

HDFC Nifty100 Quality 30 Index Fund

Application No.:

An open ended scheme replicating/tracking Nifty100 Quality 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

New Fund Offer (NFO) Opens on:	January 31, 2025
New Fund Offer (NFO) Closes on:	February 14, 2025
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. THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING* Scheme Riskometer# Benchmark Riskometer (As at December 31, 2024) Nifty100 Quality 30 Index (TRI) Returns that are commensurate (before fees and expenses) with the performance of the Nifty100 Quality 30 Index (TRI), over long term, subject to tracking error Moderate Risk Investment in equity securities covered by the Nifty100 Quality 30 Index (TRI) Moderately High Risk Moderately High Risk Low to High Risk High Risk *Investors should consult their financial advisers, if in doubt about whether the product is Moderate Risk Moderate Risl suitable for them Very High Risk # The product labeling assigned during the New Fund Offer (NFO) is based on internal Low Risk Low Risk Very High 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 risk of the Scheme is Very high The risk of the Benchmark is Very high the Fund viz. www.hdfcfund.com 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/Stock Broker/ ARN/RIA/Portfolio Internal Code Employee Unique Identification Number (TIME STAMP) Portfolio Manager Registration Manager's/ Stock Broker's Sub Agent's ARN Bank Branch Code for Sub-Agent/ Employee (EUIN) Number (PMRN) Name 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. 0 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. 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, 8, 11 AND 14 ONLY. Refer instruction 3). The details in our records under the folio number mentioned alongside will apply for this application. Folio No. 2. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor 3. UNIT HOLDER INFORMATION (Refer instruction 4) DATE OF BIRTH@/DATE OF INCORPORATION Proof of date of birth@ Please (\(\sigma\) 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) Nationality PAN#/ PEKRN# KYC # [Please tick (√)] (Mandatory) Proof Attached KYC Number Status of First/ Sole Applicant [Please tick (🗸)] 🗌 Individual 🗆 Non - Individual* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 4 & 18) Resident Individual Partnership Trust HUF AOP PIO Company Minor through guardian BOI OCI Body Corporate LLP Society / Club NRI-Repatriation NRI-Non Repatriation Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Expiry Date: (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 Proof Attached KYC # [Please tick (✓)] (Mandatory) 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 filed 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 / redemption of Units of HDFC Nifty100 Quality 30 Index Fund.

ISC Stamp & Signature

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First / Sole Applicant / Guardian



HDFC Nifty100 Quality 30 Index Fund

An open ended scheme replicating/tracking Nifty100 Quality 30 Index (TRI)

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APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

	(The Application Form s	should be completed in Engli		ASBA App	ication No.							
KI	KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)											
KI	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 Ur Identification N (EUIN)	nique	OR OFFICE USE ONLY (TIME STAMP)	CAMS bar code			
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	BE GIVEN BY THE SC ed by the Sole/First <i>I</i>			HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Pa -166, Backbay Reclamation, Churchgate, Mu		ASBA [Application No.	Date :
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Tele./Fax		Mobile No.		Bank Name & Address	(Rs. in words)		
E-mail:							

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1, 1 Refer Instruction 3).	1c, 1d and proceed to section 2.
Folio No.	apply for this application provided the details
Table No. T	DATE OF BIRTH@/DATE OF
NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholded Mr. Ms. M/s. Nationality PAN#/ PEKRN# KYC Number RYC # [Please t	
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(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 – DESIGNATIO Mr. Ms.	DN (in case of non-individual Investors)
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Relationship with Minor@ Please (√) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian	Proof of relationship with minor@ Please (\checkmark) \square Attached @ Mandatory
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This mobile number belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Stris email id belongs to (Mandatory Please <): Self Spouse Dependent Children Dependent Siblings I hereby declare that I shall immediately notify any change to the mobile number/email id. (Refer instruction I/We would like to register for online access to transact on HDFCMFOnline Investors as per the terms & concoming 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 thereofy. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary.	B Dependent Parents Guardian POA Custodian (for FPIs only) PMS on 9) Inditions displayed on website: www.hdfcfund.com (Email id mandatory) Account statements/ statutory and other documents by email.
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Mr. Ms. M/s.	
Nationality PAN#/ PEKRN#	
10/0 Number	
KYC Number KYC # [Please t	tick (<)] (Mandatory) Proof Attached
-	tick (<)] (Mandatory)
-	tick (<)] (Mandatory) Proof Attached
KYC Number KYC # [Please t MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) CITY STATE	tick ()] (Mandatory) Proof Attached PIN CODE</td

