

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

an application for subscription / redemption of _

HDFC Nifty Top 20 Equal Weight Index Fund An open ended scheme replicating/tracking Nifty Top 20 Equal Weight Index (TRI)

Application No.:

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

044-			pleted in English and in			*	(O) d MAN b d		
				ng the New	runa u	mer Perioa (NF	U) and at NAV dased	prices upon re-opening	
New Fund Offer (NFO)	•	March 07, 202 March 21, 202							
New Fund Offer (NFO) Scheme re-opens on:	CIUSES UII.	,		nie Cala an	d Roniii	rchaco within 5	hueingee dave from t	he date of allotment of uni	te under NEO
Outcine to opens on.		OUTCING WITH	c-open for continue	Jus Gaic all	u mopui	TOTICASO WILLIAM O	business days from t	nic date of anothern of an	is under iti o
THIS PRODUCT IS SUITAB	LE FOR INVES	TORS WHO ARE	SEEKING*			Scheme Ris	skometer#	Benchmark Riskometer (As a	January 31, 2025)
Returns that are comm				ance of the				Nifty Top 20 Equal Weig	ht Index (TRI)
 Nifty Top 20 Equal Weig Investment in equity se 				TRI)		Moderate Risk	Moderately High Risk	Moderate Risk N	loderately High Risk
. ,			-			w to	High Risk	Low to	High Risk
*Investors should consult to suitable for them.	their financial	advisers, if in doi	ubt about whether the	product is	Moderate F	Risk		Moderate Risk	
# The product labeling as					Low Risk		Very High Risk	Low Risk	Very High Risk
assessment of the scheme of when the actual investments		or model portiona	and the same may var	y post NFO		RISKO	METER	RISKOMETER	
For latest riskometer, investo		o the Monthly Port	folios disclosed on the	website of	7	he risk of the Scl	heme is Very high	The risk of the Benchma	rk is Very high
the Fund viz. www.hdfcfund.									
EY PARTNER / AGENT IN			g under Direct Plan mus	t mention "Dir	ect" in AF			FOR OFFICE USE ONLY	CAMS bar code
ARN/RIA Code/Stock Broker/ ortfolio Manager Registration		RIA/Portfolio / Stock Broker's	Sub Agent's ARN	Bank Bran	ch Code	Internal Code for Sub-Agent/	Employee Unique Identification Number	(TIME STAMP)	
Number (PMRN)		Name	-			Employee	(EUIN)		
UIN Declaration (only where				Abia Avanaaa	dian ia aw		intonostion on advice b	the employee/veletionship m	
of the above distributor/sub b	roker or notwi	hstanding the adv	rice of in-appropriaten	ess, if any, pi	rovided b	y the employee/r	elationship manager/sal	ly the employee/relationship m es person of the distributor/sub	ialiayel/sales persoli) broker.
RANSACTION CHARGES I I confirm that I am a first tince the purchase/subscubscription amount and paya	me investor ac	cross Mutual Fund	S.	0R				ting investor across Mutual Fun e are deductible as applicable	
EXISTING UNIT HOLDE									
Folio No.					The de	etails in our recor	ds under the folio numbe	er mentioned alongside will ap	ply for this application
MODE OF HOLDING [PIG	ease tick (✓)] Single	Joint	Δηι	one or S	Survivor			
UNIT HOLDER INFORMA	•	,,	DATE OF BIRTH@					Y Proof of date of bi	rth@ Please (√)
NAME OF FIRST / SOLE AF	,	,					s to as ner PAN records		Attached
Mr. Ms. M/s.									
Nationality				PAN#/	PEKRN#	#			
KYC Number					KYC #	[Please tick (<)	(Mandatory) Pi	roof Attached	
Status of First/ Sole Ap	plicant [Plea	ase tick (✓)] [Individual No	on - Individu				neficial Ownership (UBO) Se	If Certification Form
Resident Individual	Partnerchin	Trust HUF	AOP PIO	Company	•	<i>datory) (Refer Ins</i> or through guardi	,	Body Corporate LLP	Society / Club
	VRI-Non Repat		gn National Resident ir		FPI	Sole Proprietors			(please specify)
LEI No.				Exp	oiry Date:		YYYYY		
(Mandatory for Non - Ind	ividuals transa	cting / proposing	to transact for an amo		•	r more)			
* Trust/Societies/Section 8									
We are a "Non-Profit Org Income-tax Act, 1961 (43	of 1961), and	POI which has be d is registered as	een constituted for religions a trust or a society un	gious or chai ider the Soci	ritable pu eties Reg	irposes referred t jistration Act, 186	o in clause (15) of section io (21 of 1860) or any si	milar State YES	NO NO
legislation or a Company r	-		•	013 (18 of 20	013).				
(If not registered already,)				e information	1)				
NAME OF GUARDIAN (in ca	se of First / S	ole Applicant is a	Minor) / NAME OF CO	NTACT PERS	SON – DE	SIGNATION (in ca	ase of non-individual Inve	estors)	
Mr. Ms.									
Nationality			Designation				Contact No.		
PAN#/ PEKRN#				DATE OF E	BIRTH	D D M	Л У У У У		
KYC Number						[Please tick (✓)	, (roof Attached	
Relationship with Minor@ Pl	. ,	ather Mother For PAN/PEKPN 2	Court appointed L				relationship with minor@ F	, ,	andatory
# Please attach Proof. Refer	suucuofi NO 1 			. neier instruc	UII NO 1				
CKNOWLEDGEMENT SLI	P (To be filed in	by the Investor) [Fo	or any queries please cor	ntact our neare	st Investo	r Service Centre or	call us at our Customer Ser	vice Number 1800 3010 6767 / 18	00 419 7676 (Toll Free)]
Date :			Head Office · HO	HDFC M		FUND H.T. Parekh Marg,	165-166		
						e, Mumbai - 400		Appl	ication No.:

