

an application for subscription / redemption of \_

# HDFC Diversified Equity All Cap Active FOF An Open-ended Fund of Fund Scheme investing in units of domestic equity-oriented schemes based on varied market caps

Application No.:

Investors must read the Key Information Memorandum and the instructions before completing this Form. This Form should be completed in English and in **BLOCK LETTERS** only.

Offer of Units of Rs. 10 each Per Unit for cash during the New Fund Offer Period (NFO) and at NAV based prices upon re-opening

New Fund Offer (NFO) Ope		mber 10, 2025					,		. 3	
New Fund Offer (NFO) Clos		mber 24, 2025								
Scheme re-opens on:	Schen	ne will re-ope	n for continuo	ous Sale an	d Repur	chase within 5	business days from t	the date of allo	tment of units	under NFO
THIS PRODUCT IS SUITABLE FO	R INVESTORS W	HO ARE SEEKIN	G*			Scheme Ris	kometer#	Ben	chmark Riskom	eter#
Capital appreciation / genera     To invest in units of Equity-or			arket caps			Moderate Risk	Moderately High Risk	N Moderat	IFTY 500 Index (	TRI) lerately High Risk
*Investors should consult their suitable for them. # The product labeling assigne assessment of the scheme chara	ed during the Nev	w Fund Offer (N	IFO) is based (	on internal	Low Moderate R Low Risk		High Risk Very High Risk	Low to Moderate Risk Low Risk		High Risk  Very High Risk
when the actual investments are n For latest riskometer, investors m the Fund viz. www.hdfcfund.com	nade.				TI	RISKON ne risk of the Sch	NETER Deme is Very high	The risk of	RISKOMETER the Benchmark	is Very high
KEY PARTNER / AGENT INFOR	MATION (Investor	rs applying under	Direct Plan must	t mention "Dir	ect" in AR	N column.) (Refer	Instruction 1)	FOR OFFIC	E USE ONLY	CAMS bar code
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfo lanager's/ Stock B Name		b Agent's ARN	Bank Brand	ch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)		STAMP)	
ARN-										
EUIN Declaration (only where EUIN I/We hereby confirm that the EUIN	box has been inte	ntionally left bla	nk by me/us as	this transac	tion is exe	ecuted without ar	ny interaction or advice b	by the employee/	relationship ma	nager/sales person
of the abové distributor/sub broker	or notwithstandin	ig the advice of i	n-appropriaten	ess, it any, pr	roviaea by	rtne employee/re	elationsnip manager/sai	es person of the	aistributor/sub t	roker.
S										
First/ Sole Applicant/	Guardian/ PoA Ho	older		Sec	cond Appli	cant		Thi	rd Applicant	
I. EXISTING UNIT HOLDER IN	FORMATION (	IF YOU HAVE EX	ISTING FOLIO,	PLEASE FIL	L IN SEC	ΓΙΟΝ <b>S viz. 1, 5,</b> 8	3, 11 AND 14 ONLY. Ref	er instruction 2)		
Folio No.					The de	tails in our recor	ds under the folio numb	er mentioned alo	ngside will appl	y for this application
2. MODE OF HOLDING [Please	tick (√)]	Single	Joint (De	efault)		nyone or Survivo	or			
NAME OF FIRST / SOLE APPLIC Mr. Ms. M/s. Nationality KYC Number NAME OF GUARDIAN (in case of	ANT (In case of	Minor, there sha	all be no joint h	olders) (Nan PAN#/	ne of the / PEKRN#	unitholder needs [Please tick ( )]</th <th>(Mandatory)</th> <th>(all unitholder)</th> <th>te of birth@ Ple</th> <th><b>ase (</b>√) ∐ Attache</th>	(Mandatory)	(all unitholder)	te of birth@ Ple	<b>ase (</b> √) ∐ Attache
Mr. Ms. Nationality		1	Designation				Contact No.			
PAN#/ PEKRN#				DATE	OF BIRTI	1 D D N	1 M Y Y Y			
KYC Number	(0)					[Please tick (√)]		roof Attached		5611111
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STD Code STD		Res.	Code - Mobile			Telepho	one No. Office			
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Received from Mr. / Ms. / M/s.			раскрау Ке	ыантаноп, С	nurcngate	, Mumbai - 400 (	JZU.			

