<b>HDFC</b>
MUTUAL FUND
BHAROSA APNO KA

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# HDFC Innovation Fund An open-ended equity-oriented scheme following the innovation theme

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

Application No.:

New Fund Offer (NFO)	•	June 27, 2025									
New Fund Offer (NFO)	Closes on:	July 11, 2025		0.1			husing and	- free	a data of all	have and a feat of the	under NEO
Scheme re-opens on:		Scheme will re	e-open for continuo	ous Sale an	d Kepur	cnase within 5	business day	rs from th	ie date of allo	ument of units	s under NFU
THIS PRODUCT IS SUITABI	LE FOR INVES	TORS WHO ARE S	EEKING*			Scheme Ris	kometer#			,	t May 31, 2025)
Capital appreciation ov     to invest in equity and e     themes and strategies		struments of comp	anies that are adopting	innovative	Low	Moderate Risk	Moderately High			IFTY 500 Index r AMFI Tier I Bel <sup>e Risk</sup> Mo	nchmark) derately High Risk
*Investors should consult t suitable for them. # The product labeling as assessment of the scheme of when the actual investments For latest riskometer, investor the Fund view work beformed	signed during characteristics are made. ors may refer t	the New Fund Of or model portfolio a	ffer(NFO)is based( and the same may var	on internal y post NFO	Moderate R Low Risk			Very High Risk	Moderate Risk Low Risk	RISKOMETER the Benchmar	High Risk Very High Risk k is Very high
the Fund viz. www.hdfcfund.											
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EUIN Declaration (only where I/We hereby confirm that the I of the above distributor/sub bi				this transac ess, if any, p	tion is exe rovided by	ecuted without an the employee/re	y interaction o lationship mar	r advice by lager/sale	/ the employee/ s person of the	relationship ma distributor/sub	inager/sales persor broker.
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ACKNOWLEDGEMENT SLI	P (To be flled in	by the Investor) [For	any queries please con				call us at our Cus	tomer Serv	ice Number 1800	3010 6767 / 180	0 419 7676 (Toll Free)
Date : D D M M	Y Y Y	Y	Head Office : HDF Backbay Re	C House, 2r						Appli	cation No.:
Received from Mr. / Ms. / M/s an application for subscription		of Units	of HDFC Innovation Fur	nd.					-	ISC Star	np & Signature

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Business		2 <sup>nd</sup> Applicant		
Professional		3 <sup>rd</sup> Applicant		
Retired		Guardian  Authorised Signatories		
Housewife		Promoters		
Student		Partners		
Others (Please specify)		Karta 🗌		
Won-Individual Investors involved/ providing any of the mentioned service         Gross Annual Income Range (in Rs.)       1 <sup>st</sup> Applicant       2 <sup>nd</sup> Applicant       3 <sup>st</sup> Applicant         Below 1 lac		Whole-time Directors		
Gross Annual Income Range (in Rs.) 1st Applicant 2st Applicant 3st Applicant 1-5 lac		Trustee		
Below 1 lac		Money Lending / Pawning None o	) / Gambling / Lottery / Ca f the above	asino Serv
1-5 lac     Image: Constraint of the second se	Guardian	Gross Annual Income Range (in Rs.) 1 <sup>st</sup> Applicant 2 <sup>nd</sup> A	pplicant 3 <sup>rd</sup> Applicant	Guardia
5-10 lac OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) OWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. M/s. PAN#/ PEKRN# KYC Number		10-25 lac		
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. M/s. PAN#/ PEKRN# KYC Number		25 lac- 1 cr		
for Non Individual) (not older than 1 year) POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. M/s. PAN#/ PEKRN# KYC Number		> 1 cr		
for Non Individual) (not older than 1 year) POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA Mr. Ms. M/s. PAN#/ PEKRN# KYC Number		as on		
POWER OF ATTORNEY (PoA) HOLDER DETAILS         Name of PoA       Mr.         Ms.       M/s.         PAN#/ PEKRN#         KYC Number				
Name of PoA     Mr.     Ms.     M/s.       PAN#/ PEKRN#		DD	MM YYYY	
Name of PoA     Mr.     Ms.     M/s.       PAN#/ PEKRN#     KYC Number				
PAN#/ PEKRN# KYC Number				
KYC Number				
eAlerts Mobile eDocs Email of				
	KYC #	[Please tick ( $\checkmark$ )] (Mandatory) Proof Attached		
# Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KR	KYC #	[Please tick (<)] (Mandatory) Proof Attached	<b>}</b> .	
	f PoA holder ^	IN CAPITALS		
	f PoA holder ^	IN CAPITALS		
	f PoA holder ^	IN CAPITALS		
	f PoA holder ^	IN CAPITALS		

 Particulars

 Scheme Name / Plan / Option / Sub-option / Payoment Instrument / UTR No. / Date
 Drawn on (Name of Bank and Branch)
 Amount in figures (Rs.)

