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

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VESTMENTS & PAYMENT DE	TAILS [Please (\checkmark)] (Refer instruct	tion 6 & 7 for S	Scheme details an	d instruction 8	& 9 for Paymer	t Details)		
Regular Plan - Growth Op	otion (Purchase/ Subscription routed				• •		de directly with	the Fund)
Mode of Payment		emand Draft				·	Time Manda	te (OTM)
Beneficiary Name: HDFC NIFT RTGS/ NEFT IFSC Code: HDFC	TY100 LOW VOLATILITY 30 INDEX FU C0000060	IND NFO COLLE	CTION Accou	int No: 5750000	1443967 istered please fi	ll in the attached OTM	Debit Mandate	to make fut
Drawn on Bank / Branch	Pay-In Bank Account N (For Cheque Only)	lo. Pa	Cheque/ DD/ yment Instrument/ UTR No.	Cheque/ DI Payment Instru UTR Date	D/ Amo ment/ Pay RTGS/	unt of Cheque / DD / /ment Instrument / / NEFT in figures (Rs.)	DD Charges, I if any	Net Cheque/ Amount
Cheque/ DD Amount (in words):								
	s in demat form, please ensure that the	e bank account li	nked with the demat	t account is ment	oned above.			
ank Name				Dr	unk City			
ccount Number				Da				
IICR Code		T)	he 9 digit code appe	ars on your cheq	ue next to the che	eque number)		
ccount Type (Please √) [🗌 Savings 🔲 Current 🔲 N	IRO 🗌 NRI	E 🗌 FCNR	Others (plea	se specify)			
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ID No. 3 lentification Type IIN or other, please specify] o also include USA, where the individual is a citizen/ green car VESTMENTS & PAYMENT DETAILS [Please (~)] (Refer instruction arms of the first/ sole applicant must be pre-printed on the cheque Regular Plan - Growth Option (Purchase/ Subscription router Mention valid ARN in Key Partner/ Agent Information Mode of Payment Cheque D Name of Bank: HDFC Bank Limited Branch: Mathematical Branch: Mathematical Branch: Mathematical Branch: Mathematical Branch: Mathematical Branch (For Cheque Only) Please note that OTM can be selected as mode of payment provide transactions via OTM Drawn on Bank / Branch Pay-In Bank Account N (For Cheque Only) Cheque/ DD Amount (in words): ANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (Indatory to attach proof, in case the pay-out bank account is different runit holders opting to hold units in demat form, please ensure that the ink Name anch Name anch Name Ancount (In words): Cocunt Number Savings Current N	ax Payer Ref. 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ID No. 3 lentification Type TIN or other, please specify] o also include USA, where the individual is a citizen/ green card holder of US VESTMENTS & PAYMENT DETAILS [Please (~)] (Refer instruction 6 & 7 for S ame of the first/ sole applicant must be pre-printed on the cheque. regular Plan - Growth Option (Purchase/ Subscription routed through Distrib Mention valid ARN in Key Partner/ Agent Information Mode of Payment Cheque Demand Draft Name of Bank: HDFC Bank Limited Branch: Manekji Wadia Bu Beneficiary Name: HDFC NIFTY100 LOW VOLATILITY 30 INDEX FUND NFO COLLE RTGS/ NEFT IFSC Code: HDFC0000060 Please note that OTM can be selected as mode of payment provided OTM is alread transactions via OTM Pay-In Bank Account No. (For Cheque Only) Pa Cheque/ DD Amount (in words): Image: Company on Bank / Branch Pay-In Bank Account No. (For Cheque Only) Pa Cheque/ DD Amount (in words): Image: Company on Bank / Branch Pay-In Bank account is different from the bank account is in demat form, please ensure that the bank account in ink Name anch Name count Number Image: Current Image: Current <td< td=""><td>ax Payer Ref. 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In case transactions via OTM Drawn on Bank / Branch Pay-In Bank Account No. (For Cheque Only) Payment Instrument/ UTR No. Cheque/ DD Amount (in words): X X Cheque / DD / Payment instrument/ UTR No. Virg Nolders opting to hold units in demat form, please ensure that the bank account linked with the dema anch Name count Number In case the pay-out bank account linke</td><td>ax Payer Ref. ID No. 2 lentification Type IIN or other, please specify] ountry of Tax Residency 3 ax Payer Ref. ID No. 3 lentification Type IIN or other, please specify] o also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification N vesting the first sole applicant must be pre-printed on the cheque. 