Units of HDFC Diversified Equity All Cap Active FOF.

ISC Stamp & Signature

legislation or a Company registered under the Section 8 of the Companies Act, 2013 (18 of 2013).   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)    JOINT APPLICANT DETAILS, If any (Refer instruction 3) (In case of Minor, there shall be no joint holders)   1. NAME OF SECOND APPLICANT	Status of First/ Sole Applica	•				* [Please attach FATCA, CRS & Ultima (Mandatory) (Refer Instruction 3 & 17)	)		,	
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OUR NO. / Date		b-option /				Drawn on (Name of Bank and Branch)	)	Amount	in figures (Rs.)	
FC Diversified Equity All Cap Active FOF	out Uption		UTR No. / Date			(		· ·····ount		
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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*.  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.	Third Applican  Yes No
Place/ City of Birth  Country of Tax Residency #  Is the applicant(s)/quardiants (country of Birth/Citizenship/ Alabanoshity/Tax Residency other than India?  Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.*  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)  ##To also include USA, where the individual is a citizent green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its function  UNIT HOLDING OPTION   DEMAT MODE* (Genose Latest Clein Master / Demat Account Statement)   PHYSICAL MODE* (Celault) (refer instruction Type)  UNIT HOLDING OPTION   DEMAT MODE* (Genose Latest Clein Master / Demat Account Statement)   PHYSICAL MODE* (Default) (refer instruction Type)  In plant Account Statement   PHYSICAL MODE* (Celault)   Creder instruction Type    In plant Account Statement   PHYSICAL MODE* (Celault)   Creder instruction Type    In plant Account Statement   PHYSICAL MODE* (Default)   Creder instruction Type    In plant Account Statement   PHYSICAL MODE* (Default)   Creder instruction Type    In plant Account Statement   PHYSICAL MODE* (Default)   Creder instruction Type    In plant Account Statement   PHYSICAL MODE* (Default)   Creder instruction Type    In plant Payer   Physical Ph	Third Applican  Yes No
Country of Tax Residency ##  Is the applicant(s)/quardians Country of Birth/Citizenship/ Malonally/Fax Residency other than India?  Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.  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 function UNIT HOLDING OPTION   DEMAT MODEF (Enclose Latest Client Master / Demat Account Statement)   PHYSIGAL MODE (Default)   (refer ins the properties of the first side applicant must be pre-printed on the cheque.)  INSDL DP Name   D	Yes No
Country of Tax Residency #  Is the applicant(s)/guardian's Country of Birth/Citizenship/ Mationality/Tax Residency other than India?  Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.  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]  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 function  WINT HOLDING OPTION  DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement)  PHYSICAL MODE (Default)  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 function  WINT HOLDING OPTION  DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement)  PHYSICAL MODE (Default)  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 function  WINT HOLDING OPTION  DEMAT MODE* (Enclose Latest Client Master / Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement)  PHYSICAL MODE (Default)  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 function  NUMESTMENT Set Payment (IDA)  Resemblication Type  Thy Sical Mode (Account Statement)  PHYSICAL MODE (Default)  To also incl	Yes No
Is the applicant(s)/guardians 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."   Yes   No	Yes No
Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Retiremce Numbers below*.  If Yes, please provide the following information [mandatory]  Category First Applicant/Guardian in case of Minor  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 function  UNIT HOLDING OPTION DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) PHYSICAL MODE (Default) (refer ins  "Demat Account details are mandatory for (i) PPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in deam on the wind only its please only I Regular Plan (Purchase/ Subscription routed through Distributor)  Mention valid ARN in Key Partner/ Agent Information  Scheme/Plans/Bub Option Income Distribution ound Capital Withdrawal (IDCW) Option  Mention valid ARN in Key Partner/ Agent Information  Beneficiary Name: HDFC Dark Limited  Branch: Maneki Wadia Building, Ground Floor, klank Motevani Marg, Fort, Mumbal Beneficiary Account in the attached OTM behit Mandate transactions via OTM  Name In Developed Please note that OTM can be selected as mode of payment provided OTM is already registered. In case Other in registered please fill in the attached OTM behit Mandate transactions via OTM  Name In Developed Please fill in the attached OTM behit Mandate transactions via OTM  Name In Developed Please fill in the attached OTM behit Mandate transactions via OTM  Name In Developed Please fill in the attached OTM behit Mandate transactions via OTM  Name In Developed Please fill in the attached OTM behit Mandate transactions via OTM	Yes No
Category   First Applicant/Guardian in case of Minor   Second Applicant/ Guardian   Third Applicant   Tax Payer Ref. ID No ^   Identification Type   TilN or other, please specify  Country of Tax Residency 2   Tax Payer Ref. ID No. 2   Identification Type   TilN or other, please specify  TilN 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 function   ##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 function   ##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 function   ##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 function   ####################################	