	TORNEY (P	,										
Name of PoA Mr. N	/Is. M/s.											
Nationality					P	PAN#/ PEKRN	l#					
KYC Number							[Please tick (√		Proof Attach	ed		
# Please attach Proof. Ro						instruction No	17b for KYC Identifi	cation Number issued b	y CKYCR.			
1c. ADDITIONAL K		-						1				
Occupation details		1 st Applic	ant	2 nd Applica	int 3 rd	Applicant	Guardian	Politically Expos Person (PEP) de		Is a PEP	Related to PEP	Not Applicable
Private Sector Servi								1 st Applicant	talis.	PEP	IU PEP	Applicable
Public Sector Service								2 nd Applicant				
Government Service	9							3rd Applicant				
Business								Guardian				
Professional								Authorised Signa	torios			
Agriculturist								Promoters	torics			
Retired								Partners				
Housewife Student								Karta				
Proprietorship								Whole-time Direct	tors			
<u> </u>	oifu)							Trustee	10.0			
Others (Please spec	-				/ N4 -	01	. 0		/0	1 - 11 - 1		
providing any of the			L	_	change / Moi	-	r Services		ng/Gambling/	Lottery	/Casino Sei	rvices
services	c montione	u		Money Ler	nding / Pawni	ing		■ None	of the above			
Gross Annual	1 st		2 nd	3 rd	Guard	dian (Gross Annual	1 st	2 nd		3 rd	Guardian
Income Range	Applica	nt App	licant	Applicar	nt		ncome Range	Applicant	Applica	nt	Applicant	
(in Rs.)							in Rs.)					
Below 1 lac							10-25 lac					
1-5 lac							25 lac- 1 cr					
5-10 lac] [:	> 1 cr					
1 year) (Mandatory for Non Individual)	IATION / FO		AWO (0). If O !'''	L'an (Datas		40)		DD DD	M	 M Y	MY
1d. FATCA INFORM	IATION/ TO	ILIUN IAA	LAVVO (O	ocii oci illica	uvii) (itelei	III3U UGUUI						
The below informati Address Type:	-	-					·	ess mentioned in f	orm/existing	addres	ss appearin	g in Folio)
Address Type: 🔲 F	-	or Business	Resi	idential 🗌 B	usiness 🗌 R	Registered (Office (for addr		orm/existing			
Address Type: F	-	or Business	Resi		usiness 🗌 R	Registered (·		orm/existing		ss appearin rd Applicar	
Address Type: F Category Place/ City of Birth	-	or Business	Resi	idential 🗌 B	usiness 🗌 R	Registered (Office (for addr		orm/existing			
Address Type: For Eatlegory Place/ City of Birth Country of Birth	Residential	or Business	Resi	idential 🗌 B	usiness 🗌 R	Registered (Office (for addr		orm/existing			
Address Type: F Category Place/ City of Birth Country of Birth Country of Tax Resi	Residential	or Business First Applic	□ Resi eant/Gua	dential 🗌 B	usiness	Registered (Office (for addr	t/ Guardian		Thi	rd Applicar	nt
Address Type: F Category Place/ City of Birth Country of Birth	dency# guardian's Cidency other	or Business First Applic Country of Bir r than India? which you a	Resi	idential B Irdian in cas Inship/ Int for tax	usiness	Registered (Office (for addr econd Applican	t/ Guardian	nd Applicant/	Thi	rd Applicar	
Address Type: F Category Place/ City of Birth Country of Birth Country of Tax Resi Is the applicant(s)/g Nationality/Tax Resi Please indicate all c purposes and the a	idency# guardian's Cidency other countries in ssociated Ta	or Business First Applica Country of Bir r than India? which you a lax Reference wing information or Business and the second of the second o	Resicant/Gua	enship/ Int for tax rs below*.	usiness Re e of Minor	Registered (So So Ilicant/Guard	Office (for addrescond Applican	t/ Guardian Minor Seco	nd Applicant/	Thi Guard	ian T	hird Applicant Yes No