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ID No. 3 lentification Type IN or other, please specify] o also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not a VESTMENTS & PAYMENT DETAILS [Please (<)] (Refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Paymer	ax Payer Ref. ID No. 2 Initial and the selected as selective of the selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM transactions via OTM Nor on Bank / Branch Pay-In Bank Account No. (for Cheque Orly) Cheque OTM is already registered. In case OTM is not registered please fill in the attached OTM is already registered. In case OTM is not registered please fill in the attached OTM transactions via OTM Nor on Bank / Branch Pay-In Bank Account No. (for Cheque Orly) Cheque OTM is already registered. In case OTM is not registered please fill in the attached OTM is already registered. 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12. NOMINATION FOR UNI	S IN NON-D	EMAT MODE (Mandato	ry for new folios. I	For existing folios,	mandatory to follow inst	ruction no. 14)		
I/We wish to make a nominate the following all the assets held in of my / our death.	nomination person(s) wh ny / our acco	and do hereby no shall receive unt in the event			not wish to appoint any nomine / issues involved in non-appoin e unit holders in the folio, my ch other competent authority, as n favour of the legal heir(s), bas		its held in my / our mutu nd am/ are further award need to submit all the r utual Fund / AMC for set held in the mutual fund for	ual fund e that in equisite ttlement olio/s.
Name and Address of N (IN CAPITALS)		PAN	Nominee Relationsh (Mandatory)*	Date of Birth	Name of the Gu PAN and Address	iardian (Mandatory) of Guardian (Optional)	Share of each nominee (%)\$	
(Mandatory)			(Proof to be attached		atory to be furnished in case t	ne Nominee is a minor)	(If not equally, ple specify percentages I	
Nominee 1							Equally Not Equally	
					PAN:			_%
Nominee 2							Equally Not Equally	
					PAN:		Equally	_%
Nominee 3							Not Equally	
					PAN:			_%
Mobile/Telephone No. of Guardian in case of Mino						N		
Email ID of nominee(s)/ (in case of Minor	Guardian	Nomin	ee 1		Nominee 2	N	ominee 3	
POA holder cannot nominate.		e of Mode of Holding or Mo	de of Operation	S	econd Applicant	-	Third Applicant	
13. RESOLUTION OF DISPU	•		, ,	,				
14. DECLARATION & SIGN			nal mediation, indepe	ndent institutional cor	ciliation and/or independent a	rbitration institution in Indi	a.	
 of SEBI, AMFI, Prevention o Trustees for allotment of Un (a) I/We am/are eligible Inv and Foreign laws. I am/ purpose of contraventic (b) I / We will be bound by t (c) The information given I Company Limited (AMG (d) I/We hereby authorize y Trustees, Asset Manag judicial, quasijudicial au (e) I/We hereby consent for folio, if applicable. (f) I/We shall be liable and furnished by me/us attl directors and employer eligibility, validity and au (g) The ARN holder (AMFI various Mutual Funds fr (h) I/WE HEREBY CONFIR INVESTMENT. Consent for Telemarketin I/We hereby accord my/or Application Form. Consent for disclosure of I/We hereby confirm to hav 	f Money Laundt ts of the Schem stor(s) as pert We are authoris n and/or evasio he Fund's terms by Fund. I/We un ou to disclose, ement Compar providing trans responsible fo he time or inves is against all ad thorization of m registered Distr om amongst wf M THAT I/WE I g (Refer Instri	ring Act, 2002 and such othe (e(s) of HDFC Mutual Fund ("F) the scheme related documents and to make this investment as and conditions as amended f along with this application for ndertake to promptly inform th share, remit in any form/mam, y its employees, agents and actions data feed, portfolio ho r any loss, claims suffered, c ting/redeeming the units. I/We tions, proceedings, claims, I y/our transactions. ibutor) has disclosed to me// ich the Scheme is being reco- HAVE NOT BEEN OFFERED/ uction 