 HDFC Innovation Fund
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			-		elf Certification) (Refer instruct	ion 3)		
		-	for all applicant(s)/ guardi				(	
					Registered Office (for address			
	Category		rst Applicant/Guardian in ca	ase of winor	Second Applicant/ (	auardian	Third App	licant
	Place/ City of Bir	th						
	Country of Birth							
	Country of Tax R	,						
Mandatory	Nationality/Tax R Please indicate a	esidency other the ll countries in wh	ntry of Birth/Citizenship/ an India? ich you are resident for tax Reference Numbers below*.		cant/Guardian in case of Mind	r Second Appl	l <b>icant/ Guardian</b> s 🗌 No	Third Applicant     Yes   No
	lf Yes, please pro	ovide the following	g information [mandatory]					
	Category	Fi	rst Applicant/Guardian in c	ase of Minor	Second Applicant/ (	Guardian	Third App	licant
	Tax Payer Ref. ID	No ^						
	Identification Typ [TIN or other, ple							
	Country of Tax R	esidency 2						
	Tax Payer Ref. ID	No. 2						
	Identification Typ [TIN or other, ple							
	Country of Tax R	esidency 3						
	Tax Payer Ref. ID	No. 3						
	Identification Typ [TIN or other, ple							
			dividual is a citizen/ green ca	ard holder of US	SA. ^ In case Tax Identificatio	n Number is not ava	ilable, kindly provide its f	functional equivalent.
8. l	JNIT HOLDING OP	TION DEMA	AT MODE* (Enclose Latest (	Client Master /	/ Demat Account Statement)	PHYSICAL MOD	)E (Default) (r	efer instruction 11)
					nits in Demat Mode (Account stater	nent (CAS) for units hel Benef		ied only by NSDL/CDSL)
	NSDL DP Name	e		DI		Accou		
	CDSL DP Name	e			Beneficiary Account No.			
<b>9.</b> I Th	NVESTMENTS & P	AYMENT DETAILS	[Please ( $\checkmark$ )] <b>(Refer instruct</b> st be pre-printed on the chequ	tion 5 & 6 for S		' & 9 for Payment De	tails)	
<b>9. I</b> Th	NVESTMENTS & P. e name of the first/ Regular Pla	AYMENT DETAILS sole applicant mus an (Purchase/ Sub	[Please (✓)] <b>(Refer instruct</b> st be pre-printed on the chequ scription routed through Distrit ner/ Agent Information	ie.	Account Nó.		made directly with the Fun	d)
<b>9.</b> I Th	NVESTMENTS & P. e name of the first/ Regular Pla Mention vali	AYMENT DETAILS sole applicant mus an (Purchase/ Sub	st be pre-printed on the chequ scription routed through Distrit ner/ Agent Information	ie.	Account Nó.	rchase/ Subscription	made directly with the Fun	d)
<b>9. I</b> Th	NVESTMENTS & P. e name of the first/ Regular Pla Mention vali	AYMENT DETAILS sole applicant mus an (Purchase/ Suba id ARN in Key Partr ab Option/ Frequence n Income Dist	st be pre-printed on the chequ scription routed through Distrit her/ Agent Information :y tribution cum Capital Withdraw	ie. butor) <b>ral (IDCW) Optio</b>	Account Nó. cheme details and instruction 7 Direct Plan (Pu Mention DIREC n	rrchase/ Subscription I in Key Partner/ Agen	made directly with the Fun t Information	Payout
<b>9. I</b> Th	NVESTMENTS & PA e name of the first/ Regular Pla Mention vali Scheme/Plan/Su	AYMENT DETAILS sole applicant mus an (Purchase/ Sub- id ARN in Key Partr ab Option/ Frequence n Income Dist (The amoun	st be pre-printed on the chequ scription routed through Distrit her/ Agent Information :y tribution cum Capital Withdraw	ie. putor) <b>ral (IDCW) Optio</b> stor's capital (Eq	Account Nó.	rrchase/ Subscription I in Key Partner/ Agen	made directly with the Fun- t Information	, 
<b>9. I</b> Th	NVESTMENTS & P. e name of the first/ Regular Pla Mention vali Scheme/Plan/Su Growth Option Mode of Paymen Name of Bank: H	AYMENT DETAILS sole applicant must an (Purchase/ Sub- id ARN in Key Partr ab Option/ Frequence n Income Dist (The amount the Amount the Amount Amount IDFC Bank Limited	st be pre-printed on the chequ scription routed through Distrit her/ Agent Information cy tribution cum Capital Withdraw ts can be distributed out of inves Cheque Branch: M	ie. butor) ral (IDCW) Optio stor's capital (Eq 	Account Nó. cheme details and instruction 7 Direct Plan (Pu Mention DIREC n ualization Reserve), which is part of NEFT/ RTGS/ Fund Transfer uilding, Ground Floor, Nanik Motw	rchase/ Subscription F in Key Partner/ Agen f sale price that repres ani Marg, Fort, Mumb	made directly with the Fun- t Information ents realized gains.)	Payout Reinvestment
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#### 12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)

