

HDFC Nifty India Digital Index Fund

Application No.:

An open ended scheme replicating/tracking Nifty India Digital 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 New Fund Offer (NFO) Opens on: November 22, 2024 December 06, 2024 New Fund Offer (NFO) Closes on: Scheme will re-open for continuous Sale and Repurchase within 5 business days from the date of allotment of units under NFO Scheme re-opens on:

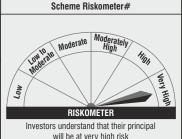
The AMC/Trustee reserves the right to change the New Fund Offer Dates / Period, subject to the condition that the New Fund Offer shall remain open for subscription for a minimum period of three (3) working days not be kept open for more than 15 days or such other time permitted under the applicable regulations / 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*

- Returns that are commensurate (before fees and expenses) with the performance of the Nifty India Digital Index (TRI), over long term, subject to tracking error.
- Investment in equity securities covered by the Nifty India Digital Index (TRI)

*Investors should consult their financial advisers, if in doubt about whether the product is

signed during the New Fund Offer (NFO) is based on





when the actual investments a	rs may refer to the Monthly Portfo			RISKOM vestors understand will be at very	that their principal	RISKOMETER	ligh
KEY PARTNER / AGENT INF	ORMATION (Investors applying	under Direct Plan must me	ention "Direct" in AR	N column.) (Refer I	nstruction 1)	FOR OFFICE USE ONLY	CAMS bar code
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)	
ARN-							
	EUIN box is left blank) (Refer Ins UIN box has been intentionally lo oker or notwithstanding the advic		s transaction is exe , if any, provided by	ecuted without an the employee/re	y interaction or advice by lationship manager/sales	the employee/relationship mass person of the distributor/sub	anager/sales perso broker.
First/ Sole Applic	cant/ Guardian/ PoA Holder		Second Appli	icant		Third Applicant	
	OR APPLICATIONS THROUG			truction 2)			
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MODE OF HOLDING [Plea	ase tick (✓)] Single	Joint	Anyone or Su	urvivor			
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Mr. Ms. M/s.							
Nationality			PAN#/ PEKRN#	£			
KYC Number			KYC #	[Please tick (√)]	(Mandatory) Pro	of Attached	
Status of First/ Sole App	licant [Please tick (✓)] □	Individual Non -		nse attach FATCA atory) (ReferInst		eficial Ownership (UBO) Sel	f Certification For
Resident Individual P					n BOI OCI B		ociety / Club
NRI-Repatriation N	RI-Non Repatriation Foreign	n National Resident in Ind	lia FPI	Sole Proprietorsh	nip Non Profit Organ	others	please specify)
LEI No.			Expiry Date:	D D M M Y	Y Y Y Y		
(Mandatory for Non - Indiv	viduals transacting / proposing to		of Rs. 50 crores or	more)			
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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, **Application No.:** Backbay Reclamation, Churchgate, Mumbai - 400 020. Received from Mr. / Ms. / M/s. ISC Stamp & Signature an application for subscription / redemption of Units of HDFC Nifty India Digital Index Fund. ... continued overleaf

VIAILING A	DDRESS OF FIRST	/ SOLE APPLICA	NT (Mandatory)	(Refer Instructi	on 4A)				
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lationalit					PAN#/ PI	KRN#			
(YC Num					KY	C # [Please tick (√)] (Mandatory) ☐ Pro	of Attached		
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his email	l id belongs to (Mand	datory Please √)			nt Children 🔲 De	pendent Siblings 🔲 Dependent Parents 🔲 Guardi			
	F THIRD APPLICAN	T 			DATE OF	BIRTH DDDMMMYYYYY		1 1 1	1 1 1
Mr. M Nationalit	s. M/s.				PAN#/ PI	:KRN#			
YC Num							Proof Attached		
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lerts Mo	bile			eDocs Em	ail of First / Sole	holder ^ IN C	APITALS		
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	AL KYC DETAILS	•	.'	Ord & I.	0 "	11			
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overnme usiness	ent Service					3 rd Applicant			
rofessio						Guardian Authorised Signatories			
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letired lousewif	e					Partners			
tudent	rohin					Karta Whole-time Directors			
roprietor thers (P	lease specify)					Trustee			
n-Indiv	idual Investors ir	nvolved/ provi	ding any of the	mentioned se	rvices	Foreign Exchange / Money Changer Services Money Lending / Pawning	Gaming / None of the	Gambling / Lottery ne above	/ Casino Servic
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OR Netw for Non I than 1 ye	orth in Rs. (Mandatondividual) (not older ear)	ory					as on DD	MM YYY	Y
WER 0	F ATTORNEY (Po	A) HOLDER D	ETAILS						
	POA Mr. Ms. M/								
PAN#/ P KYC Nur					K	/C # [Please tick (√)] (Mandatory)	Proof Attached		
[‡] Please a	ittach Proof. Refer ins	truction No 15 for	PAN/PEKRN and N	o 17a for KYC (KR/		on No 17b for KYC Identification Number issued by C	CKYCR.		
NIT HOL	DING OPTION	DEMAT MO	DE* (Enclose	Latest Client N	Master / Dema	t Account Statement) PHYSICAL M	ODE (Default)	(refer i	nstruction 12)
		ndatory for (i) FF	'Is and (ii) investo	ors who wish to h	old the units in [emat Mode (Account statement (CAS) for units	,	e will be issued only	y by NSDL/CDSI
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CDSL	DP Name				Acc	eficiary ount No.			
eme Nam	ne / Plan / Option / S n	ub-option /	Cheque / Payr UTR No. / Dat	nent Instrument /		Drawn on (Name of Bank and Branch)	Amount	in figures (Rs.)	
	ndia Digital Index F	und							