19):	r regulations as may bu ind') and confirm and d s and not prohibited fror per the Constitutive door, notifications or directir rom time to time. m is true and correct a e AMC / Fund/Registran- ter/mode the above infor- third party service prr- financial Intelligence Un- Idings, NAV etc. in resp irectly or indirectly by hereby unconditionally passes, damages, charg is all the commissions truended to me/us.	e applicable to me/us fr leclare as under: n accessing capital ma cuments/ authorization ons issued by any regul and I/we shall furnish su 's and Transfer Agent (F ormation and/or any pa oviders, SEB registere it-India (FIU-IND) etc w ect of my/our transacti AMC/ Fund/ RTA/ SEB ' and irrevocably indem ges and expenses incu (in the form of trail cou y INDICATIVE PORTEC	in till date, Key Information Mem om time to time and agree to con rkets by any order/ruling / judgm s). The amount invested in the So atory authority in India. uch other further/additional infon TA) in writing about any change i t of it including the changes/upd it intermediaries for single updat thout any intimation/advice to mo ons under Direct Plan to the RIA// Intermediaries, arising out of an infy and at all time keep indemnit rred or suffered /paid by AMC/F mmission or any other mode), p ULIO AND/ OR ANY INDICATIVE SMS, telemarketing calls etc. co	mply with the same as a Uni ent etc. passed by SEBI/ Stat cheme(s) is through legitima nation as may be required I in the information furnished b ion/ submission, any Indiar e/us. Portfolio Managers/ Stock B ny false, misleading, inaccu ied, save and harmless AMQ und in this regard and in ca ayable to him/them for the STIELD BY THE FUND/AM	tholder. I /We hereby app tutory Authority or Courts te sources only and is no by the HDFC Asset Mana by me/us from time to tim y me/us to the Fund, its S or foreign statutory, reg roker registered in the cou- rate and incomplete info S/Fund/Trustee and their ase of any dispute regan different competing Schu C/ITS DISTRIBUTOR FO	ly to the s in India of for the agement e. Sponsor, gulatory, ncerned rmation officers, ding the emes of DR THIS
For Foreign Nationals Re I/We will redeem my/our e account of change in resid	e read, understo consent to HDI r any person ac sident in India ntire investme ential status.	rmation in terms of Privac iod and agree to the terms of I FC AMC/Fund for collecting, r ting under a lawful contract w only:	Privacy Policy (available eceiving, possessing, s ith HDFC AMC, in acco	storing, dealing, handlir ordance with the Privacy	und.com) ("Policy") of HDFC AM g or disclosure of my/ our Persc / Policy. Illy liable for all consequences	nal Data and hereby authori		
For Foreign Nationals Re I/We will redeem my/our e account of change in resid For NRIs/ PIO/ OCIs/ FPI	e read, understo consent to HDJ r any person ac sident in India ntire investme ential status. s only: ication is in co	rmation in terms of Privac od and agree to the terms of I C AMC/Fund for collecting, r ting under a lawful contract w only: nt/s before I/We change my, mpliance with applicable In	Privacy Policy (available eceiving, possessing, ith HDFC AMC, in acco 'our Indian residency s	storing, dealing, handlir rdance with the Privacy status. I/We shall be fu	g or disclosure of my/ our Persc / Policy.	nal Data and hereby authori		
For Foreign Nationals Re I/We will redeem my/our e account of change in resid For NRIs/ PIO/ OCIs/ FPI I/We confirm that my app	e read, understo consent to HDI r any person ac sident in India ntire investme ential status. s only: ication is in co (\checkmark) Rep	rmation in terms of Privac od and agree to the terms of I C AMC/Fund for collecting, r ting under a lawful contract w only: nt/s before I/We change my, mpliance with applicable In	rivacy Policy (available eceiving, possessing, s ith HDFC AMC, in acco 'our Indian residency s dian and foreign laws atriation basis	storing, dealing, handlir rdance with the Privacy status. I/We shall be fu	g or disclosure of my/ our Persc / Policy.	nal Data and hereby authori (including taxation) arising		