☐ I/We wish to make a nomination. [As per details given below]

**OR** I/ We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

I

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account/ folio in the event of my / our demise, as trustee and on behalf of my/ our legal heir(s)\*. This nomination shall supersede any prior nomination made by us/me if any.

	nination can be made upto three ninees in the account.		Details of 1st Nominee		Details of 2nd Nominee		Details of 3rd Nominee
			Mandatory	y infor	rmation		
1	Name of the nominee(s) (Mr.	/Ms.)					
2	Share of each Nominee <sup>#</sup>		%		%		%
3	Date of Birth (for Minor)		D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y
4	Relationship with the Applica (select one)	ant	Spouse Father Mot	ther	Spouse Father Mo Daughter Son	other	Spouse Father Mother
			Others (please specify)		Others (please specify)		Others (please specify)
5	Nominee/ Guardian (in case of Minor) Identificati details [Please tick any one of	f the	PAN		PAN		PAN
	following and provide ID Num and no copies required].	ber	Aadhaar (masked last 4 digits)		Aadhaar (masked last 4 digits)		Aadhaar (masked last 4 digits)
	and no copies required].		Passport (for NRIs/OCIs/PIOs)		Passport (for NRIs/OCIs/PIOs)		Passport (for NRIs/OCIs/PIOs)
			Driving License		Driving License		Driving License
6	Address of Nominee(s)/ Guar in case of Minor City / Place: State & Country	rdian					
			Pincode:		Pincode:		Pincode:
7	Mobile of nominee(s)/ Guard case of Minor	lian in					
8	Email ID of nominee(s)/						
	Guardian in case of Minor						
			Non-manda	atory d	letails		
9	Nominee Guardian Name (in case Nominee is Minor)						
	want the details of my / our nominee ame of nominee(s) with %		ted in the statement of holding or statemer ination: Yes / No (Default)	nt of acc	count, provided to me/ us by the AIVIC /	DP as	tollows; (please tick, as appropriate)
			ination shall supersede any prior no	ominat	tion made by the account holder(s	s), if a	iny
			Signature(s) – As per mode of holdi				·
			Name of the Holder	r	{	Signat	ure / Thumb Impression*
Sole /	<b>First Holder (Mr./Ms.)</b> Name	e:			5	Signat	ture /Thumb Impression:
	With	ess 1 Narr	ne & Address:			Witness 1 Signature:	
	With	ess 2 Narr	ne & Address:			Witne	ss 2 Signature:
Secor	nd Holder (Mr./Ms.) Nam	e:				Signat	ure /Thumb Impression:
	With	ess 1 Narr	ne & Address:			-	ss 1 Signature:
	With	ess 2 Narr	ne & Address:		,	Witne	ss 2 Signature:
Third	Holder (Mr./Ms.) Nam	e:				Signat	ure /Thumb Impression:
			ne & Address:			-	ss 1 Signature:
	With	ess 2 Narr	ne & Address:		,	Witne	ss 2 Signature:
If %	is not specified, then the assets shall	ll be distribu	ss are required, if the account holder affixe uted equally among all the nominees. # Ar nent of the nomination form to the account	ny odd I	lot after division shall be assigned / tran	nsferred	d to the first nominee mentioned in the form.

13.	RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 19)							
	Smart ODR OR by harnessing any independent institutional mediation, independent institutional conciliation and/or independent arbitration institution in India.							
14.	DECLARATION & SIGNATURE/S (refer instruction 12)							
	I/ We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:							
	(a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.							
I I	(b) 1/We will be bound by the Fund's terms and conditions as amended from time to time.							
	(c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.							
 	(d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/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 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 officer: directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.							
	(g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.							
 	(h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.							
	Consent for Telemarketing (Refer Instruction 18):							
	I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.							
I	Consent for disclosure of Personal Information in terms of Privacy Policy							
	We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on https://www.hdfcfund.com) ("Policy") of HDFC AMC/ Fund.							
	We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.							
I	For Foreign Nationals Resident in India only:							
1	I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.							
	For NRIs/ PIO/ OCIs/ FPIs only:							
l I	I/We confirm that my application is in compliance with applicable Indian and foreign laws.          For NRIs/ PI0/OCIs Please (✓)       □       Repatriation basis							
	SIGN HERE							

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SIGN HERE ⊅			
(Please write Application Form No. / Folio No. on the reverse of the Cheque /			
Payment Instrument.)	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

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# MUTUAL FUND

DFC

BHAROSA APNO KA

HDFC Innovation Fund An open-ended equity-oriented scheme following the innovation theme