_ Units of HDFC Nifty Top 20 Equal Weight Index Fund.

ISC Stamp & Signature

MAILING A	ADDRESS OF FIRST / SOLE	E APPLICA	NT (Mandator	y) (Refer Instri	uction 4a)								
COUNTE	RV				STATE					PIN CO	DE		
	DETAILS OF FIRST / SOLE	APPI ICAI	NT Coun'	ry Code - Mobi	ile								
STD Code		AI I LIOAI	Res.	l y code widd			Telephone	No. Office					
eAlerts Mo	obile			eDocs	Email of Fi	rst / Sole	holder ^		IN CAPITA	LS			
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	l id belongs to (Mandatory eby declare that I shall imn							lent Parents	Guardian	POA Custo	dian (for FPIs	only) 🔃 F	PMS
I/ We	e would like to register for a	online acce	ess to transact	on HDFCMFOnl	e number/ e line Investo	rs as per	the terms & conditions dis	splayed on web	site: www.h	dfcfund.com (Email id man	datory)	
	for non individuals and ind											• •	
	viding email-id investors sh if the investors wish to rece												
OINT APP	PLICANT DETAILS, If an	ıv (Refer	instruction 4)	In case of Mir	nor, there s	hall be n	o ioint holders)	,		, , , , , , , , ,	,		
	F SECOND APPLICANT	. y (0000 01 11111		ATE OF I							
Mr. M													
Nationality	У				P.	AN#/ PE	KRN#						
KYC Num						KY	C # [Please tick (√)] (M	landatory)	Proof Atta	ached			
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	l id belongs to (Mandatory												
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KYC Num	DETAILS OF THIRD APPLIC	ANT				KY	C # [Please tick (√)] (M	landatory)	Proof A	Attached			
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	ttach Proof. Refer instruction I			lo 17a for KYC (I	KRA). Refer	instructio	No 17b for KYC Identificatio	n Number issue	d by CKYCR.				
	AL KYC DETAILS (Refer			Ord A 1:									
	on details for 1 st Ap	plicant	2 nd Applicant	3 rd Applica		ardian	Politically Exposed Per 1 st Applicant	rson (PEP) deta	alls:	Is a PEP	Related to F	'EP Not	Applicable
Public Sec	ctor Service						2 nd Applicant						
Governme Business							3 rd Applicant						
Profession							Guardian						
Agriculturi							Authorised Signatories Promoters)					
Retired Housewife							Partners						
Student	(abia						Karta Whole-time Directors						
Proprietor Others (Pl	lease specify)						Trustee						
on-Indivi	idual Investors involve	d/ provid	ding any of th	e mentioned	services		Foreign Exchange / Mon		ervices		Gambling / Lo	ttery / Cas	sino Servic
			. 4	-		L	Money Lending / Pawnir			None of th			
	nnual Income Range (in Rs.	.) 1 st App	licant 2 nd App	licant 3 rd App	olicant G	luardian	Gross Annual Income	Range (in Rs.)) 1 st Applic		cant 3 rd App	olicant	Guardian
Below 1	Iac	+] L				10-25 lac						
1-5 lac 5-10 lac							25 lac- 1 cr > 1 cr						
3-10 lac			J L				> 1 01						
OR Netwo	orth in Rs. (Mandatory ndividual) (not older									as on			
than 1 ye										DD N	MM	YYYY	
OWER O	OF ATTORNEY (PoA) HO	LDER NI	ETAILS										
	POA Mr. Ms. M/s.												
PAN#/P	PEKRN#												
KYC Nun	mber					KY	C # [Please tick (√)] (N	Mandatory)	Proof	Attached			
eAlerts M					s Email of F				IN CAPIT				
	attach Proof. Refer instruction				` '								
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eme Nam	ne / Plan / Ontion / Sub-onti	ion /	Cheque / Po	ment Instrume	ent /	. 4141							
eme wam out Optior	ne / Plan / Option / Sub-opti n	IUII /	UTR No. / Da		oill/		Drawn on (Name of Ba	ink and Branch)	Amount i	in figures (Rs.	.)	
	 Top 20 Equal Weight Index	Fund											
. o milly I	op 20 Equal Weight hidex	i uilu											