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(An open ended scheme replicating/tracking NIFTY100 Low Volatility 30 Index (TRI)) MUTUAL FUND Investors must read the Key Information Memorandum and the instructions before completing this Form. nd in RIOCK IETTERS

Application No.:

110		LIIO Only.							
Offer of Uni	ts of Rs. 10 each Per Unit for cash during the New	Fund Offer Period (NFO) and at NAV based	prices upon re-opening						
New Fund Offer Opens On:	June 21, 2024								
New Fund Offer Closes On:	July 05, 2024								
Scheme Reopens on:	Scheme will re-open for continuous Sale and R	Repurchase within 5 business days from the	date of allotment of units under NFO						
The AMC/Trustee reserves the right to cl not be kept open for more than 15 days	nange the New Fund Offer Dates / Period, subject to the conditi or such other time permitted under the applicable regulations /	on that the New Fund Offer shall remain open for subso law. An addendum shall be uploaded on the Fund's we	cription for a minimum period of three (3) working days absite notifying the change in the NFO Dates / Period.						
THIS PRODUCT IS SUITABLE FOR I	VVESTORS WHO ARE SEEKING*	Scheme Riskometer#	Benchmark Riskometer (As at May 31, 2024)						
NIFTY100 Low Volatility 30 Index	(before fees and expenses) with the performance of the (TRI), over long term, subject to tracking error. overed by the NIFTY100 Low Volatility 30 Index	Union Moderate Moderately High Figh	NIFTY100 Low Volatility 30 Index (TRI)						
suitable for them. # The product labeling assigned of assessment of the scheme character when the actual investments are made	ncial advisers, if in doubt about whether the product is luring the New Fund Offer (NFO) is based on internal istics or model portfolio and the same may vary post NFO 2. Fer to the Monthly Portfolios disclosed on the website of	RISKOMETER Investors understand that their principal	Mor RISKOMETER						
the Fund viz www.bdfcfund.com		will be at very high risk							

APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

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

BHAROSA APNO KA

ASBA Application No.

KEY PARTNER / AGENT IN	FOR OFFICE USE ONLY	CAMS bar code							
ARN/RIA Code/Portfolio	ARN/RIA/Portfolio	Sub Agent's ADN	Donk Dronoh Codo	Internal Code	Employee Unique Identification Number	(TIME STAMP)			
Manager Registration Number (PMRN)	Manager's Name	Sub Agent's ARN	Bank Branch Code	for Sub-Agent/ Employee	(EUIN)				
	EUIN box is left blank) (Refer Instr	,							
I/We hereby confirm that the of the above distributor/sub b	EUIN box has been intentionally left roker or notwithstanding the advice	blank by me/us as of in-appropriatent	this transaction is ex ess, if any, provided b	ecuted without an v the emplovee/re	y interaction or advice elationship manager/sa	by the employee/relationship ma les person of the distributor/sub l	nager/sales person proker.		
	3		····,····,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	3 ,				
SIGN •									
SIGN									
	licant/ Guardian/ PoA Holder		Second App	licant	Third Applicant				
				struction 2)					
TRANSACTION CHARGES									

I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor across Mutual Funds. OR

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.

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 Application No.
Received from Mr./Ms. Address Tele./Fax Mobile No. E-mail:	SCSB Account Details Bank Account No. Bank Name & Address	Total Amount to be blocked (Rs. in figures) (Rs. in words)
Sign Here First / Sole Applicant / Guardian / PoA	Sign Here Second Applicant	Sign Here Third Applicant

	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Pa -166, Backbay Reclamation, Churchgate, Mu		Date :
Received from Mr./Ms.	SCSB Account Details	Total Amount to be blocked	SCSB Stamp
Address	Bank Account No.	(Rs. in figures)	Signature, Date & Time of Form Submission
Tele./Fax Mobile No.	Bank Name & Address	(Rs. in words)	
E-mail:			