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 function UNIT HOLDING OPTION DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) PHYSICAL MODE (Default) (refer ins* **Pernat 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 to the provided of the Case of the Individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its function UNIT HOLDING OPTION DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) PHYSICAL MODE (Default) (refer ins* **Pernat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement) PHYSICAL mode (Default) (refer ins* **Pernat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account Statement) PHYSICAL MODE (Default) (refer ins* **Pernat Account No.   DP Name   DP ID   1	
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 citizer/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its function UNIT HOLDING OPTION DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) PHYSICAL MODE (Default) (refer ins* "Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account Statement) Repeated in demat mode will be issued only to the plant of the institution of the instit	functional equiva
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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 function UNIT HOLDING OPTION   DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement)   PHYSICAL MODE (Default)   (refer ins "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 to the part of the instruction of th	functional equiva
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[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 function UNIT HOLDING OPTION DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) PHYSICAL MODE (Default) (refer ins *Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement) PHYSICAL MODE (Default) (refer ins *Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement) PHYSICAL MODE (Default) (refer ins *Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement) PHYSICAL MODE (Default) (refer ins *Demat Account details are mandatory for (ii) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement) PHYSICAL MODE (Default) (refer ins *Demat Account No.    DP Name	functional equiva
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Tax Payer Ref. ID No. 3   Identification Type   (TIN or other, please specify)	functional equiva
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#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 function  #UNIT HOLDING OPTION DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) PHYSICAL MODE (Default) (refer ins  *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 to the insertion of the insertion of the insertion of the count No.  ### DP ID I N Beneficiary Account No.  ### DP Name	functional equiva
Regular Plan (Purchase/ Subscription routed through Distributor)   Refundation   Regular Plan (Purchase/ Subscription routed through Distributor)   Direct Plan (Purchase/ Subscription made directly with the Fund)   Mention valid ARN in Key Partner/ Agent Information   Mention DIRECT in Key Partner/ Agent Information   Scheme/Plan/Sub Option/ Frequency   Growth Option   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.)   Reinve   Mode of Payment   Cheque   NEFT/RTGS/Fund Transfer   One Time Manda   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: HDFC000   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 transactions via OTM   Amount of Cheque   Amount of	refer instruction sued only by NSDL/C
INVESTMENTS & PAYMENT DETAILS [Please (\$\sigma)] (Refer instruction 5 & 6 for Scheme details and instruction 7 & 9 for Payment Details)  ne name of the first/ sole applicant must be pre-printed on the cheque.    Regular Plan (Purchase/ Subscription routed through Distributor)   Direct Plan (Purchase/ Subscription made directly with the Fund)     Mention valid ARN in Key Partner/ Agent Information   Mention DIRECT in Key Partner/ Agent Information     Scheme/Plan/Sub Option/ Frequency     Growth Option   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.)   Reinve     Mode of Payment   Cheque   NEFT/RTGS/ Fund Transfer   One Time Manda     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: HDFC000     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 transactions via OTM   Cheque/   Cheque/   Cheque/   Amount of Cheque/   Cheque	
Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information  Scheme/Plan/Sub Option/ Frequency  Growth Option 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.)  Mode of Payment  Cheque  NEFT/ RTGS/ Fund Transfer  One Time Manda  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  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 transactions via OTM  Part Regular Plan (Purchase/ Subscription made directly with the Fund)  Mention DIRECT in Key Partner/ Agent Information  Ment	
Mention valid ARN in Key Partner/ Agent Information  Scheme/Plan/Sub Option/ Frequency  Growth Option 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.)  Mode of Payment Cheque NEFT/ RTGS/ Fund Transfer One Time Manda 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: HDFC000 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 transactions via OTM	nd)
Growth Option 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.)  Mode of Payment Cheque NEFT/ RTGS/ Fund Transfer One Time Manda  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: HDFC000  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 transactions via OTM  Cheque/ Cheque/ Amount of Cheque /	
(The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)    Mode of Payment	Devent.
Beneficiary Name: HDFC DIVERSIFIED EQUITY ALL CAP ACTIVE FOF NFO COLLECTION A/C  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 transactions via OTM  Please part Assaurt No.  Cheque/ Cheque/ Amount of Cheque /	Reinvestment
Pour la Pearly Account No. Cheque/ Cheque/ Amount of Cheque /	
UIR NO. UIR Date NIGO/ NEFT III III III III III III III III III I	Net Che
	(IIS.)
Cheque Amount (in words):	
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.  Bank Name	
Branch Name Bank City  Account Number Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others ☐ (please ✓) ☐ Savings ☐ (please ✓) ☐ (please ✓) ☐ Savings ☐ (please ✓) ☐ (pl	
*** Refer Instruction 5C (Mandatory for Circlit via NFFT / RTGS) (11 Character code annearing on your	(please specify)
IFSC Code***  If you do not find this on your cheque leaf, please check for the same with your bank)	

