

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 3 & 17)

☐ Resident Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Pvt. Ltd. Company ☐ Public Ltd. Company ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP

☐ Society/Club ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Foreign National Resident in India ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others (please specify)

LEI No. Expiry Date: DD MM YYYY

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

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

We are a “Non-Profit Organization” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)	

4. JOINT APPLICANT DETAILS, If any (Refer instruction 3) (In case of Minor, there shall be no joint holders)

1. NAME OF SECOND APPLICANT	DATE OF BIRTH	<input type="text"/>
Mr. Ms. M/s.		
Nationality	PAN#/ PEKRN#	
KYC Number	KYC # [Please tick (✓)] (Mandatory)	<input type="checkbox"/> Proof Attached

CONTACT DETAILS OF SECOND APPLICANT	eAlerts Mobile	eDocs Email of First / Sole holder ^	IN CAPITALS
This mobile number belongs to (Mandatory Please ✓):	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS		
This email id belongs to (Mandatory Please ✓):	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS		

2. NAME OF THIRD APPLICANT	DATE OF BIRTH	<input type="text"/>
Mr. Ms. M/s.		
Nationality	PAN#/ PEKRN#	
KYC Number	KYC # [Please tick (✓)] (Mandatory)	<input type="checkbox"/> Proof Attached

CONTACT DETAILS OF THIRD APPLICANT	eAlerts Mobile	eDocs Email of First / Sole holder ^	IN CAPITALS
This mobile number belongs to (Mandatory Please ✓):	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS		
This email id belongs to (Mandatory Please ✓):	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS		

5. ADDITIONAL KYC DETAILS (Refer instruction 3b)

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

Non-Individual Investors involved/ providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

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

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year)	<input type="text"/>	as on <input type="text"/>
		DD MM YYYY

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA	Mr. Ms. M/s.	
PAN#/ PEKRN#		
KYC Number	KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached	
eAlerts Mobile	eDocs Email of PoA holder ^	IN CAPITALS

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC Diversified Equity All Cap Active FOF			

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

7. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 3)

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

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

Mandatory

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

If Yes, please provide the following information [mandatory]

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

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

8. UNIT HOLDING OPTION ☐ DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) ☐ PHYSICAL MODE (Default) (refer instruction 11)

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

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

9. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer instruction 5 & 6 for Scheme details and instruction 7 & 9 for Payment Details)

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

<input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information				
Scheme/Plan/Sub Option/ Frequency					
<input type="checkbox"/> Growth Option <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment				
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> NEFT/ RTGS/ Fund Transfer <input type="checkbox"/> One Time Mandate (OTM)				
Name of Bank: HDFC Bank Limited Branch: Manekji Wadia Building, Ground Floor, Nanik Motwani Marg, Fort, Mumbai					
Beneficiary Name: HDFC DIVERSIFIED EQUITY ALL CAP ACTIVE FOF NFO COLLECTION A/C Account No: 57500001846593 RTGS/ NEFT IFSC Code: HDFC0000060					
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM					
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ Payment Instrument/ UTR No.	Cheque/ Payment Instrument/ UTR Date	Amount of Cheque / Payment Instrument / RTGS/ NEFT in figures (Rs.)	Net Cheque Amount
Cheque Amount (in words):					

10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments if any) (refer instruction 4)

(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 9 above.)

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

Mandatory

Bank Name			
Branch Name	Bank City		
Account Number	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)		
IFSC Code***	*** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)		

11. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 9)

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

Please continue on next page

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/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.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory information				
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee[#]	%	%	%
3	Date of Birth (for Minor)	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
4	Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License
6	Address of Nominee(s)/ Guardian in case of Minor [Tick ✓ if same as First Applicant, or provide the complete address if different] City / Place: State & Country Pincode: <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/>
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)			
I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of nominee(s) with % <input type="checkbox"/> Nomination: Yes / No (Default)				
This nomination shall supersede any prior nomination made by the account holder(s), if any				
Signature(s) – As per mode of holding in demat accounts / MF Folio(s).				
	Name of the Holder	Signature / Thumb Impression*		
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:		
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:		
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:		
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature. If % is not specified, then the assets shall be distributed equally among all the nominees. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.				
Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)				

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.
- (b) I/ We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/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:

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

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HDFC Diversified Equity All Cap Active FOF

Application No.:

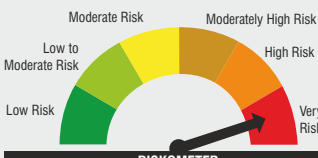
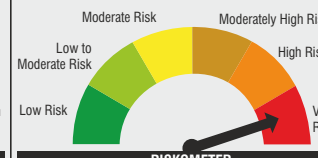
An Open-ended Fund of Fund Scheme investing in units of domestic equity-oriented schemes based on varied market caps

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:	September 10, 2025
New Fund Offer (NFO) Closes on:	September 24, 2025
Scheme re-opens on:	Scheme will re-open for continuous Sale and Repurchase within 5 business days from the date of allotment of units under NFO

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	Scheme Riskometer#	Benchmark Riskometer#
<ul style="list-style-type: none"> Capital appreciation / generate income over long term To invest in units of Equity-oriented schemes based on varied market caps <p>*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 assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>	 <p>RISKOMETER <i>The risk of the Scheme is Very high</i></p>	<p>NIFTY 500 Index (TRI)</p>  <p>RISKOMETER <i>The risk of the Benchmark is Very high</i></p>

APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

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

ASBA Application No.