1. EXISTING UNIT HOLDER INFORMA Refer Instruction 3).	ATION (If you h	nave existing fol	lio, please fil	l in section	1, 1c, 1d	and pro	oceed to) sect	ion 2.						
Folio No.			io details in ou tch with your o			or this a	pplicatio	on pro	vided the	details					
1a. UNIT HOLDER INFORMATION (Names should be in the same seque the Application is liable to get rejecte	nce as appearin ed. Refer Instruct	g in your demat a tion 4)	ccount. In case	e of discrepa	ncies, II	NCORPO	BIRTH@ DRATION Dry in ca	Ī		DD Proof o		MM of birth(0 PI	YYYY ease (
NAME OF FIRST / SOLE APPLICANT (In case	of Minor, there	shall be no joint	holders) (Nam	e of the unith	older need	ls to as p	er PAN r	ecord	s (all unith		- uuto i				,
Mr. Ms. M/s.															
Nationality			PAN#/I	PEKRN#											
KYC Number			K	YC # [Plea	ise tick (√))] (Mand	atory)		Proof Attac	ched					
Status of First/ Sole Applicant [Please	tick (√)]	Individual	Non - Indivi		attach FA				Beneficial	Owners	hip (U	BO) S	elf Ce	ertifica	tion For
Resident Individual NRI-Repatriation	NRI-Non Re	patriation Par	tnership 📃 T	rust 📃 HU	F AOP	P PI	0 🗌 Co	ompan	iy 🔄 FPIs	Min	or thro	ugh gu	ardia	ו <u>ו</u>	BOI
Body Corporate LLP Society / Cl	ub 🔄 Foreign I	National Resident i	in India 📃 QF	I FPI	Sole Prop	orietorshi	p 🗌 No	n Prof	it Organisa	ion	Others	(pl	ease s	pecify)
LEI No.			Expir	y Date: D	D M M	YYY	(Y								
(Mandatory for Non - Individuals transacting) / proposing to tr	ransact for an amo	ount of Rs. 50 c	rores or mor	e)										
* Trust/Societies/Section 8 companies to give								_							
We are a <u>"Non-Profit Organization" [NPO]</u> Income-tax Act, 1961 (43 of 1961), and is n legislation or a Company registered under the	which has been registered as a tr e section 8 of the	constituted for rel rust or a society u companies Act, 2	ligious or charit nder the Societ 2013 (18 of 201	able purpose ies Registrati I3).	es referred t on Act, 186	to in clau 60 (21 of	ise (15) 1860) o	of sec or any	tion 2 of tl similar Sta	te		YES		NO)
If yes, please quote Registration No. of Darpa (If not registered already, please register imm	an portal of Niti A	layog.													
IAME OF GUARDIAN (in case of First / Sole A	Applicant is a Mir	nor) / NAME OF C	ONTACT PERSO)N – DESIGN	ATION (in ca	ase of no	on-individ	lual In	vestors)						
Mr. Ms.															
Nationality		Designation					Contact	No.							
PAN#/ PEKRN#		DA	ATE OF BIRTH	DDI	M M Y	(Y	Y Y								
KYC Number			K	YC # [Plea	nse tick (√))] (Mand	atory)		Proof Attac	ched					
Relationship with Minor@ Please (<a>) Father	er Mother	Court appointed L	Legal Guardian		Proof of	f relations	hip with m	ninor@	Please (√) Atta	ched	@ Ma	Indato	ry	
NAME OF THE SECOND APPLICANT	Resider	nt Individual	□ NR	I [Mandator	y Please ti	ick (🗸)]		DAT	E OF BIRTH	D	DN	M I	Y	Y	Y Y
Mr. Ms. M/s.															
Nationality			PAN#/I	PEKRN#											
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IAME OF THE THIRD APPLICANT Mr. Ms. M/s.	Residen	nt Individual	□ NR	I [Mandator	y Please ti	ick (✔)]		DAT	E OF BIRTH		DN	1 M	Y	Y	Y Y
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NAILING ADDRESS OF FIRST / SOLE APPLIC	CANT (Mandator	y) (Refer Instructi	ion 4A)										1		
CITY			STATE							PIN CO	DE				
ONTACT DETAILS OF FIRST / SOLE APPLIC. Telephone : Off.	ANI	Country Code				ST	D Code					_	1		
Alerts Mobile		Res.	nail of First / So	le holder ^			Fax	INL							
This email id belongs to (Mandatory Please - This mobile number belongs to (Mandatory P		Spouse Depende	nt Children 🗌 D	ependent Sib				Guar	CAPITALS dian PO/ Guardian						
I hereby declare that I shall immediately	,		•		Ŭ	Dobo			Guardian		540	Soluri (.o only	
I/ We would like to register for online ac		-			,					-					
(only for non individuals and individuals					& conditions	s display	ed on we	bsite:	www.hdfcf	und.com	(Email	id mar	dator	y)	

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.

