



# HDFC NIFTY100 Low Volatility 30 Index Fund

Application No.:

(An open ended scheme replicating/tracking NIFTY100 Low Volatility 30 Index (TRI))

Investors must read the Key Information Memorandum and the instructions before completing this Form.

This Form should be completed in English and in BLOCK LETTERS only.

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

<b>New Fund Offer Opens On:</b>	<b>June 21, 2024</b>
<b>New Fund Offer Closes On:</b>	<b>July 05, 2024</b>
<b>Scheme Reopens on:</b>	<b>Scheme will re-open for continuous Sale and Repurchase within 5 business days from the date of allotment of units under NFO</b>

The AMC/Trustee reserves the right to change the New Fund Offer Dates / Period, subject to the condition that the New Fund Offer shall remain open for subscription for a minimum period of three (3) working days not be kept open for more than 15 days or such other time permitted under the applicable regulations / law. An addendum shall be uploaded on the Fund's website notifying the change in the NFO Dates / Period.

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	Scheme Riskometer#	Benchmark Riskometer (As at May 31, 2024)
<ul style="list-style-type: none"> <li>Returns that are commensurate (before fees and expenses) with the performance of the NIFTY100 Low Volatility 30 Index (TRI), over long term, subject to tracking error.</li> <li>Investment in equity securities covered by the NIFTY100 Low Volatility 30 Index</li> </ul>	<p><b>RISKOMETER</b> Investors understand that their principal will be at very high risk</p>	<p><b>RISKOMETER</b></p>
<p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them.</p> <p># The product labeling assigned during the New Fund Offer (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.</p> <p>For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>		

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN/RIA Code/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Managers/ Stock Brokers Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)		
ARN-							

**EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)**  
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

### 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@/DATE OF INCORPORATION D D M M Y Y Y Y Y Y Proof of date of birth@ Please (✓) Attached

**NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records (all unitholder)**

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

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

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

### Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual\* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (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 Y Y

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

\* Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).  YES  NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog.  
(If not registered already, please register immediately and confirm with the above information)

**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# \_\_\_\_\_ DATE OF BIRTH D D M M Y Y Y Y Y Y

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

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

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

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

an application for subscription / redemption of \_\_\_\_\_ Units of HDFC NIFTY100 Low Volatility 30 Index Fund.

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

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

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

CITY	STATE	PIN CODE
COUNTRY		

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code	STD Code
Telephone : Off.	Res.
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)  PMS

I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 9)

I/ We would like to register for online access to transact on HDFCFMOnline 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 11.

^ 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 9)

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

**1. NAME OF SECOND APPLICANT**

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

Nationality \_\_\_\_\_

KYC Number \_\_\_\_\_

DATE OF BIRTH | D | D | M | M | Y | Y | Y | Y |

PAN#/ PEKRN# \_\_\_\_\_

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

**2. NAME OF THIRD APPLICANT**

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

Nationality \_\_\_\_\_

KYC Number \_\_\_\_\_

DATE OF BIRTH | D | D | M | M | Y | Y | Y | Y |

PAN#/ PEKRN# \_\_\_\_\_

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

**CONTACT DETAILS OF SECOND APPLICANT**

eAlerts Mobile \_\_\_\_\_ eDocs Email of First / Sole holder ^ \_\_\_\_\_ IN CAPITALS \_\_\_\_\_

**CONTACT DETAILS OF THIRD APPLICANT**

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)  PMS

# 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.

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

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

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

Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning  None of the above

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

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

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

Name of PoA Mr. Ms. M/s. \_\_\_\_\_

PAN#/ PEKRN# \_\_\_\_\_

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

# 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.

**7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 10)**

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

**8. UNIT HOLDING OPTION  DEMAT MODE\*  PHYSICAL MODE (Default) (refer instruction 12)**

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

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

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

**Particulars**

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC NIFTY100 Low Volatility 30 Index Fund			

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

**9. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)**

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

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

Mandatory

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

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

**10. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details)**

The name of the first/ sole applicant must be pre-printed on the cheque.

<input type="checkbox"/> <b>Regular Plan - Growth Option</b> (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> <b>Direct Plan - Growth Option</b> (Purchase/ Subscription made directly with the Fund) Mention <b>DIRECT</b> in Key Partner/ Agent Information					
<b>Mode of Payment</b>	<input type="checkbox"/> <b>Cheque</b> <input type="checkbox"/> <b>Demand Draft</b> <input type="checkbox"/> <b>NEFT/ RTGS/ Fund Transfer</b> <input type="checkbox"/> <b>One Time Mandate (OTM)</b>					
<b>Name of Bank:</b> HDFC Bank Limited <b>Branch:</b> Manekji Wadia Building, Ground Floor, Nanik Motwani Marg, Fort, Mumbai						
<b>Beneficiary Name:</b> HDFC NIFTY100 LOW VOLATILITY 30 INDEX FUND NFO COLLECTION <b>Account No:</b> 57500001443967						
<b>RTGS/ NEFT IFSC Code:</b> HDFC0000060						
<b>Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM</b>						
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount
Cheque/ DD Amount (in words):						

**11. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments if any) (refer instruction 5)**

(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 above.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned above.