ATCA AND CRS INFORMAT The below information is r	•	•	. , ,	or mountain, (note: menueu	,			
	-			egistered Office (for address	mentioned in form,	existing address ap	pearing in	Folio)
Category	First Applican	t/Guardian in ca	se of Minor	Second Applicant/ G	uardian	Third	Applicant	
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Country of Birth								
Country of Tax Residency:	#							
Is the applicant(s)/guardia		Citizenshin/	First Applic	 ant/Guardian in case of Mino	r Second Appl	icant/ Guardian	Third	Applicant
Nationality/Tax Residency Please indicate all countrie purposes and the associa	other than India? es in which you are r	esident for tax		Yes No		s 🗌 No	☐ Ye	s No
If Yes, please provide the f	following information	[mandatory]						
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Tax Payer Ref. ID No ^								
Identification Type [TIN or other, please speci	ify]							
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Cheque / Demand Draft / Payment Instrument.)

First / Sole Applicant / Guardian

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



E-mail:

HDFC Nifty India Digital Index Fund

An open ended scheme replicating/tracking Nifty India Digital 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

New Fund Offer (NFO) Opens on:	November 22, 2024
New Fund Offer (NFO) Closes on:	December 06, 2024
Scheme re-opens on:	Scheme will re-open for continuous Sale and Repurchase within 5 business days from the date of allotment of units under NFO

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.

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- Returns that are commensurate (before fees and expenses) with the performance of the Nifty India Digital Index (TRI), overlong term, subject to tracking error.
- Investment in equity securities covered by the Nifty India Digital Index (TRI)

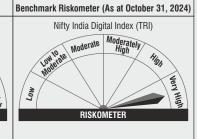
*Investors should consult their financial advisers, if in doubt about whether the product is suitable forthem.

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.

For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com



Scheme Riskometer#



Application No.:

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 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 (EUIN)	(TIME STAMP)	CAMIS DAI COUE			
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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 Nifty India Digital Index Fund)								
TO BE RETAINED BY THE SCSB (To be filled by the Sole/First Applicant)	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020	Date : ASBA 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						