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:	June 27, 2025								
New Fund Offer (NFO) Closes on:	July 11, 2025								
Scheme re-opens on:	Scheme will re-open for continuous Sale an	d Repurchase within 5	5 business days from t	he date of allotment o	f units under NFO				
THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*     Scheme Riskometer#     Benchmark Riskometer (As at May 31, 1)									
<ul> <li>Capital appreciation over long term</li> <li>to invest in equity and equity related in</li> </ul>	struments of companies that are adopting innovative				Index (TRI) ier I Benchmark)				
themes and strategies		Moderate Risk	Moderately High Risk	Moderate Risk	Moderately High Risk				
suitable for them. # The product labeling assigned during	advisers, if in doubt about whether the product is the New Fund Offer (NFO) is based on internal or model portfolio and the same may vary post NFO	Low to Moderate Risk Low Risk	High Risk Very High Risk	Low to Moderate Risk Low Risk	High Risk Very High Risk				
For latest riskometer, investors may refer t the Fund viz. www.hdfcfund.com	o the Monthly Portfolios disclosed on the website of		heme is Very high	The risk of the Ben	chmark is Very high				
	APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM								
(The Application Form should be co	mpleted in English and in BLOCK LETTERS on	ly.)	ASBA	Application No.					

KEY PARINER / AGENT IN	FURIVIATION (Investors applying	under Direct Plan must	mention "Direct" in AR	IN column.) (Refer I	nstruction 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 L Identification (EUIN	Number	(TIME STAMP)	
ARN-								
	EUIN box is left blank) (Refer Ins EUIN box has been intentionally l roker or notwithstanding the advi		this transaction is ex ss, if any, provided b	ecuted without an y the employee/re	y interaction or lationship man	advice by tl ager/sales p	he employee/relationship ma berson of the distributor/sub b	nager/sales person proker.
Sign 🗘								
	icant/ Guardian/ PoA Holder		Second Appl	licant			Third Applicant	
1. EXISTING UNIT HO Refer Instruction ).	LDER INFORMATION (If you	<b>,</b>	•		·			
Folio No.		Folio d	letails in our record	ds will apply for	this application	on provided	the details match with yo	ur demat account.
	ORMATION 1 the same sequence as appeari 1 ble to get rejected. Refer Instruc		ount. In case of disci	repancies, INC	TE OF BIRTH( ORPORATION andatory in ca	V		YYYY Please (√)
NAME OF FIRST / SOLE API	PLICANT (In case of Minor, ther	e shall be no joint hol	ders) (Name of the ı	unitholder needs t	to as per PAN r	ecords (all		
Mr. Ms. M/s.								
Nationality			PAN#/ PEKRN#					
KYC Number				Please tick $(\checkmark)$ ]	,	Proof		
# Please attach Proof. Refe	r instruction No 14 for PAN/PEKRN	and No 16a for KYC (I	KRA). Refer instructio	n No 16b for KYC	Identification Ni	umber issued	d by CKYCR.	
		ACKNOWLEDGEME		``	ation Fund)		Data	
TO BE RETAINED BY (To be filled by the Sole/			HDFC MUTUAL : HDFC House, 2nd F ay Reclamation, Chur	loor, H.T. Parekh N	0,	Application	Date : ASBA No.	
Received from Mr./Ms.			SCSB A	Account Details			Total Amount to be blocked	
Address			Rank Account No			(De in fig		

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

1a.	. UNIT HOLDER INFORMATION (Names s	hould be in the same sequence	as appearing in your demat account.	In case of discrepancies,	the Application is liable	e to get rejected.
	Refer Instruction 3) (Contd)					