	FATCA AND CRS INFORMATIO	•	•	. , ,	Certification) (Refer instruc	ction 4)						
	The below information is requ Address Type: Residentia				istored Office (for address	s mantianed in form	ovieting address an	noorina in	Eolio)			
	Category		t/Guardian in ca		Second Applicant/			Applicant	ruliu)			
	Place/ City of Birth	T II ot Applioun	y duditalali ili od	oo or millor	Cooona Apphoanty	dadididii						
	. ,											
	Country of Birth											
	Country of Tax Residency#											
Mandatory	Is the applicant(s)/guardian's Nationality/Tax Residency oth Please indicate all countries in purposes and the associated	er than India? n which you are r	esident for tax		t/ Guardian in case of Min □ Yes □ No		cond Applicant/ Guardian Third					
	If Yes, please provide the follo	owing information	[mandatory]				'					
	Category	First Applican	t/Guardian in ca	se of Minor	Second Applicant/	Guardian	Third I	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 t	he individual is a	citizen/ green car	d holder of USA.	^ In case Tax Identificati	on Number is not ava	ilable, kindly provide	its functio	nal equivalen			
9. I	NVESTMENTS & PAYMENT DET e name of the first/ sole applican	AILS [Please (<)] (Refer instruction	on 6 & 7 for Sche	eme details and instruction	8 & 10 for Payment D	etails)					
111	Regular Plan - Growth O Mention valid ARN in Key	ption (Purchase/ S	Subscription routed		or) Direct Plan - G	Growth Option (Purchas CT in Key Partner/ Agen	e/ Subscription made	directly wit	h the Fund)			
	Mode of Payment	Cheque	Jillation	□ NEI	FT/ RTGS/ Fund Transfer	, ,		me Mand	ate (OTM)			
	Name of Bank: HDFC Bank Lin Beneficiary Name: HDFC NIF RTGS/ NEFT IFSC Code: HDFC Please note that OTM can be s transactions via OTM	TY TOP 20 EQUAL 1 C0000060	WEIGHT INDEX FU	ND NFO COLLECT		t No: 57500001727613	the attached OTM Del		to make futur			
	Drawn on Bank / Br	anch	Pay-In Ba (For C	nk Account No. heque Only)	Cheque/ Payment Instrument/ UTR No.	Cheque/ Payment Instrument/ UTR Date	Amount of Cheq Payment Instrum RTGS/ NEFT in figur	que / nent / res (Rs.)	Net Cheque Amount			
	Cheque Amount (in words):											
10.	MODE OF PAYMENT OF REDI		•		,							
11	BANK ACCOUNT DETAILS OF	•				refer instruction 5)						
	(Mandatory to attach proof, in ca For unit holders opting to hold unit	se the pay-out ban	k account is differe	nt from the bank a	occount mentioned under Sec	tion 11 below.)						
	Bank Name	o iii uciiial iüiiii, pie	sase ensure trial (Ne	DAIIN ACCOUNT INNK	eu with the definal account is f	nenuoneu nere.						
10 r	Branch Name				Bar	nk City						
Mandatory	Account Number			Account Typ	pe (Please ✓) ☐ Savings ☐	Current NRO NI	RE FCNR Other	0	ase specify)			
2	IFSC Code***			lf yo	Refer Instruction 5C (Mandatory ou do not find this on your cheque	TOT Credit via NEFT / RTGS e leaf, please check for the	o) (11 Unaracter code appe same with your bank)	earing on you	ur cneque leaf			

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

Payment Instrument.)