1b. POWER OF AT	TORNEY (PoA) H	OLDER	DETAIL	.S										
Name of PoA Mr. N	ls. M/s.														
Nationality							P	PAN#/ PE	KRN#						
KYC Number # Please attach Proof. Re		No de	fer DAN/D		J N - 47-4				# [Please tick (Proof Attach	ed		
1c. ADDITIONAL K							· /	Instruction	NO 17D TOP KYC Identii	ication Nu	mber issued by	UKTUK.			
Occupation details			Applica		2 nd Ap			Applica	nt Guardian	Politi	cally Expose	d	ls a	Related	Not
Private Sector Servi]					on (PEP) deta		PEP	to PEP	Applicable
Public Sector Servic	e									1 st Ap	oplicant				
Government Service	;										pplicant				
Business											oplicant				
Professional										Guard					
Agriculturist											orised Signato	ories			
Retired					L					Prom Partn					
Housewife					L	<u> </u>				Karta					
Student Proprietorship					L						e-time Directo	ors			
Others (Please spec	ifv)									Trust	ee				
Non-Individual Inve	- /	lved/		 	Foreia	n Evch	Mou	nev Char	nger Services		Gamin	g/Gambling/	l otterv	/Casino Ser	
providing any of the services							ing / Pawni	-				of the above	Lottory		1000
Gross Annual Income Range	1 st Applic	ant	2' Appli					dian	Gross Annual Income Range		1 st Applicant	2 nd Applicai	nt	3 rd Applicant	Guardian
(in Rs.) Below 1 lac								1	(in Rs.) 10-25 lac						
1-5 lac			L]				1	25 lac- 1 cr						
5-10 lac					-			1	> 1 cr						
OR Networth in Rs.									- 101						
(not older than 1 year) (Mandatory for Non Individual)												as on DD	M	 M YY	YY
1d. FATCA INFORM	iation/ fo	OREIGN	i tax l <i>i</i>	AWS (S	Self Cert	ificatio	on) (Refer	r instruct	tion 4D)						
The below informati Address Type: 🔲 F	-						siness R	Registere	ed Office (for addi	ress mer	ntioned in fo	rm/existing	addres	s appearin	g in Folio)
Category		First	Applica	nt/Gua	rdian in	case	of Minor		Second Applicar	nt/ Guarc	lian		Thi	rd Applican	t
Place/ City of Birth															
Country of Birth															
Country of Tax Resi	dency#														
Is the applicant(s)/g				h/Citize	enship/		First Appl	licant/Gi	lardian in case of	Minor	Secon	d Applicant/	Guard	ian II	nird Applicant
Nationality/Tax Resi Please indicate all c purposes and the as	ountries ir	n which	you are	e reside Numbei	nt for ta rs below	X '*.		Y	∕es □ No			Yes	No		Yes 🗌 No
If Yes, please provid	le the follo	-		-											
Category		First	Applica	nt/Gua	rdian in	case	of Minor		Second Applicar	nt/ Guarc	lian		Thi	rd Applican	t
Tax Payer Ref. ID No	o^														
Identification Type [TIN or other, please	e specify]														
Country of Tax Resi	dency 2														
Tax Payer Ref. ID No	o. 2														
Identification Type [TIN or other, please	e specify]														
Country of Tax Resi	dency 3														
Tax Payer Ref. ID No	o. 3														
Identification Type [TIN or other, please	e 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 Regular Plan - Growt Mention valid ARN in	h Option (Purchas	e/ Subsc	ription r			n Distril	butor)		ect Pla ntion D				`				•	on ma	ade dir	ectly wi	th the	Fund)	
3. SCSB/ ASBA ACCOUN	IT DETAIL	S OF TI	HE APPL	ICANT.	(Refe	er Instr	uction	21B	, ,		Mone	y to) be	block	ed fr	om tl	his A	ccou	nt)						
Pay-in Bank Account No.									Name of the Bar																
Branch									Bank	City															
Account Type [Please tick (✔)] □ S	SAVINGS		CURREI	NT		NRE		NRO		FCNR	[0TH	ERS								_(please	e spec	ify)	
Total Amount to be blocke	d Amoun	t in figu	res (Rs.)					_																
in words (Rupees)							ть	o 0 4	iait MIC	P Codo	numb	0 * 0		/0115											