	Ve wish to make a nomina ven below]	tion. [As per deta	ils <b>or</b>	I / We hereby confirm that I folio and understand the im case of my demise / death documents issued by the C of death claim / transmissio	/ We do not was plications / issues hor all the unifourt or such of on of units in fav	rish to appoint any nomine ues involved in non-appoin it holders in the folio, my ther competent authority, as rour of the legal heir(s), bas	e(s) for r itment of / our legs s may be sed on the	my mutual fund units held in my / our mutual fur any nominee(s) and am/ are further aware that gal heir(s) would need to submit all the requisi e required by the Mutual Fund / AMC for settleme e value of the units held in the mutual fund folio/s.			
I/We w	vish to make a nomination and	d do hereby nomina	ate the follow		ed folio(s) who	shall receive all the asse		n my / our account/ folio in the event of my /			
Nom	mise, as trustee and on bena nination can be made upto ninees in the account.			etails of 1st Nominee	Det	tails of 2nd Nominee		Details of 3rd Nominee			
				Mandatory info	ormation						
1	Name of the nominee(s	,				9/		0/			
2	Share of each Nomine	_		<b>%</b>		%	.,	%			
3	Date of Birth (for Mino Relationship with the A (select one)	•	Spous		Spouse	e Father N	Nother	Spouse Father Mother			
	(301001 3.10)		Others		Others			Others (please specify)			
5	Nominee/ Guardian (in case of Minor) Iden details (Please tick any	ntification	PAN		PAN			PAN			
	following and provide IL and no copies required	D Number		ar (masked last 4 digits)	Aadhaa	s)	Aadhaar (masked last 4 digits)				
			Passp	ort (for NRIs/OCIs/PIOs)	Passport (for NRIs/OCIs/PIOs)			Passport (for NRIs/OCIs/PIOs)			
			Driving	g License	Driving License			Driving License			
6	Address of Nominee(s) in case of Minor	,		Same as First Applicant	S	Same as First Applicant		☐ Same as First Applicant			
	[Tick \(  \) if same as First or provide the complete different]										
	City / Place: State & Country										
Pincode: Pincode: Pincode:								Pincode:			
7	Mobile of nominee(s)/ case of Minor	Guardian in									
8	Email ID of nominee(s) Guardian in case of Mi										
	Novelena Occasion No.	_		Non-mandatory	details						
9	Nominee Guardian Nar (in case Nominee is M	linor)									
	want the details of my / our rame of nominee(s) with %	Nom	ination: Yes /	No (Default)				follows; (please tick, as appropriate)			
		This nom		Il supersede any prior nomin			r(s), if a	any			
		I	Signatu	re(s) – As per mode of holding in Name of the Holder	demat accou	nts / MF Folio(s).	Signat	ture / Thumb Impression*			
Sole /	First Holder (Mr./Ms.)	Name:		Hallo of the				ture /Thumb Impression:			
		Witness 1 Nam	ie & Addres	rs:			Witne	ss 1 Signature:			
		Witness 2 Nam	ıe & Addres	SS:			Witne	ss 2 Signature:			
Secon	nd Holder (Mr./Ms.)	Name:					Signa	gnature /Thumb Impression:			
		Witness 1 Nam	ie & Addres	is:			Witne	ss 1 Signature:			
		Witness 2 Nam	ie & Addres	ss:	Witne	ss 2 Signature:					
Third	Holder (Mr./Ms.)	Name:					Signa	ture /Thumb Impression:			
		Witness 1 Nam	ie & Addres	S:			Witne	ss 1 Signature:			
		Witness 2 Nam	ıe & Addres	iS:			Witne	ss 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	e: The Intermediary shall prov	vide acknowledgen	ent of the no	omination form to the account hold	ler(s)						