Mandatory

Bank Name		Bank City	
Branch Name			
Account Number			
MICR Code		(The 9 digit code appears on your cheque next to the cheque number)	
Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)		
IFSC Code***			

\*\*\* Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

**12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 14)**

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. **OR**  I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, 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 required by the Mutual 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 mutual fund folio/s.

Name and Address of Nominee(s) (IN CAPITALS) (Mandatory)	PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	Name of the Guardian (Mandatory) PAN and Address of Guardian (Optional)	Share of each nominee (%)\$ (If not equally, please specify percentages below)
				(Mandatory to be furnished in case the Nominee is a minor)	
Nominee 1				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally _____ %
Nominee 2				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally _____ %
Nominee 3				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally _____ %
<b>Mobile/Telephone No. of nominee(s)/ Guardian in case of Minor</b>	Nominee 1	Nominee 2	Nominee 3		
<b>Email ID of nominee(s)/ Guardian in case of Minor</b>	Nominee 1	Nominee 2	Nominee 3		

**Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]**

Photograph & Signature  PAN  Aadhaar  Saving Bank account no.  Proof of Identity  Demat Account ID

\$ Any odd lot after division shall be transferred to the first nominee mentioned in the table above.

\*Guardian's Relationship with Nominee (Mandatory):  Mother  Father  Legal Guardian

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

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

To be signed by ALL holders, irrespective of Mode of Holding or Mode of Operation

POA holder cannot nominate.

\_\_\_\_\_  
First / Sole Applicant

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

**13. 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 institution in India.

**14. DECLARATION & SIGNATURE/S (refer instruction 13)**

I/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 am/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 am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I/ We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor, 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**

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

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

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

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

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

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

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

**SIGN HERE** ➔

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

\_\_\_\_\_  
First / Sole Applicant / Guardian

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant



# HDFC NIFTY100 Low Volatility 30 Index Fund

(An open ended scheme replicating/tracking NIFTY100 Low Volatility 30 Index (TRI))

Application No.:

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The AMC/Trustee reserves the right to change the New Fund Offer Dates / Period, subject to the condition that the New Fund Offer shall remain open for subscription for a minimum period of three (3) working days not be kept open for more than 15 days or such other time permitted under the applicable regulations / law. An addendum shall be uploaded on the Fund's website notifying the change in the NFO Dates / Period.

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	Scheme Riskometer#	Benchmark Riskometer (As at May 31, 2024)
<ul style="list-style-type: none"> <li>Returns that are commensurate (before fees and expenses) with the performance of the NIFTY100 Low Volatility 30 Index (TRI), over long term, subject to tracking error.</li> <li>Investment in equity securities covered by the NIFTY100 Low Volatility 30 Index</li> </ul>	<p><b>RISKOMETER</b> Investors understand that their principal will be at very high risk</p>	<p>NIFTY100 Low Volatility 30 Index (TRI)</p> <p><b>RISKOMETER</b></p>
<p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them.</p> <p># The product labeling assigned during the New Fund Offer (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.</p> <p>For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>		

## APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

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

ASBA Application No.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN/RIA Code/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)		
ARN-							

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

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

<b>SIGN</b>			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

### 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.

### ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC NIFTY100 Low Volatility 30 Index Fund)

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

### ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC NIFTY100 Low Volatility 30 Index Fund)

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

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

Folio No. \_\_\_\_\_ / \_\_\_\_\_ Folio details in our records will apply for this application provided the details match with your demat account.

**1a. UNIT HOLDER INFORMATION**

(Names should be in the same sequence as appearing in your demat account. In case of discrepancies, the Application is liable to get rejected. Refer Instruction 4)

DATE OF BIRTH@/DATE OF INCORPORATION (Mandatory in case of Minor)

DD MM YYYY  
Proof of date of birth@ Please (✓)

**NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records (all unitholder))**

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

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

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

LEI No. \_\_\_\_\_ Expiry Date: DDMMYYYY

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

\* Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

YES  NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)

**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# \_\_\_\_\_ DATE OF BIRTH DDMMYYYY  
KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached  
Relationship with Minor@ Please (✓)  Father  Mother  Court appointed Legal Guardian Proof of relationship with minor@ Please (✓)  Attached @ Mandatory

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

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

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

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

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

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

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code \_\_\_\_\_ STD Code \_\_\_\_\_  
Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_  
eAlerts Mobile \_\_\_\_\_ eDocs Email of First / Sole holder ^ \_\_\_\_\_ 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 9)

I/ We would like to register for online access to transact on HDFCFMOnline 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 11.