Address Type: F Category Place/ City of Birth Country of Birth Country of Tax Resi Is the applicant(s)/g Nationality/Tax Resi Please indicate all courposes and the a	idency# guardian's Cidency other countries in ssociated Ta	or Business First Applica Country of Bir r than India? which you a lax Reference wing information or Business and the second of the second o	Resicant/Gua	enship/ nt for tax rs below*.	usiness Re e of Minor	Registered (So So Ilicant/Guard	Office (for addr econd Applican	t/ Guardian Minor Seco	nd Applicant/	Thi Guard	rd Applicar	hird Applicant Yes No
Address Type: F Category Place/ City of Birth Country of Birth Country of Tax Resi Is the applicant(s)/g Nationality/Tax Resi Please indicate all c purposes and the a	idency# guardian's Cidency other countries in ssociated To	or Business First Applica Country of Bir r than India? which you a lax Reference wing information or Business and the second of the second o	Resicant/Gua	enship/ Int for tax rs below*.	usiness Re e of Minor	Registered (So So Ilicant/Guard	Office (for addrescond Applican	t/ Guardian Minor Seco	nd Applicant/	Thi Guard	ian T	hird Applicant Yes No
Address Type: Factorial Forms From Factorial F	idency# guardian's C idency other countries in ssociated Ti de the follow	or Business First Applica Country of Bir r than India? which you a lax Reference wing information or Business and the second of the second o	Resicant/Gua	enship/ Int for tax rs below*.	usiness Re e of Minor	Registered (So So Ilicant/Guard	Office (for addrescond Applican	t/ Guardian Minor Seco	nd Applicant/	Thi Guard	ian T	hird Applicant Yes No
Address Type: Factorial Fa	idency# guardian's C idency other countries in ssociated Ti de the follow	or Business First Applica Country of Bir r than India? which you a lax Reference wing information or Business and the second of the second o	Resicant/Gua	enship/ Int for tax rs below*.	usiness Re e of Minor	Registered (So So Ilicant/Guard	Office (for addrescond Applican	t/ Guardian Minor Seco	nd Applicant/	Thi Guard	ian T	hird Applicant Yes No
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Address Type: Factor Fa	idency# guardian's C idency other countries in ssociated Ti de the follow o ^ e specify] idency 2 o. 2	or Business First Applica Country of Bir r than India? which you a lax Reference wing information or Business and the second of the second o	Resicant/Gua	enship/ Int for tax rs below*.	usiness Re e of Minor	Registered (So So Ilicant/Guard	Office (for addrescond Applican	t/ Guardian Minor Seco	nd Applicant/	Thi Guard	ian T	hird Applicant Yes No
Category Place/ City of Birth Country of Birth Country of Tax Resi Is the applicant(s)/s Nationality/Tax Resi Please indicate all opurposes and the a If Yes, please provio Category Tax Payer Ref. ID Note that I is the purpose indicate all opurposes and the a If Yes, please provio Category Tax Payer Ref. ID Note in Tax Payer Ref.	idency# guardian's C idency other countries in ssociated Ti de the follow o ^ e specify] idency 2 o. 2 e specify]	or Business First Applica Country of Bir r than India? which you a lax Reference wing information or Business and the second of the second o	Resicant/Gua	enship/ Int for tax rs below*.	usiness Re e of Minor	Registered (So So Ilicant/Guard	Office (for addrescond Applican	t/ Guardian Minor Seco	nd Applicant/	Thi Guard	ian T	hird Applicant Yes No