IFSC Code***							Ba	nk &	igit MIC Branch	is**			л шу	/ UUI											
 BANK ACCOUNT (PAY Fill in these details on with the Demat Accound different from the ban 	nly if the unt as me	ASBA A entioned	ccount (d under (details Sectior	provi n 5 be	ded in Iow. M	Section and at	on 3 a	are diff	erent fr															
Account No.									Name	of the E	Bank														
Branch									Bank	City															
Account Type [Please tick (\checkmark)]	AVINGS		CURRE	NT		NRE		NRC) []	FCNR			ОТН	ERS								_ (pleas	se spe	cify)	
IFSC Code***													м	CR C	ndo*	*									_
(Please note that as per SEI *** Refer Instruction 5C (M cheque leaf, please check f ** Refer Instruction 11 (The 5. DEMAT ACCOUNT DE	landatory or the san e 9 digit c	for Crea ne with ode app Mandat	lit via NE your ban ears on y ory - Re	EFT / RT k) your ch	TGS/ I leque	MPS) (next to	11 Cha	racte	er code	appeari	t deta ng on	ils) you				f you			d this	s on y	our				
		NSC)L													(CDSL								-
DP Name DP ID Beneficiary Account No.																									
6. NOMINATION FOR UN	NITS IN N	ON-DE	MAT MO	DE (Ma	andato	orv for	new f	olios	. For ex	istina f	olios.	ma	ndat	orv t	o foll	ow ir	stru	ction	no. 1	14)					
I/We wish to make a no nominate the following pe all the assets held in my / of my / our death.	rson(s) wh	io shall i	receive	OR		case d docum of deat	of my c nents is: th claim	lemise sued t / tran	rm that I , d the imp e / death by the Co ismission	We do lications of all th urt or su of units	not wis / issue e unit ch othe in favou	h to s inv hold er co ur of	ers ir mpet the le	i the f ent aut gal he	olio, n hority, r(s), b	ny / o as m ased o	ur leg ay be on the	al hei requir value	r(s) w red by of the	the N units	its held nd am/ need to lutual F held in	l in my / are furt submit und / AN the mut	our m her awa all the IC for s Jal func	utual fun are that i e requisit settlemer 1 folio/s.	id te nt
Name and Address of Nomi (IN CAPITALS) (Mandatory)	inee(s)		PAN			iinee Re (Mandat of to be	tory)*	·	Date of	f Birth (Mand	atory ti	0 h0	PAN	lame l and i	Addre	ss of	Guard	ian (C	Optióń	al)		nomir f not eqi)\$ Ilease	
								_		(Ivialiu			Turri	Silcui	11 0 4 3		VOTIN	100 13	amm		· ·		-	s below))
Nominee 1																						Equally Not Equ			
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Nominee 2																						Equally Not Equ			
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Nominee 3																						Equally Not Equ			
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Mobile/Telephone No. of nom Guardian in case of Minor	ninee(s)/			Nomir	nee 1						Nom	ninee	e 2							N	lomine	e 3			
Email ID of nominee(s)/ Guan in case of Minor	rdian																								
Nominee/ Guardian (in case	,		ation deta	ils – [Pl					•	•				-											
Photograph & Signature	ell be trans		Aad			Saving					Proof	of Id	lentity	/		Dema	t Acc	ount l	D						
\$ Any odd lot after division sh *Guardian's Relationship wit																									
Proof of Relationship of Guar I/We have read and understoo	rdian with	Minor: [Birth C	Certificat	te 🗌	Schoo	l Leavir	ng Ce	rtificate	🗌 Pas		_	_						rcedeo	s all r	reviou	s nomin	ations	made b	οv
me/us in respect of the folio(s To be signed by ALL holders,	s) mentione	d above.				-		ano Il	, սուղը լ	, aio ad			.ou ul		Jonid	inou I	010111	Sahei		սուի			4110113	made D	y
POA holder cannot nominate.																								tinued	
			o Applica	nt						0	acond	A	lioon									Third /	Annling	. mł	