First / Sole Applicant / Guardian



HDFC Nifty Top 20 Equal Weight Index Fund An open ended scheme replicating/tracking Nifty Top 20 Equal Weight Index (TRI)

Application No.:

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:	March 07, 2025	
New Fund Offer (NFO) Closes on:	March 21, 2025	1
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]

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING* Benchmark Riskometer (As at January 31, 2025) Scheme Riskometer# Nifty Top 20 Equal Weight Index (TRI) Returns that are commensurate (before fees and expenses) with the performance of the Nifty Top 20 Equal Weight Index (TRI), over long term, subject to tracking error. Moderately High Risk Moderately High Risk Investment in equity securities covered by the Nifty Top 20 Equal Weight Index (TRI) High Risk Low to Moderate Risk High Risk Moderate Risk *Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the New Fund Offer (NFO) is based on internal Low Risk Very High Low Risk Very High Risk 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 Benchmark is Very high The risk of the Scheme is Very high the Fund viz. www.hdfcfund.com

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 INF ARN/RIA Code/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio	er Direct Plan must Sub Agent's ARN	mention "Direct" in AR Bank Branch Code	Direct" in ARN column.) (Refer Instruction 1) Internal Code anch Code for Sub-Agent/ Employee Unique Identification Number (EUIN)		ee Unique ion Number	FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code			
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 ©											
	ant/ Guardian/ PoA Holder		Second Appl	licant			Third Applicant				
TRANSACTION CHARGES FO	OR APPLICATIONS THROUGH I	DISTRIBUTORS	ONLY (Refer Ins	struction 2)							
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.											
	ACKNOWLEDG	GEMENT SLIP F	OR SCSB (HDFC N	 Lifty Top 20 Equ	 	 Index Fund					

TO BE RETAINED BY THE SCSB (To be filled by the Sole/First Applicant) Head Office	FOR SCSB (HDFC Nifty Top 20 Equal Weight HDFC MUTUAL FUND DE: HDFC House, 2nd Floor, H.T. Parekh Marg, kbay Reclamation, Churchqate, 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 Top 20 Equal Weight Index Fund)										
TO BE GIVEN BY THE SCS	D	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Pa	rekh Marg	Date :						
(To be filled by the Sole/First A		-166, Backbay Reclamation, Churchgate, Mu	ΔSRΔ							
Received from Mr./Ms.		SCSB Account Details	Total Amount to be blocked	SCSB Stamp Signature, Date & Time of						
Address		Bank Account No.	(Rs. in figures)	Form Submission						
Tele./Fax	(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. Match with your demat account. Which with your demat account. In case of discrepancie the Application is liable to get rejected. Refer Instruction 4) match with your demat account. In case of discrepancie the Application is liable to get rejected. Refer Instruction 4)	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	
	ach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Forn uction 4 & 19) (Mandatory)
	AOP PIO Company FPIs Minor through guardian BOI O Oble Proprietorship Non Profit Organisation Others (please specify) M M Y Y Y Y Seferred to in clause (15) of section 2 of the Act, 1860 (21 of 1860) or any similar State
(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)
Nationality Designation	Contact No.
PAN#/ PEKRN# D D M	
KYC Number KYC # [Please t	tick (✓)] (Mandatory) ☐ Proof Attached
Relationship with Minor@ Please (√) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian	Proof of relationship with minor@ Please (\checkmark) \square Attached @ Mandatory
CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code - Mobile	
STD Code STD Code Res.	Telephone No. Office
eAlerts Mobile eDocs Email of First / Sole holder ^	IN CAPITALS
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.
NAME OF THE SECOND APPLICANT Resident Individual NRI [Mandatory Pl	lease tick (🗸)] DATE OF BIRTH DODD M M M Y Y Y Y
Mr. Ms. M/s.	
Nationality PAN#/ PEKRN#	
	tick (<)] (Mandatory) Proof Attached
NAME OF THE THIRD APPLICANT Resident Individual NRI [Mandatory Pl	
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 mondone	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		ANNO (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						
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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
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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.