^ 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 9)

# 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 ATTORNEY (PoA) HOLDER DETAILS**

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

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYCR.

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

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

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

Foreign Exchange / Money Changer Services  Gaming/Gambling/Lottery/Casino Services  
 Money Lending / Pawning  None of the above

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

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

\_\_\_\_\_ as on DD MM YYYY

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

The below information is required for all applicant(s)/ guardian  
 Address Type:  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			

Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

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

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

<input type="checkbox"/> <b>Regular Plan - Growth Option</b> (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> <b>Direct Plan - Growth Option</b> (Purchase/ Subscription made directly with the Fund) Mention <b>DIRECT</b> in Key Partner/ Agent Information
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**3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 21B) (Application Money to be blocked from this Account)**

Pay-in Bank Account No.		Name of the Bank	
Branch		Bank City	
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)		

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

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

IFSC Code***		The 9 digit MICR Code number of my/our Bank & Branch is**	
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**4. BANK ACCOUNT (PAY-OUT) DETAILS OF FIRST / SOLE APPLICANT (Refer Instruction 5)**

Fill in these details only if the ASBA Account details provided in Section 3 are different from the Bank Account details linked with the Demat Account as mentioned under Section 5 below. Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 3 above.

Account No.		Name of the Bank	
Branch		Bank City	
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)		

IFSC Code***		MICR Code**	
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(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)

\*\*\* Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS/ IMPS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

\*\* Refer Instruction 11 (The 9 digit code appears on your cheque next to the cheque number)

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

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

**6. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 14)**

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.      **OR**       I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, 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 required by the Mutual 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 mutual fund folio/s.

Name and Address of Nominee(s) (IN CAPITALS) (Mandatory)	PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	Name of the Guardian (Mandatory) PAN and Address of Guardian (Optional)	Share of each nominee (%)\$ (If not equally, please specify percentages below)
					(Mandatory to be furnished in case the Nominee is a minor)
Nominee 1				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally _____%
Nominee 2				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally _____%
Nominee 3				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally _____%
<b>Mobile/Telephone No. of nominee(s)/ Guardian in case of Minor</b>	Nominee 1	Nominee 2	Nominee 3		
<b>Email ID of nominee(s)/ Guardian in case of Minor</b>	Nominee 1	Nominee 2	Nominee 3		

**Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]**

Photograph & Signature  
  PAN  
  Aadhaar  
  Saving Bank account no.  
  Proof of Identity  
  Demat Account ID

\$ Any odd lot after division shall be transferred to the first nominee mentioned in the table above.

\*Guardian's Relationship with Nominee (Mandatory):  Mother    Father    Legal Guardian

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

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

To be signed by ALL holders, irrespective of Mode of Holding or Mode of Operation

POA holder cannot nominate.	_____ First / Sole Applicant	_____ Second Applicant	_____ Third Applicant
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continued



**7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 10) [Please tick (✓)]**

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 institution in India.

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

I / 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 am/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 am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor, 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 of 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**

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/ Fund. I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

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

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

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

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

For NRIs/ PIO/OCIs Please  Repatriation basis  Non-repatriation basis

**SIGN HERE**

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

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

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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	<input type="checkbox"/> Residential or Business							<input type="checkbox"/> Residential							<input type="checkbox"/> Business							<input type="checkbox"/> Registered Office					
PAN														Date of Incorporation				D	D	M	M	Y	Y	Y	Y		
City of incorporation																											
Country of incorporation																											

### Additional KYC Information

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
Net-worth	Rs. _____ as on DDMMYYYY (Not older than 1 year)					
Non-Individual Investors involved/providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> 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  
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
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 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 A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	<b>GIIN</b> _____ <b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____
	<input type="checkbox"/> <b>GIIN not available</b> (please tick as applicable)

### 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 whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) 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)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Security ISIN _____ Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE ____ (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

**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	UBO1	UBO2	UBO3
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 & Country of Birth ^	Place:	Place:	Place:
	Country:	Country:	Country:
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Business
	<input type="checkbox"/> Registered office	<input type="checkbox"/> Registered office	<input type="checkbox"/> Registered office
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business	<input type="checkbox"/> Service <input type="checkbox"/> Business	<input type="checkbox"/> Service <input type="checkbox"/> Business
	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____
Nationality			
Politically Exposed Person (PEP) Details ^	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N. A.	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N. A.	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N. A.
SMO Designation ^			
KYC Complied?	Please attach the KYC acknowledgement <sup>®</sup>	Please attach the KYC acknowledgement <sup>®</sup>	Please attach the KYC acknowledgement <sup>®</sup>

^ 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																						
Designation																						

			Place _____
Signature	Signature	Signature	Date ____ / ____ / ____