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

40	DECOLUTION OF DISPUTES (F. J. 177 17 J. J. 17 J. J. 17 J. J. 17 J.	\(\text{D}\(\text{i}\)\(\text{i}\)	
13.	RESOLUTION OF DISPUTES (For Institutional or corporate clients	(Refer instruction 19)	
	Smart ODR OR by harnessing any independent institutional med	iation, independent institutional conciliation and/or independent a	rbitration institution in India.
14. 1	DECLARATION & SIGNATURE/S (refer instruction 12)		
	I/We have read, understood the terms and conditions of the scheme related doct of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regula Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and	ions as may be applicable to me/us from time to time and agree to co	
	(a) I/We am/are eligible Investor(s) as per the scheme related documents and no and Foreign laws. I am/We are authorised to make this investment as per the purpose of contravention and/or evasion of any act, rules, regulations, notifica	Constitutive documents/ authorization(s). The amount invested in the S	ent etc. passed by SEBI/ Statutory Authority or Courts in India cheme(s) is through legitimate sources only and is not for the
	(b) I/We will be bound by the Fund's terms and conditions as amended from time		
	(c) The information given by me /us in or along with this application form is tru 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 Trustees, Asset Management Company, its employees, agents and third pi judicial, quasijudicial authorities/agencies including but not limited to Financia	rrty service providers, SEBI registered intermediaries for single updat Intelligence Unit-India (FIU-IND) etc without any intimation/advice to m	tion/ submission, any Indian or foreign statutory, regulatory, e/us.
	(e) I/We hereby consent for providing transactions data feed, portfolio holdings, I folio, if applicable.	IAV etc. in respect of my/our transactions under Direct Plan to the RIA/	Portfolio Managers/ Stock Broker registered in the concerned
	(f) I/We shall be liable and responsible for any loss, claims suffered, directly of furnished by me/us at the time or investing/redeeming the units. I/We hereby directors and employees against all actions, proceedings, claims, losses, of eliability, validity and authorization of my/our transactions.	unconditionally and irrevocably indemnify and at all time keep indemni	fied, save and harmless AMC/Fund/Trustee and their officers,
	(g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the		payable to him/them for the different competing Schemes of
	various Mutual Funds from amongst which the Scheme is being recommende		VIELD BY THE CHAID AME ATE DISTRIBUTED FOR THE
	(h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMI INVESTMENT.	JNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVI	E TIELD BY THE FUND/AINC/TTS DISTRIBUTOR FOR THIS
	Consent for Telemarketing (Refer Instruction 18):		
	I/We hereby accord my/our consent to HDFC AMC for receiving the promotic Application Form.	onal information/ material via email, SMS, telemarketing calls etc. o	on the mobile number and email provided by me/us in this
	Consent for disclosure of Personal Information in terms of Privacy Polic		
22	I/We hereby confirm to have read, understood and agree to the terms of Privacy I	Policy (available on https://www.hdfcfund.com) ("Policy") of HDFC AN	/IC/ Fund.
August 2025	I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving or another body corporate or any person acting under a lawful contract with HDF		anal Data and hereby authorize to disclose it to the third party
