fo	ollowing inform	ation [mandatory]										
Category	First Appl	icant/Guardian in c	ase of Minor	•	Second	Applicant/ Gu	ardian		Thi	rd Applicant		
Tax Payer Ref. ID No ^												
Identification Type [TIN or other, please specif	у]											
Country of Tax Residency 2)											
Tax Payer Ref. ID No. 2												
Identification Type [TIN or other, please specification of the content of the con	vd											
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Country of Tax Residency 3	3											
Tax Payer Ref. ID No. 3												
Identification Type [TIN or other, please specif	y]											
#To also include USA, wher	e the individual	is a citizen/ green ca	ard holder of	USA.	^ In case Ta	x Identification I	Number is not a	available, kind	ly provi	de its functio	nal equivalent	
O. INVESTMENTS & PAYMENT The name of the first/ sole applic	DETAILS [Please ant must be pre	se (🗸)] (Refer instru e)-printed on the chequ	ction 6 & 7 fo	r Schen	ne details an	d instruction 8	& 9 for Paymer	nt Details)				
Regular Plan - Growth Mention valid ARN in K	Option (Purcha	ase/ Subscription rout) Di	rect Plan - Grovention DIRECT in	th Option (Purc	hase/ Subscrip		de directly wit	th the Fund)	
Mode of Payment	Chequ		Demand Dra	ıft	I	NEFT/ RTGS/ F	und Transfer		One	Time Mand	late (OTM)	
Name of Bank: HDFC Bank Beneficiary Name: HDFC N RTGS/ NEFT IFSC Code: HI Please note that OTM can b transactions via OTM	IIFTY200 Momer DFC0000060	ntum 30 Index Fund CO	OLLECTION A	CCOUNT	Accour	_	424012 listered please fi	ll in the attach		Debit Mandate	e to make futur	
Drawn on Bank / Branc	h	Pay-In Bank Account (For Cheque Only)	No.	Ched Payment U1	que/ DD/ t Instrument/ TR No.	Cheque/ DI Payment Instru UTR Date	D/ Amo ment/ Pay RTGS/	unt of Cheque / yment Instrume ' NEFT in figures	DD / nt / s (Rs.)	DD Charges, if any	Net Cheque/ D Amount	
Cheque/ DD Amount (in word	,	/00LF 4DD 1041-	(For red	Aio - / 17	ACW D	de Maria						
1. BANK ACCOUNT DETAILS (Mandatory to attach proof, in c	ase the pay-out l	bank account is differe	ent from the ba	ank acco	unt mentioned	l under Section 1	0 below.)					
For unit holders opting to hold under the Bank Name	riits in demat fori	iii, pieasė ensurė that tl	ie dank accoui	nt iinked	with the dema	i account is ment	ionea nere.					
						Ва	ank City					
Branch Name Account Number MICR Code												
MICR Code				(The 9 o	digit code appe	ears on your cheq	ue next to the ch	eque number)				
Account Type (Please ✓)	☐ Savings	☐ Current ☐	NRO 🔲 I	NRE [FCNR	Others (plea	ase specify)	it via NEET / DTO	0) (11 0)			
Account Type (Please ✓) IFSC Code***	Savings	☐ Current ☐	NRO 🔲 I	NRE [FCNR *** Ref	Others (plea er Instruction 5C (N eaf. If you do not fi	ase specify) Mandatory for Cred nd this on your che	it via NEFT / RTG eque leaf, please	S) (11 Cl	haracter code ap	pear your	

12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 15)

Cheque / Demand Draft Payment Instrument.)

First / Sole Applicant / Guardian