Nationality					PAN#	/ PEKRI	N#	T						1 1							
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tatus of First/ Sole Applicant [Please         Resident Individual       Partnership         Society/Club       NRI-Repatriation         NRI-Repatriation       NRI-N         Aandatory for Non - Individuals transacting /         Trust/Societies/Section 8 companies to give         We are a " <u>Non-Profit Organization" [NPO]</u> vncome-tax Act, 1961 (43 of 1961), and is regislation or a Company registered under the         fyes, please quote Registration No. of Darpa         If not registered already, please register imm         AME OF SECOND APPLICANT         Mr.       M/s.	tick (✓)] st HUF [ Non Repatria proposing to below decla which has b egistered as section 8 o n portal of f	AOP Attion AOP Attion AOP Attion AOP Attion AOP Attion ACP Attion	ndividual PIO Foreign Na transformed for an an stituted for or a societ mpanies Ar g.	Pvt. Ltd. tional Re nount of r religiou ty under ct, 2013	n - Indiv Comparesident in esident in Rs. 50 c s or cha the Socio (18 of 2 formation DATE	idual* / (/ idual* / (/ iny Del india Del indi Del indindia Del india Del india Del india Del india	[Please       Mandato       ublic Ltd       FPI       r more)       purposes       egistratio	attach ry) (Re. Comp: Sole F	<b>fer Ins</b> any Proprie	tructi ] Min torsh Expir	on 3 & or thro p y Date	2 17) bugh g Non F	uardia Profit ( DD	n 🗌 E )rganis MM	80I	OCI	Boo hers	dy Co	rpora	te 📄 se spo	LLP ecify)
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tatus of First/ Sole Applicant [Please         Resident Individual       Partnership         Society/Club       NRI-Repatriation         NRI-Repatriation       NRI-N         Anadatory for Non - Individuals transacting /         Trust/Societies/Section 8 companies to give         We are a "Mon-Profit Organization" [NPO] work         necome-tax Act, 1961 (43 of 1961), and is r         regislation or a Company registered under the f yes, please quote Registration No. of Darpa If not registered already, please register immediates and the for SECOND APPLICANT         Mr.       Ms.         Mationality       KYC Number	tick (✓)] st HUF [ Non Repatria proposing to below decla which has b egistered as section 8 o n portal of f	AOP Attion AOP Attion AOP Attion AOP Attion AOP Attion ACP Attion	ndividual PIO Foreign Na transformed for an an stituted for or a societ mpanies Ar g.	Pvt. Ltd. tional Re nount of r religiou ty under ct, 2013	n - Indiv Comparesident in esident in Rs. 50 c s or cha the Socio (18 of 2 formation DATE	idual*, // (/ // // Pi India rores or ritable p deties Ref 013). 7) OF BIR // PEKRI	[Please       Mandato       ublic Ltd       FPI       r more)       purposes       egistratio	attach ry) (Re Composition Sole F	fer Ins any Proprie d to in 1860 (	tructu Min etorsh Expir 1 clau 21 of	on 3 8 or thro p y Date se (15 1860)	2 17) bugh g Non F	uardia Profit ( DD DD ection y sirr	n 🗌 E )rganis MM	ation [	OCI	Boo hers	dy Co	rpora	te 📄 se spo	LLP ecify)
tatus of First/ Sole Applicant [Please         Resident Individual       Partnership         Society/Club       NRI-Repatriation         Society/Club       NRI-Repatriation         Mandatory for Non - Individuals transacting /         Trust/Societies/Section 8 companies to give         Ve are a "Non-Profit Organization" [NPO] vocome-tax Act, 1961 (43 of 1961), and is regislation or a Company registered under the f yes, please quote Registration No. of Darpa If not registered already, please register immediate the formation of the second AppliCANT         MRE OF SECOND APPLICANT         Mr.       M/s.         Nationality       Laboration	tick (✓)] st HUF [ Non Repatria proposing to below decla which has b egistered as section 8 o n portal of f	AOP Attion AOP Attion AOP Attion AOP Attion AOP Attion ACP Attion	ndividual PIO Foreign Na to for an an stituted foi or a socief mpanies An g. n with the a	Pvt. Ltd. tional Re nount of r religiou ty under ct, 2013	n - Indiv Comparesident in Rs. 50 c s or chatthe Soci (18 of 2 formation DATE PAN#	(1) idual*, (1) (1) (1) (1) (1) (1) (1) (1)	(Please Mandato ublic Ltd FPI r more) purposes egistratio	attach ry) (Re Composition Sole F	fer Ins any Proprie d to in 1860 (	tructu Min etorsh Expir 1 clau 21 of	on 3 8 or thro p y Date se (15 1860)	2 17) uugh g Non F :: [	uardia Profit ( DD ection y sin Y Pro	n E Drganis MM 2 of ti ilar Sta	ation [	OCI	Boo hers	dy Co	rpora	te 📄 se spo	LLP ecify)

1a.	VIT HOLDER INFORMATION (Names should be in the same sequence as appearing in your demat account. In case of discrepancies, the Application is liable to get reject	ed.
	er Instruction 3) (Contd)	