√ug	For Foreign Nationals Resident in India only:		
_	I/We will redeem my/our entire investment/s before I/We change my/our Ind account of change in residential status.	an residency status. I/We shall be fully liable for all consequences	(including taxation) arising out of the failure to redeem on
	For NRIs/ PIO/ OCIs/ FPIs only:		
	I/We confirm that my application is in compliance with applicable Indian an	d foreign laws.	
	For NRIs/ PIO/OCIs Please ( $\checkmark$ ) $\ \square$ Repatriation basis $\ \square$ 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 Holde	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\* Benchmark Riskometer# Scheme Riskometer# NIFTY 500 Index (TRI) Capital appreciation / generate income over long term To invest in units of Equity-oriented schemes based on varied market caps Moderately High Risk Moderately High Risk High Risk Low to Moderate Risk High Risk Moderate Risk \*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the New Fund Offer (NFO) is based on internal Low Risk Very High Low Risk assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. RISKOMETER For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of The risk of the Benchmark is Very high The risk of the Scheme is Very high the Fund viz. www.hdfcfund.com

#### APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

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

ASBA Application No.

EY PARTNER / AGENT IN	FORMATION (Investors applyin	g under Direct Plan mus	mention "Direct" in AF	RN column.) (Refer		FOR OFFICE USE ONLY	CAMS bar cod
ARN/RIA Code/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)	
RN-							
	EUIN box is left blank) (Refer Ir EUIN box has been intentionally roker or notwithstanding the adv		this transaction is ex ess, if any, provided b	ecuted without an y the employee/re	y interaction or advice by lationship manager/sales	the employee/relationship ma person of the distributor/sub	anager/sales pers broker.
First/ Sole Appli	icant/ Guardian/ PoA Holder		Second App	licant		Third Applicant	
1. EXISTING UNIT HOI Refer Instruction ).	LDER INFORMATION (If you	· ·	•		•		
Folio No.		/     Folio	details in our recor	ds will apply for	this application provide	d the details match with yo	ur demat accou
1a. UNIT HOLDER INF (Names should be in the Application is lia	ORMATION I the same sequence as appear ble to get rejected. Refer Instru	ring in your demat acc uction 3)	ount. In case of disc	repancies, INC (Ma	TE OF BIRTH@/DATE ( CORPORATION andatory in case of Mir	DD MM	YYYY YYYY Please (✓)
Mr. Ms. M/s.	PLICANT (In case of Minor, the	re shall be no joint ho	Iders) (Name of the		to as per PAN records (al		
Nationality  KYC Number				[Please tick (🗸)]	(Mandatory) Proc	f Attached	
	instruction No 14 for PAN/PEKR	N and No 16a for KVC		. ,,,	()		
# 1 icase attach i 100i. Helei	monucuon no 14 loi 1 Anyl Enti	IN and NO TOO TO KITO	(Kila). Holol manuoli	JII NO 100 IOI KIO	identification Number 1830	cu by okton.	
	ACKNOW	I FOREMENT SLIP	FOR SCSR (HDEC	 Diversified Faui	ty All Cap Active FOF)		
		LEDGEMENT CENT	HDFC MUTUAL		ty All Oup Addive 1 of )	Date :	
TO BE RETAINED BY (To be filled by the Sole/			: HDFC House, 2nd F pay Reclamation, Chu			ASBA 1 No.	
Received from Mr./Ms.			SCSB /	Account Details		Total Amount to be blocked	d
Address			Bank Account No	).	(Rs. in fi	iaures)	
Tele./Fax	Mobile No.		Bank Name & Ad		(Rs. in v	• ,	
E-mail:	INIODIIO INO.						
Sign I	Here		Sign Her	e	·	Sign Here	
First / Sole Applicant / G	Guardian / PoA		Second Appli	icant		Third Applicant	