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	•	•				•	D: 1 :		\							(D		,,						***	_	D.
Regular Plan - Gro Mention valid ARN i				on rou	uted ti	rough	ı Distri	ibutor) [ect P ntion				•	,					on ma	ade di	rectly	with t	ie Fun	id)
3. SCSB/ ASBA ACCOL				MT (I	Rofoi	Inetr	uction	n 21B	R) (Annli								_									
Pay-in Bank	JNI DEIAI		IL ALLEIGA		ITGIGI	IIIəti	uctioi	210	Name o		I WIOI	icy i	ט טכ	J	NGL	1 11 01		13 AU	JUUU	iii <i>)</i>	ı	1	1	ı	ı	
Account No.									the Bar		_						_		_						<u> </u>	
Branch									Bank	City																
Account Type [Please tick (✔)]	SAVINGS		CURRENT			NRE		NRC)	FCNF	?		0TI	HERS									_(ple	ase sp	ecify)	
Total Amount to be bloc	ked Amour	nt in figu	res (Rs.)						_																	
in words (Rupees)																		_								
IFSC Code***							Th Ba	ne 9 d ank &	ligit MIC Branch	R Code is**	e num	iber	of m	ıy/oui	r											
4. BANK ACCOUNT (P Fill in these details with the Demat Acc different from the b	only if the count as m	ASBA A	occount deta Lunder Sec	ails p	rovid 5 belo	ed in ow. M	Section and at	on 3	are diffe	erenť f																
Account No.									Name	of the	Bank															
Branch			iii					ĺ	Bank	City					Ī	İ		i		i	i	ĺ	i	i		
Account Type	CVAINICC		CLIDDENT			IDE		NDC		ECNI			ОТ	JEDO									(n	lease s	necify	<i>Λ</i>
[Please tick (✓)]	SAVINGS		CURRENT	1	<u>' '</u>	NRE		NRC	,	FCNI	<u> </u>		UII	HERS			_						(P	10000	poons	
IFSC Code***	DEDL D								- ! la !-					IICR	Cod	le**	L									
(Please note that as per \$ *** Refer Instruction 5C	(Mandatory	for Cred	lit via NEFT											neque	e lea	af. If	you	do no	t fin	d this	s on y	our				
cheque leaf, please checl ** Refer Instruction 11 (1				r chec	que n	ext to	the ch	neque	numbe	r)																
5. DEMAT ACCOUNT I	DETAILS -	(Mandat	ory - Refer	Instru	uctio	n 21)				•																
		NSD															C	DSL								
DP Name DP ID									•																	-
Beneficiary Account N	0.																									
6. NOMINATION FOR				,					_				_		_			_								
I/We wish to make a nominate the following all the assets held in m of my / our death.	person(s) w	ho shall r	receive	OR		case o	of my o nents is	demis sued	rm that I / d the imp e / death by the Co ismission	of all t urt or s	he uni uch ot	t hol her c	ders omp	in the etent a	folio autho	o, my ority, a	/ OU s ma	ır lega ıy be	al hei reguir	r(s) w ed by	ould/ the N	need 1 Nutual	to sut Fund/	omit all ' AMC f	the re or settl	quisite ement
Name and Address of No (IN CAPITALS) (Mandatory)	ominee(s)		PAN		(1	/landat	lations tory)* attach		Date of					Name AN and	d Ad	dress	of G	ardi	an (0	ption	al)		no	nare of ominee	(%)\$	se
(Manadory)										(Man	datory	to b	e fur	nished	d in (case	the N	lomin	ee is	a mir	ior)	spe	cify p	ercenta	ges be	elow)
																							Equ			
Nominee 1																							Not	Equally		
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Nominee 2																										
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] Equ	ally		
Nominee 3] Not	Equally		
NOTHINGS 3																										
								_					PAN	l:						_						_%
Mobile/Telephone No. of no Guardian in case of Minor	ominee(s)/		No	omine	e 1						No	mine	ee 2								N	lomin	ee 3			
Email ID of nominee(s)/ Go in case of Minor	uardian		No	omine	e 1						No	mine	ee 2								N	lomin	ee 3			
Nominee/ Guardian (in cas Photograph & Signature Any odd lot after division Guardian's Relationship of Proof of Relationship of Gu We have read and unders me/us in respect of the folio To be signed by ALL holder	e	PAN sferred to e (Manda Minor: [tructions (ed above.	Aadhaai the first nomi atory):	r inee m other ficate n and	nention	Saving ned in f Father Schoo nereby	g Bank the tab l l I Leavi under	accou ble abo Legal ing Ce	unt no. ove. Guardian ertificate	Pa	Proo asspor	f of I	denti	ty -							 s all p	orevio	us no	minatio	ns ma	de by
POA holder cannot nominate.					_																					
HOHIMAIE			e Applicant								Secon	۰ ۸ م	nlina										The	rd Appl		