Refer Instruction	3) (Conta)								
NAME OF THIRD APPLI	CANT			DATE OF BIR	TH D D M	M Y Y Y	Y		
Mr. Ms. M/s.									
Nationality				PAN#/ PEKR					
KYC Number				KYC #	[Please tick ( $\checkmark$ )	] (Mandatory)	Proof Attached		
CONTACT DETAILS OF	THIRD APPLI	ICANT							
eAlerts Mobile				mail of First / Sole ho			CAPITALS		
This mobile number be This email id belongs t									
1b. POWER OF AT	FORNEY (P	oA) HOLDER DETA	AILS						
Name of PoA Mr. N	1s. M/s.								
PAN#/ PEKRN#									
KYC Number				KYC #	[Please tick (√)	] (Mandatory)	Proof Attached		
eAlerts Mobile			eDocs E	mail of PoA holder ^		IN	CAPITALS		
# Please attach Proof. I	Refer instruct	ion No 14 for PAN/PE	KRN and No 16a for K	/C (KRA). Refer instru	ction No 16b for KY	C Identification Numbe	r issued by CKYCR.		
1c. ADDITIONAL K	YC DETAILS	<b>S (Mandatory)</b> (Re	efer instruction 3)						
Occupation details	for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Expose			Not
Private Sector Service	ce					Person (PEP) deta	ails: PE	P to PEP	Applicable
Public Sector Servic	e					1 <sup>st</sup> Applicant			
Government Service	;					2 <sup>nd</sup> Applicant			
Business						3 <sup>rd</sup> Applicant			
Professional						Guardian			
Agriculturist						Authorised Signate	pries		
Retired						Promoters			
Housewife						Partners			
Student						Karta			
Proprietorship						Whole-time Directo	ors		
Others (Please spec	ify)					Trustee			
Non-Individual Inve		,	Foreign Exchan	ge / Money Chang	er Services	🗌 Gamin	g/Gambling/Lott	ery/Casino Ser	vices
providing any of the services	e mentione	d	Money Lending	/ Pawning		None of the second s	of the above		
Gross Annual	<b>1</b> st	2 <sup>nd</sup>	3 <sup>rd</sup>		Gross Annual	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Guardian
Income Range (in Rs.)	Applica	nt Applicant	Applicant		Income Range (in Rs.)	Applicant	Applicant	Applicant	
Below 1 lac					10-25 lac				
1-5 lac					25 lac- 1 cr				
5-10 lac					> 1 cr				
OR Networth in Rs. (not older than 1 year) (Mandatory for Non Individual)						·	as on DD	 	 YY

### 1d. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification) (Refer instruction 3D)

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

DP ID

Beneficiary Account No.

Category	First Applicant/Guardian in ca	ase of Minor		Second Applican	t/ Guard	ian				Third	Appli	cant	
Place/ City of Birth													
Country of Birth													
Country of Tax Residency#													
				Guardian in case of Yes 🗌 No	Minor	S			cant/ G		n	Third	Applican es 🗌 No
If Yes, please provide the follo	owing information [mandatory]												
Category	First Applicant/Guardian in ca	ase of Minor		Second Applican	t/ Guard	ian				Third	Appli	cant	
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]													
Regular Plan (Purchase/ Mention valid ARN in Key I Scheme/Plan/Sub Option/ Freq     Growth Option Income	e Distribution cum Capital Withdraw	al (IDCW) Optio		Direct Plan Mention DIF	ECT in Ke	ey Partr	ner/ Ag	ient Info	ormatior	1	he Fun	Payou	
	mounts can be distributed out of inves									gains.)		Reinv	estment
Pay-in Bank Account No.	ETAILS OF THE APPLICANT (Re		N										
Branch				Bank City									
Account Type	NGS CURRENT	NRE 🖂	NRO	FCNR	OTHER	S						(please	specify)
					0							(prodoo	000001)
otal Amount to be blocked Ar	mount in tigures (Ks.)												
n words (Rupees)		I I Th	inih P e	t MICR Code numbe	of mv/o	Ir		_					
Fill in these details only i with the Demat Account a	JT) DETAILS OF FIRST / SOLE A if the ASBA Account details prov as mentioned under Section 5 b account mentioned under Sectio	PPLICANT (Re vided in Secti elow. Mandat	efer Ins on 3 arc	e different from the									
Account No.			1	Name of the Bank									
Branch				Bank City									
Account Type Please tick (✔)] □ SAVIN	NGS 🗌 CURRENT 🗌	NRE 🗌	NRO	FCNR	OTHER	S						(pleas	e specify)
FSC Code***					MICR	Code	**						
** Refer Instruction 5C (Mand heque leaf, please check for th	egulations it is mandatory for invo latory for Credit via NEFT / RTGS/ ne same with your bank) digit code appears on your cheque	IMPS) (11 Cha	aracter	code appearing on y	s) our chequ	ıe leaf.	lf you	ı do no	t find th	is on yo	our		
5. DEMAT ACCOUNT DETAIL	LS - (Mandatory - Refer Instruct	tion 11)		•									
	NSDL							ODOL					
	NSDL							CDSL					

#### 6. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)

OR

☐ I/We wish to make a nomination. [As per details given below]

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and an/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account/ folio in the event of my / our demise, as trustee and on behalf of my/ our legal heir(s)\*. This nomination shall supersede any prior nomination made by us/me if any.