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC Nifty India Digital Index Fund)							
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Received from	om Mr./Ms.			SCSB Account Details	Total Amount	to be blocked	SCSB Stamp
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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 DETA	ILS - [Plea	se tick (✓)] (Refer Ins	truction 6)									
Regular Plan - Gro	wth Option	(Purchase/ Subscription r	outed through Distributo	,			•				ade directly with the F	und)
Mention valid ARN	in Key Partn	er/ Agent Information		Mer	tion DIRECT	r in Key Par	tner/ A	gent Info	rmatio	1		
3. SCSB/ ASBA ACCOU	JNT DETAII	S OF THE APPLICANT	(Refer Instruction 21)		Money to b	e blocked	l from t	this Ac	count)			
Pay-in Bank Account No.				Name of the Bank								
Branch				Bank City		ii			İ			
Account Type	SAVINGS	CURRENT	□ NRE □ NR			THERS					(please specif	fv)
[Please tick (✓)]	[FIGOSC (ICK (V)]											
Total Amount to be bloc	ked Amoun	t in figures (Rs.)		_								
in words (Rupees)												
IFSC Code***				digit MICR Code & Branch is**	number of	my/our						
with the Demat Acc	only if the count as m	ETAILS OF FIRST / SOI ASBA Account details entioned under Sectior nt mentioned under Se	provided in Section 3 5 below. Mandatory	are different fr								
Account No.		1 1 1 1		Name of the B	lank		ı				1 1 1 1	
Branch				Bank City		1 1				l		
Account Type				Dalik Gity								
[Please tick (✓)]	SAVINGS	CURRENT	□ NRE □ NR	0 _ FCNR	O	THERS					(please spec	cify)
IFSC Code***						MICR Cod	e**					
(Please note that as per S												
*** Refer Instruction 5C cheque leaf, please check			GS/ IMPS) (11 Charac	ter code appeari	ng on your	cheque lea	af. If yo	u do no	find th	iis on y	your	
** Refer Instruction 11 (eque next to the chequ	e number)								
5. DEMAT ACCOUNT I	DETAILS - (Mandatory - Refer Ins	truction 21)									
		NSDL						CDSL				
DD Nome												
DP Name DP ID												_
Beneficiary Account N	0.											
6. NOMINATION FOR	UNITS IN N	ION-DEMAT MODE (Ma	ndatory for new folio	s. For existing f	olios, man	datory to 1	ollow i	nstruct	ion no	. 14)		
I/We wish to make a nominate the following all the assets held in m of my / our death.	person(s) w	ho shall receive	case of my demis documents issued	se / death of all th bv the Court or su	e unit holder: ch other com	s in the folio petent autho	o, my / vritv. as r	our legal nav be re	heir(s) auired b	would ov the N	nits held in my / our mu and am/ are further awa need to submit all the Mutual Fund / AMC for so held in the mutual fund	requisite
Name and Address of No (IN CAPITALS)		PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	I	Name of PAN and Ad					Share of each nominee (%)\$	\$
(Mandatory)			(**************************************	(Manda	atory to be fu	urnished in o	case the	Nomine	e is a m	inor)	specify percentages	
Nominee 1											Equally Not Equally	
					D/	NNI.						%
					PF	\N:						/0
Nominee 2											Equally Not Equally	
					PA	\N:						%
Maminos 2											Equally Not Equally	
Nominee 3												
					P.A	AN:						%
Mobile/Telephone No. of n Guardian in case of Minor	ominee(s)/		iee 1									
Email ID of nominee(s)/ G	uardian											
in case of Minor			lee 1									
Nominee/ Guardian (in case) Photograph & Signatur Any odd lot after division Guardian's Relationship of Guardian's Relationship of Guardian's read and unders We have read and unders Me/us in respect of the folion To be signed by ALL holder	shall be trans with Nomine uardian with tood the inst o(s) mentione	PAN Addhaar sferred to the first nominee e (Mandatory): Mothe Minor: Birth Certificat ructions on nomination aned above.	Saving Bank accomentioned in the table abr Father Legal e School Leaving Cd We hereby undertake	ount no.	Proof of Ider	others				les all p	orevious nominations r	made by
POA holder cannot												
ו טה ווטועלו למווווטנ											Third Applicar	