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

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

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

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

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

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

1a. UNIT HOLDER INFORMATION

(Names should be in the same sequence as appearing in your demat account. In case of discrepancies, the Application is liable to get rejected. Refer Instruction 3)

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

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

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

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

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC Diversified Equity All Cap Active FOF)

TO BE RETAINED BY THE SCSB (To be filled by the Sole/First Applicant)		HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020		Date : _____
Received from Mr./Ms. _____ Address _____		SCSB Account Details Bank Account No. _____ Bank Name & Address _____		ASBA Application No. _____
Tele./Fax _____ E-mail: _____				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 Diversified Equity All Cap Active FOF)

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

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

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

Mr.	Ms.	M/s.																														
Nationality			PAN#/ PEKRN#																													
KYC Number			KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached																													
NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)																																
Mr.			Ms.																													
Nationality			Designation																													
PAN#/ PEKRN#			DATE OF BIRTH																													
KYC Number			KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached																													
Relationship with Minor@ Please (✓) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian			Proof of relationship with minor@ Please (✓) <input type="checkbox"/> Attached @ Mandatory Refer instruction 4c																													

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 Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS
This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

☐ I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 8)

☐ I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 10.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 8)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 3a)

CITY										STATE										PIN CODE									

OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs/ OCIs) (P O. Box Address may not be sufficient)

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual* (Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form) (Mandatory) (Refer Instruction 3 & 17)

☐ Resident Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Pvt. Ltd. Company ☐ Public Ltd. Company ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP

☐ Society/Club ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Foreign National Resident in India ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others (please specify)

LEI No.

Expiry Date:

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

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

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

☐ YES ☐ NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog.

(If not registered already, please register immediately and confirm with the above information)

NAME OF SECOND APPLICANT

DATE OF BIRTH

Mr.	Ms.	M/s.																											
Nationality			PAN#/ PEKRN#																										
KYC Number			KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached																										

CONTACT DETAILS OF SECOND APPLICANT

eAlerts Mobile			eDocs Email of First / Sole holder ^																										
----------------	--	--	--------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

... continued

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

NAME OF THIRD APPLICANT

DATE OF BIRTH

| D | D | M | M | Y | Y | Y | Y |

Mr. Ms. M/s.

Nationality

PAN# / PEKRN#

KYC Number

KYC #

[Please tick (✓)] (Mandatory)

☐ Proof Attached

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

1b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN# / PEKRN#

KYC Number

KYC #

[Please tick (✓)] (Mandatory)

☐ Proof Attached

eAlerts Mobile

eDocs Email of PoA holder ^

IN CAPITALS

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

1c. ADDITIONAL KYC DETAILS (Mandatory) (Refer instruction 3)

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

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

☐ Foreign Exchange / Money Changer Services

☐ Money Lending / Pawning

☐ Gaming/Gambling/Lottery/Casino Services

☐ None of the above

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

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

as on

| | | | | | | |
DD MM YYYY

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

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

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

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

If Yes, please provide the following information [mandatory]

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

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

2. INVESTMENT DETAILS - [Please tick (✓)] (Refer Instruction 5)

<input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information
Scheme/Plan/Sub Option/ Frequency	
<input type="checkbox"/> Growth Option <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment

3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 20B) (Application Money to be blocked from this Account)

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

Total Amount to be blocked Amount in figures (Rs.) _____

in words (Rupees) _____

IFSC Code*** _____ The 9 digit MICR Code number of my/our Bank & Branch is** _____

4. BANK ACCOUNT (PAY-OUT) DETAILS OF FIRST / SOLE APPLICANT (Refer Instruction 4)

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

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

IFSC Code*** _____ MICR Code** _____

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

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

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

5. DEMAT ACCOUNT DETAILS - (Mandatory - Refer Instruction 11)

NSDL	CDSL
DP Name	
DP ID	
Beneficiary Account No.	

... continued

6. 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/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.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory information				
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee[#]	%	%	%
3	Date of Birth (for Minor)	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
4	Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License
6	Address of Nominee(s)/ Guardian in case of Minor [Tick ✓ if same as First Applicant, or provide the complete address if different] City / Place: State & Country Pincode: <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> Same as First Applicant Pincode: <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> Same as First Applicant Pincode: <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/> Same as First Applicant Pincode: <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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)			
I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of nominee(s) with % <input type="checkbox"/> Nomination: Yes / No (Default)				
This nomination shall supersede any prior nomination made by the account holder(s), if any				
Signature(s) – As per mode of holding in demat accounts / MF Folio(s).				
	Name of the Holder	Signature / Thumb Impression*		
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:		
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:		
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:		
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature. If % is not specified, then the assets shall be distributed equally among all the nominees. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.				
Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)				

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 institution 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 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 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:

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

<div>SIGN HERE (Please write Application Form No. / Folio No. on the reverse of the Cheque / Payment Instrument.)</div>	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant
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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	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 ^	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Place & Country of Birth ^	Place:	Place:	Place:
	Country:	Country:	Country:
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Politically Exposed Person (PEP) Details ^	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N. A.	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N. A.	<input type="checkbox"/> Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> N. A.
SMO Designation ^			
KYC Complied?	Please attach the KYC acknowledgement®	Please attach the KYC acknowledgement®	Please attach the KYC acknowledgement®

N. A. - Not Applicable

* To include US, where

#If UBO is KYC compliant, KYC proof to be enclosed. Else TIN or any other fur

*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)

^{\$}Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

	FATCA	CRS	US	UK
1. Taxpayers	US citizens, US residents, and US entities	Individuals and entities	US citizens, US residents, and US entities	UK citizens, UK residents, and UK entities
2. Reporting	US financial institutions	Financial institutions	US financial institutions	UK financial institutions
3. Information	US tax return information	Financial account information	US tax return information	UK tax return information
4. Penalties	US tax return information	Financial account information	US tax return information	UK tax return information

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name															
Designation															
Signature					Signature					Signature					Place _____
Date ____/____/____															