	nination can be made upto three ninees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee								
		Mandatory info	ormation									
1	Name of the nominee(s) (Mr./Ms.)											
2	Share of each Nominee <sup>#</sup>	%	%	%								
3	Date of Birth (for Minor)	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y								
4	Relationship with the Applicant (select one)	Spouse Father Mother Daughter Son	Spouse Father Mother Daughter Son	Spouse Father Mother Daughter Son								
		Others (please specify)	Others (please specify)	Others (please specify)								
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the	PAN	PAN	PAN								
	following and provide ID Number and no copies required].	Aadhaar (masked last 4 digits)	Aadhaar (masked last 4 digits)	Aadhaar (masked last 4 digits)								
		Passport (for NRIs/OCIs/PIOs)	Passport (for NRIs/OCIs/PIOs)	Passport (for NRIs/OCIs/PIOs)								
		Driving License	Driving License	Driving License								
6	Address of Nominee(s)/ Guardian in case of Minor											
	City / Place: State & Country											
		Pincode:	Pincode:	Pincode:								
7	Mobile of nominee(s)/ Guardian in case of Minor											
8	Email ID of nominee(s)/ Guardian in case of Minor											
		Non-mandatory	details									
9	Nominee Guardian Name (in case Nominee is Minor)											
		, and the second s	account, provided to me/ us by the AMC / DP as	AMC / DP as follows; (please tick, as appropriate)								
		Iomination: Yes / No (Default) omination shall supersede any prior nomin	nation made by the account holder(s) if	anv								
		Signature(s) – As per mode of holding in										
		Name of the Holder		ture / Thumb Impression*								
Sole /	' First Holder (Mr./Ms.) Name:		Signa	ture /Thumb Impression:								
	Witness 1	Name & Address:	Witne	ess 1 Signature:								
	Witness 2	Name & Address:	Witne	ess 2 Signature:								
Secon	nd Holder (Mr./Ms.) Name: Witness 1	Name & Address:		ture /Thumb Impression: ess 1 Signature:								
	Witness 2	Name & Address:	Witne	ess 2 Signature:								
Third	Holder (Mr./Ms.) Name:		Signa	ture /Thumb Impression:								
	Witness 1	Vame & Address:	Witne	ess 1 Signature:								
	Witness 2	Name & Address:	Witne	Witness 2 Signature:								
If %	is not specified, then the assets shall be di	dress are required, if the account holder affixes thu tributed equally among all the nominees. # Any od	ld lot after division shall be assigned / transferre	d to the first nominee mentioned in the form.								
		gement of the nomination form to the account hold										

#### 7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 9) [Please tick ()]

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

#### 8. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 19)

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

#### 9. DECLARATION & SIGNATURE/S (refer instruction 12)

I / We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:

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

#### Consent for Telemarketing (Refer Instruction 18):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

#### Consent for disclosure of Personal Information in terms of Privacy Policy

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

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

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

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

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

June

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

For NRIs/ PIO/OCIs Please (√)	Repatriation basis Non-repatriation basis		
SIGN HERE 🄿			
(Please write Application Form No. / Folio No. on the reverse of the Cheque /			
Payment Instrument.)	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant