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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	nt.							
8. RESOLUTION OF DISPUTES (For Institutional or corporate clients)	(Refer instruction 20)							
☐ Smart ODR OR ☐ by harnessing any independent institutional mediati	on, independent institutional conciliation and/or independe	ent arbitration institution in India.						
9. DECLARATION & SIGNATURE/S (refer instruction 13)								
I / We have read, understood the terms and conditions of the scheme related docume regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other reg apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund')	ulations as may be applicable to me/us from time to time and a) and confirm and declare as under:	gree to comply with the same as a Unitholder. I/We hereby						
India and Foreign laws. I am/We are authorised to make this investment as per the Cor for the purpose of contravention and/or evasion of any act, rules, regulations, notificati	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		ation and the state LIDEO Assat Management						
(c) The information given by me /us in or along with this application form is true and con Company Limited (AMC)/Fund. I/We undertake to promptly inform the AMC / Fund/Re	rrect and I/we snail furnish such other further/additional inform egistrars and Transfer Agent (RTA) in writing about any change	nation as may be required by the HDFC Asset Management 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 abo Trustees, Asset Management Company, its employees, agents and third party servi judicial, quasijudicial authorities/agencies including but not limited to Financial Intellige	by live 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 make the fund it is 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 concerned folio, if applicable.	etc. in respect of my/our transactions under Direct Plan to the	ne RIA/Portfolio Managers/ Stock Broker registered in the						
concerned folio, if applicable. f) 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 eliability, validity and authorization of my/our transactions.								
(g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commis various Mutual Funds from amongst which the Scheme is being recommended to me,	ssions (in the form of trail commission or any other mode), pa	yable to him/them for the different competing Schemes of						
(h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATE INVESTMENT.								
Consent for Telemarketing (Refer Instruction 19):								
I/We hereby accord my/our consent to HDFC AMC for receiving the promotional infor Application Form.	rmation/ material via email, SMS, telemarketing calls etc. or	the mobile number and email provided by me/us in this						
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 (a I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possparty or another body corporate or any person acting under a lawful contract with HDFC I/We have the property of	vailable on https://www.hdfcfund.com) ("Policy") of HDFC AN essing, storing, dealing, handling or disclosure of my/ our Pe AMC, in accordance with the Privacy Policy.	1C/Fund. rsonal Data and hereby authorize to disclose it to the third						
For Foreign Nationals Resident in India only:								
I/We will redeem my/our entire investment/s before I/We change my/our Indian resid account of change in residential status.	ency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on						
For NRIs/ PIO/ OCIs/ FPIs only:								
I/We confirm that my application is in compliance with applicable Indian and foreig	n 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 /	Cooped Applicant	Third Applicant						
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	e of the entity					T				T						T				T										
Type of address given at KRA Residential or Business				SS		eside	sidential				Bus	ısiness			Registe			ered Office												
PAN I I I I I I I I I I I I I I I I I I I								Tiosidoridai									f Incorporation				D D M N				YYY			V		
	of incorporation	Н				+			H	+							T	T								T	Ė			Ė
	try of incorporation	Н				t				+						+	+													
						_		Λ	qqi	tions	I KAL	Inf	orm	ation																
Gross	Additional KYC Information Gross Annual Income (Rs.) [Please tick (✓)] ☐ Below 1 lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore																													
Net-v		130 (ick (*)]	Rs.		I Idu		1 - 3) Lo	105						25 Lacs >25 Lacs - 1 Crore >1 Crore									r)					
		1/nro	vidina anı	_		Fyr	hanne /	Mon	ev (?hann	er Ser	vice	c		Gan	mina			, , , , , , , ,											
Non-Individual Investors involved/providing any of the mentioned services Saming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above																														
	Money Lending / Pawiling None of the above																													
	FATCA & CRS Declaration																													
Pleas	Please tick the applicable tax resident declaration -																													
1. Is "Entity" a tax resident of any country other than India																														
(If ye				ty is a i	resident	for t	ax purposes and the associated Tax ID number below.)																							
Sr. No.	С	ount	ry				Tax Identification Number*										Identification Type (TIN or Other*, please specify)													
1.																														
2.																														
۷.																														
3.																														
	ase Tax Identification Numb													0	11 - 1-	-1 F-		ا السامانا		Ni	h	a., OI	NI -							
in ca	se TIN or its functional equi	vaier	it is not av	vallabl	ie, piea	se p	rovide C	omp	any	riaent	incatio	on nu	ımbe	r or G	ilob	al En	ntity	Identit	ication	Num	ber	or GI	IN, E	etc.						
In ca	se the Entity's Country of In	corp	oration / 1	ax res	sidence	is l	J.S. but I	Entity	is	not a	Specif	fied l	U.S. I	Perso	n, n	nenti	ion E	intity's	exem	ption	cod	le her	9							
DADY A																														
PAK	PART A (to be filled by Financial Institutions or Direct Reporting NFEs)																													
				IIN																										
				ote: If yo	ou do	n n	t hav	e a GII	N bu	ıt you	ı are s	spoi	nsore	ed by	y anot	her en	tity, p	leas	e pro	vide	your	spc	nsor	S						
				IIN abov	you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's ove and indicate your sponsor's name below																									
	Direct reporting NFE Name of spo					spons	sori	ng en	g entity														_							
(Refer 3(vii) of Part C) (please tick as appropriate)																														
GIIN not available (please tick as applicable) Applied for						Not obtained – Non-participating FI														_										
						= ' '			l to ar	nly fo	r _ n	ا ا							_	ıy F	,	Q _{of} o	ar 1 ∧	of I	Dart (''				
	Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)																													
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)							- 1																							
	occurring markey (rigidi za di Fart o)									Name of stock exchange																				
2.	Is the Entity a related entity of a publicly traded company								Ye	Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)																				
(a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)						Na	ame of	f liste	ed co	mpar	ıy																			
cstabilished sectifies markey (Helef 25 of Fall 6)							N	Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company																						
						Security ISIN																								
								l Na	ame of	f sto	ck ex	chan	ge_																	
3. Is the Entity an active NFE (Refer 2c of Part C)						-	Yes																							
								Nature of Business																						
										- 1	ease s				-ca	tegor	ry of	Activ	NFE				(Me	entior	000	de – r	efer 2	2c of	Part	C)
4.	Is the Entity a passive NFE	(Re	fer 3(ii) of	Part	C)					Ye	es [\neg																		
	, ,		() / /		,					N	∟ ature o	 of Bu	sines	SS																

UBO Declaration	(Mandatory for all entities except, a Publicly	r Traded Company or a related entity of Publi	cly 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 BENE (Refer 3(vi) of Part C)														
Details	UB01 UB02 UB03													
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 ^	Birth ^ DD/MM/YYYY DD/MM/YYYY													
	Place:	Place:	Place:											
Place & Country of Birth ^	Country:	Country:	Country:											
Address Type	☐ Residence ☐ Business ☐ Residence ☐ Business													
Occupation Type	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others											
Nationality		Outers												
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®	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 prov														
Designation			Place											
Signature	Signature	Signature	Date//											