Regular Plan - Growth	Option (Purchas	e/ Subsc	ription i				stributo	or)		Direc					•						mad	e dire	ctly w	vith the	e Fur	d)
Mention valid ARN in Ke	•										Menti										า						
3. SCSB/ ASBA ACCOUNT Pay-in Bank	DETAIL	S OF TI	IE APPL	LICANT	(Ref	er Ins	truct	ion 21	B) (Ap	•	tion M	oney	to I	be bl	ocke	ed fro	om t	his A	CCO	unt)							
Account No.									the E															\perp			L
Branch									Ba	nk Cit	у																L
ccount Type Please tick (✓)] □ SA	VINGS		CURRE	NT		NRE		NR	0	F	CNR] 0	THEF	RS									(pleas	se spe	cify)	
otal Amount to be blocked	Amoun	t in figu	res (Rs.	.)																							
words (Rupees)																											
FSC Code***									digit N & Bran			umbe	r of	my/c	ur												
4. BANK ACCOUNT (PAY- Fill in these details onl with the Demat Accoun different from the bank	ly if the nt as me	ASBA A	ccount d under	details Section	provi n 5 be	ided i	n Sed Mand	ction 3	are d	iffere	nt fro																
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SC Code***														MIC	R Cr	de**	ŀ								1		_ [
Please note that as per SEBI ** Refer Instruction 5C (Ma heque leaf, please check for * Refer Instruction 11 (The	ndatory r the san 9 digit c	for Cred ne with y ode app	dit via NE your ban ears on	EFT / R nk) your ch	TGS/ I neque	MPS) next t	(11 (the	Charac	ter cod	le app	count (earing	detail y on y	s) 'our					do n	ot fi	nd th	iis o	n yo	ur				
		NSD	-															CDSI	_		_						_
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Beneficiary Account No.										L											<u></u>			<u></u>			
I/We wish to make a non nominate the following pers all the assets held in my / o of my / our death. Name and Address of Nomin (IN CAPITALS) (Mandatory)	son(s) whour accou	no shall r	receive	OR	Non	docu	e of m uments eath cla Relation (atory)	iy demi s issued aim / tra onship)*	firm tha nd the i se / dea I by the ansmiss Date	ath of Court ion of u	all the or such units in	unit h other favour	older com of th	rs in t npeten ne lega Na PAN a	he fo t auth al heir me o and A	lio, m nority, (s), ba f the (ddres	as mased Guar Ss of	our leg lay be on the dian (Guard	gal h requ valu Man dian	eir(s) iired b ie of tl dator (Optic	wou by the he ur y) onal)	ild ne e Mut nits he	ed to cual Fu eld in t	subm nd / A he mu Shar nom	it all the MC for the true of each of the contract of the cont	ne re r settl nd fol ach %)\$ pleas	quis eme io/s
Nominee 1										(III	ranuati	Ji y to	De 11	umini	ieu ii	Casc			1166 1	3 4 111		,		Equall	centag ly qually	jes b	lov
													P	AN: _													_%
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Mobile/Telephone No. of nomi Guardian in case of Minor	iee(s)/																										
mail ID of nominee(s)/ Guard n case of Minor	ian																										
Nominee/ Guardian (in case of photograph & Signature and Any odd lot after division shale Guardian's Relationship with Proof of Relationship of Guard/We have read and understood me/us in respect of the folio(s) To be signed by ALL holders, in	De trans Nominee ian with I I the instr mentione	PAN sferred to e (Manda Minor: cuctions o ed above.	Aac the first (atory): Birth (on nomin	dhaar nominee Mothe Mothe Certifica	e menti er ite nd I/We	Savii oned ii Fathe Scho hereb	ng Ba in the fer ool Leady oy und	nk acco table at] Lega aving C	ount no. oove. I Guard ertifica	ian te [Pass	roof o	f Ide	ntity -	s_						les a	 all pre	evious	nomi	nation	s ma	de
POA holder cannot nominate.		Firet / Sal	e Applica	ınt							Soc	ond A	\nnli-	rant		_						_		Third	Applio	rant	
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7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 10) [Please tick (✓)]										
The redemption / IDCW proce	eeds will be directly credited to the investor's bank account	t.								
8. RESOLUTION OF DISF	PUTES (For Institutional or corporate clients) (Refer instruction 20)								
Smart ODR OR	by harnessing any independent institutional mediation	n, independent institutional conciliation and/or independe	ent arbitration institution in India.							
9. DECLARATION & SIGI	NATURE/S (refer instruction 13)									
I / We have read, understood regulations of SEBI, AMFI, Prev apply to the Trustees for allotme	/ 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 egulations 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 pply 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.										
() .	Fund's terms and conditions as amended from time to time.	rect and I/we shall furnish such other further/additional inform	nation as may be required by the HDEC Asset Management							
Company Limited (AMC)/1	Fund. I/We undertake to promptly inform the AMC / Fund/Re	gistrars 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/s, 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 res furnished by me/us at the ti directors and employees a										
	istered 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	yable to him/them for the different competing Schemes of							
	· ·	O ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE	YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS							
Consent for Telemarketing ((Refer Instruction 19):									
Application Form.	.	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 AN ssing, storing, dealing, handling or disclosure of my/ our Pe MC, in accordance with the Privacy Policy.								
For Foreign Nationals Resid	•									
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 o	iny. ation 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												
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	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 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 ^ 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//											