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7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 10) [Please tick (✓)]									
The redemption / IDCW proce	eds will be directly credited to the investor's bank account	t.							
8. RESOLUTION OF DISP	UTES (For Institutional or corporate clients) (I	Refer instruction 20)							
Smart ODR OR	by harnessing any independent institutional mediatio	n, independent institutional conciliation and/or independent	ent arbitration institution in India.						
9. DECLARATION & SIGN	IATURE/S (refer instruction 13)								
regulations of SEBI, AMFI, Previapply to the Trustees for allotme	ention of Money Laundering Act, 2002 and such other regu ent of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') a		agree to comply with the same as a Unitholder. I/We hereby						
India and Foreign laws. I am for the purpose of contravel	n/We are authorised to make this investment as per the Constitution and/or evasion of any act, rules, regulations, notification	ted from accessing capital markets by any order/ruling / judg stitutive documents/ authorization(s). The amount invested in ons or directions issued by any regulatory authority in India.	ment etc. passed by SEBI/ Statutory Authority or Courts in the Scheme(s) is through legitimate sources only and is not						
(-)	Fund's terms and conditions as amended from time to time.	ect and I/we shall furnish such other further/additional inform	nation as may be required by the HDEC Asset Management						
Company Limited (AMC)/ F	fund, I/We undertake to promptly inform the AMC / Fund/Red	gistrars and Transfer Agent (RTA) in writing about any change	in the information furnished by me/us from time to time.						
regulatory, judiciai, quasijud	dicial authorities/agencies including but not limited to Financi	bove information and/or any part of it including the change party service providers, SEBI registered intermediaries for si al Intelligence Unit-India (FIU-IND) etc without any intimation/a	advice to me/us.						
(e) I/We hereby consent for p concerned folio, if applicabl		tc. in respect of my/our transactions under Direct Plan to the	he RIA/Portfolio Managers/ Stock Broker registered in the						
(f) I/We shall be liable and res furnished by me/us at the til directors and employees a	ponsible for any loss, claims suffered, directly or indirectly me or investing/redeeming the units. I/We hereby uncondition	y by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of an onally and irrevocably indemnify and at all time keep indemnificharges and expenses incurred or suffered /paid by AMC/Fu	ed, save and harmless AMC/Fund/Trustee and their officers,						
(g) The ARN holder (AMFI regi	stered Distributor) has disclosed to me/us all the commiss amongst which the Scheme is being recommended to me/u	sions (in the form of trail commission or any other mode), pa	ayable to him/them for the different competing Schemes of						
(h) I/WE HEREBY CONFIRM T		ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE	YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS						
INVESTMENT. Consent for Telemarketing (Refer Instruction 19):								
	,	mation/ material via email, SMS, telemarketing calls etc. or	n the mobile number and email provided by me/us in this						
	ersonal Information in terms of Privacy Policy								
		ailable on https://www.hdfcfund.com) ("Policy") of HDFC Al ssing, storing, dealing, handling or disclosure of my/ our Pe MC, in accordance with the Privacy Policy.							
For Foreign Nationals Resid	•								
account of change in residenti	ial status.	ncy 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 or I/We confirm that my application	my. tion is in compliance with applicable Indian and foreign	laws							
For NRIs/ PIO/OCIs Please (v									
SIGN HERE									
(Please write Application									
Form No. / Folio No. on the reverse of the									
Cheque / 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	1								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 السامانيا		Ni	h	a., OI	NI -							
in ca	se TIN or its functional equi	vaier	it is not av	vallabi	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													
	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//											