First / Sole Applicant

The redemption / IDCW proceeds will be directly credited to the investor's bank account.

8. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 20)

Smart ODR OR by harnessing any independent institutional mediation, independent institutional conciliation and/or independent arbitration in India.

9. DECLARATION & SIGNATURE/S (refer instruction 13)

1/ 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:

- (a) I/We any/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I any/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I/We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor, 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.
- (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 Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

Consent for Telemarketing (Refer Instruction 19):

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

/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.

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

For Foreign Nationals Resident in India only:

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

For NRIs/ PIO/ OCIs/ FPIs only:

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

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

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

Payment Instrument.)

First / Sole Applicant /

cond Applicant

Third Applican

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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	of the entity																											
Type of address given at KRA 🛛 Residentia		ial or Bı	Business 🗌 Re			lesider	sidential 🗌 Business						Registered Office															
PAN													Dat	ate of Incorporation				D D			M	Y	(<u>Y</u> Y		γ			
City c	f incorporation																											
Coun	try of incorporation																											
Additional KYC Information																												
Gross Annual Income (Rs.) [Please tick (✓)] □ Below 1 Iac □ 1 - 5 Lacs																												
Net-worth Rs.						01	as on $D D M M Y Y Y Y$ (Not older than 1 year)																					
Non-Individual Investors involved/providing any of the mentioned services Foreign Exchange / Money Ch Money Lending / Pawning						Unange	nanger Services Gaming / Gambling / Lottery / Casino Services None of the above																					
	FATCA & CRS Declaration																											
	Please tick the applicable tax resident declaration -																											
1. Is "Entity" a tax resident of any country other than India Yes No																												
Sr. No.	(If yes, please provide country/ies in which the entity is a resident for tax purposes and th Sr. No. Country									v.)			Ide	ntific	atio	n Tvne	(ті	Nor	Nthe	,* nl	lease	sne	rifv)				
51. NU.		ount	' y						Tax Identification Number [®]							_	Identification Type (TIN or Other [®] , please specify)											<u>'</u>
1.																												
						_										_												
2.																												
						_																						
3.	3.																											
* In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.																												
in cas	In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here																											
PART	PART A (to be filled by Financial Institutions or Direct Reporting NFEs)																											
1.	We are a,					GIIN		Τ																				
	Financial institution				f vou c	ou do not have a GIIN but you are sponsored by another entity, please provide your sponsor's																						
						ot nave a Gilly but you are sponsored by another entity, please provide your sponsor's ndicate your sponsor's name below																						
						ing ent	ity _																		_			
GIIN not available (please tick as applicable) Applied for Not obtained – Non-participating FI											-																	
Not required						ply for	ا pleas -						•	·	ig i i		efer	1 A (of Par	t C)								
PART	PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")																											
1.	Is the Entity a publicly traded company (that is, a company								Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)																			
	whose shares are regularly traded on an established securities market) (Refer 2a of Part C)							Security ISIN																				
								Name of stock exchange																				
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)							Ye	s	(If ye	s, plea	ase spe	cify nam	e of ti	he list	ed comp	any an	nd one	e stock e.	kchar	nge on	which	the sta	ock is r	egulai	rly tra	ded)	
								Name of listed company Nature of relation: Subsidiary of the Listed Company or																				
							relatio											_			a Liste	d Cor	mpar	ıy				
					Security ISIN																							
					Name of stock exchange																							
3. Is the Entity an active NFE (Refer 2c of Part C)					Yes																							
											Busine		L :				NEE	г									. , .	
											ecify tl	ne su	ib-cat	egory	ot A	ctive	NFE			(vlen	ition (code	– ref	er 2c	of P	art ((ز
4.	Is the Entity a passive NFE	(Ref	fer 3(ii) of	Part C)				Ye																			
1									iva	illure of	Busine	SS																

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 / LLP Unincorporated association / body of individuals Public Charitable Trust													
Private Trust Religious Trust Trust created by a Will Others (please specify)													
Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? Yes No If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. If 'NO' - We hereby declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attached additional sheets if necessary). Owner-documented FI's should provide FI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)													
Details													
Name of UBO ^													
UBO Code (Refer 3(iv) (A) of Part C)													
Country of Tax residency ^ *													
PAN ^{^#}													
Tax ID^%													
Tax ID Type													
Date of Birth ^	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY										
	Place:	Place:	Place:										
Place & Country of Birth ^	Country:	Country:	Country:										
Address Type	Residence Business Registered office	Residence Business Registered office	Residence Business Registered office										
Occupation Type	Service Business	Service Business Others	Service Business										
Nationality Image: Content sector													
Politically Exposed Person (PEP) Details ^	☐ Is a PEP ☐ Related to PEP ☐ N. A.	☐ Is a PEP ☐ Related to PEP ☐ N. A.	□ Is a PEP □ Related to PEP □ N. A.										
SMO Designation ^													
KYC Complied?	Please attach the KYC acknowledgement®	Please attach the KYC acknowledgement [@]											
 ^ Mandatory Fields N. A Not Applicable * To include US, where controlling person is a US citizen or green card holder * If UBO is KYC compliant, KYC proof to be enclosed. Else TIN or any other functional equivalent identity proof & address proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable. *In case Tax Identification Number (TIN) is not available, kindly provide functional equivalent @ For Foreign National – wherever PAN is not applicable, identity proof (as declared in Tax ID) & address proof to be enclosed. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country. *Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary 													
FATCA - CRS Terms and Conditions													
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.													
Certification I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'. Name													
Name Designation													
			Place										
Signature	Signature Signature Date / /												