## 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																													
Туре	of address given at KRA		Reside	ntia	l or l	Busir	ness				Resid	ential			Bu	sine	SS			_ F	legist	erec	d Offic	e						
PAN																	[	Date o	f Inco	rpora	ation		D	D	M	M	Y	Y	Y	Y
City c	f incorporation																													
Coun	try of incorporation																													
										Ac	ldition	al K	YC In	form	ation															
Gross	Annual Income (Rs.) [Plea	ise t	ick (✔)]			Belov	w 1 la	ac		1 - 5	Lacs		5 - 10	0 Lac	s 🗌	10 -	- 25	Lacs		>	25 La	acs	- 1 Cr	ore			>1 0	rore		
Net-w	vorth				Rs.												a	s on	D	DI	M M	Y	Y	ΥY	(N	lot ol	der th	an 1	year	;)
	ndividual Investors involved	l/pro	viding a	iny		Forei	gn Ex	kchan	ge / I	Mone	y Chan	iger S	Service	es	Gar	ning	g / Ga	amblir	ng / Lo	ottery	/ Ca	sinc	) Serv	ices						
of the	mentioned services					Mone	ey Le	nding	/ Pa	wning	]				Nor	ie o	of the	above	)											
											FATCA	& CR	RS Dec	clarat	ion															
Pleas	FATCA & CRS Declaration Please tick the applicable tax resident declaration -																													
	"Entity" a tax resident of a					an Ine	dia			Г	Yes		ΠN	0																_
	s, please provide country/ies i		-					r tax pi	urpos	es an					nber belo	N.)														
Sr. No.	C	ount	try								Тах	Iden	tificat	ion N	umber <sup>%</sup>				ld	lenti	ficati	on 1	Гуре (	TIN o	r Oth	ner <sup>%</sup> ,	pleas	e sp	ecify	)
1.																														
2.																														
								_																						
3.																														
	<sup>*</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.																													
iii ca	se fin of its functional equi	Vaici		ava	illau	e, pi	case	μισνι		unpa		ninca		unibe			inuty	IUCIIII	Πυαιιυ				univ,	610.						
In cas	se the Entity's Country of In	corp	oration	/ Ta	x res	siden	ice is	U.S.	but E	Entity	is not a	a Spe	cified	U.S.	Person, r	nen	tion I	Entity	s exer	nptio	n co	de h	iere							
				_																			_							
PART	<b>A</b> (to be filled by Financial In:	stituti	ions or D	irec	t Rec	oortin	a NFE	s)																						
		_		_								<u> </u>		1		Т		<u> </u>	1	1	1	1		1		1	1		_	_
1.	We are a, Financial institution							GIIN	l																					
	(Refer 1 of Part C)														i are spo s name b			y ano	ther e	ntity,	pleas	se p	orovide	e you	spo	nsor'	S			
	or Direct reporting NFE										oring e	,	•																	
	(Refer 3(vii) of Part C)							Naine	5 01 5	pons	oning e	inuty																		-
	(please tick as appropriat	e)																												
	GIIN not available (ple	aset	tick as a	appl	icab	le)			App	lied f	or				Not	obta	ained	– No	n-part	icipa	ting F	FI								
									Not	requi	red to a	apply	for - p	olease	specify	2 di	igits :	sub-ca	ategor	y			(Ref	er 1 A	of P	Part C	5)			
PART	<b>B</b> (please fill any one as appl	opria	ate "to be	e fille	ed by	NFE	s othe	er than	Direc	ct Rep	orting N	FEs")																		
1.	Is the Entity a publicly trac	led o	company	v (tł	hat is	s a (	comn	anv				res		(If ves	, please spi	ecify.	anv on	e stock	exchan	ае оп	which	the s	tock is i	regulari	v trade	ed)				_
	whose shares are regular	y tra	ded on	an e				unj					ity ISI		, prodot op (					•				0	·	,				
	securities market) (Refer	2a of	f Part C	)											change															
2.	Is the Entity a related entit	v of	a public	lv tr	rade	d cor	mpar	IV				res		(If yes	, please spi	ecify	name	of the li	sted cor	npany	and or	ne sta	ock excl	hange d	on whit	ch the	stock is	regula	arly tra	aded)
	(a company whose shares	s are	regular	rly tr	rade	d on	an	.,					of list		mpany_					1										,
	established securities ma	rket)	(Refer	2b (	of Pa	art C)	)						e of re				Subs	idiary	of the	Listeo	d Com	pany	y or	C	ontrol	led by	a List	ed Co	mpa	ny
											5	Securi	ity ISII	Ν_																
															change															
3.	Is the Entity an active NFE	(Re	fer 2c o	f Pa	rt C	)						res																		
0.		(10		. i d		1							e of Bi	usine	SS															
															e sub-ca	tego	ory o	f Activ	e NFE			Γ	(M	entior	n cod	le – r	efer 2	c of l	Part	C)
4.	Is the Entity a passive NFE	(Re	fer 3/ii)	of F	Part	C)						Yes											<u> </u>							
		1,10		<b>U</b> 11	urt	~/							e of Bi	usines	SS															

UBO Declaration	UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)											
Category (Please tick applicable category): 🗌 Unlisted Company 📄 Partnership Firm / LLP 📄 Unincorporated association / body of individuals 📄 Public Charitable Trust												
Private Trust Religious Trust Trust created by a Will Others (please specify)												
Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? Yes No If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. If 'NO' - We hereby declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attached additional sheets if necessary). Owner-documented FI's should provide FI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)												
Details	UB01	UBO2	UB03									
Name of UBO ^	me of UBO ^											
UBO Code (Refer 3(iv) (A) of Part C)												
Country of Tax residency ^ *												
PAN^*												
Tax ID ^ %												
Tax ID Type												
Date of Birth ^												
	Place: Place: Place:											
ace & Country of Birth ^ Country: Country: Country:												
Address Type	Image: Construction of the sector of the											
Occupation Type	Service Business Service Business Business											
Nationality												
Diffically Exposed Person (PEP) Details ^												
SMO Designation ^												
KYC Complied?	Please attach the KYC acknowledgement®	Please attach the KYC acknowledgement®	Please attach the KYC acknowledgement <sup>@</sup>									
Trust / Protector of Trust to be specified wherev *In case Tax Identification Number (TIN) is not a <sup>®</sup> For Foreign National – wherever PAN is not a translated in English and should be attested by	osed. Else TIN or any other functional equivalent er applicable. vailable, kindly provide functional equivalent pplicable, identity proof (as declared in Tax ID)	identity proof & address proof must be attached & address proof to be enclosed. If the documer atory / Company Secretary	_									
	FATCA - CRS Tern	ns and Conditions										
<b>FATCA - CRS Terms and Conditions</b> 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.												
<b>Certification</b> I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.												
Name												
Designation			Place									
Signature	Signature	Signature	Date//									