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

TO BE GIVEN BY THE SCSB (To be filled by the Sole/First Applicant) 165	Date :		
Received from Mr/Ms. Address	SCSB Account Details	Total Amount to be blocked	SCSB Stamp Signature, Date & Time of
Addiess	Bank Account No.	(Rs. in figures)	Form Submission
Tele./Fax Mobile No.	Bank Name & Address	(Rs. in words)	
E-mail:			
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1a. UNIT HOLDER Refer Instruction		(Names should b	e in the same sequ	ence as appearing	in your demat accou	nt. In case of discrep	ancies, the Appl	cation is liable to	get rejected.
NAME OF THIRD APPLI	CANT			DATE OF BI	RTH DDM	M   Y   Y   Y	Υ		
Mr. Ms. M/s.							$\top$		
Nationality				PAN#/ PEK	RN#				
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1b. POWER OF AT	TORNEY (PoA) I	HOLDER DETAII	LS						
Name of PoA Mr. N	/s. M/s.							1 1 1 1	
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# Please attach Proof.	Refer instruction N	lo 14 for PAN/PEKI	RN and No 16a for K	C (KRA). Refer inst	ruction No 16b for KY	C Identification Numbe	r issued by CKYC	R.	
1c. ADDITIONAL K	YC DETAILS (M	landatory) (Refe	er instruction 3)						
Occupation details		t Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applican	t Guardian	Politically Expose	d I	s a Related	Not
Private Sector Servi	ce					Person (PEP) deta		EP to PEP	Applicable
Public Sector Service	e					1st Applicant			
Government Service	;					2 <sup>nd</sup> Applicant			
Business						3 <sup>rd</sup> Applicant			
Professional						Guardian			
Agriculturist						Authorised Signato	ories		
Retired						Promoters			
Housewife						Partners			
Student						Karta			
Proprietorship						Whole-time Direct	ors		
Others (Please spec	ify)					Trustee			
Non-Individual Inve	estors involved/	, L	Foreign Exchan	ge / Money Chan	aer Services	Gamin	 g/Gambling/Lo	ttery/Casino Ser	vices
providing any of the services	e mentioned		Money Lending	•	g		of the above	,,	
Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
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)						1	as on	MM YY	YY

			egistereu office (for auuress liteli	tioned in to	rm/existing address app	Carriy III FUIIU)
Category	First Applicant/Guardian in ca	se of Minor	Second Applicant/ Guard		Third App	
Place/ City of Birth	r irst Applically dual ululi ili ca	oc or millor	occond Applicant, dual a	iuii	111114714	mount
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ationality/Tax Residency oth lease indicate all countries i	Country of Birth/Citizenship/ er than India? n which you are resident for tax Tax Reference Numbers below*.	First Appli	cant/Guardian in case of Minor  Yes No		Yes No	Third Applican
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ategory	First Applicant/Guardian in ca	se of Minor	Second Applicant/ Guardi	ian	Third App	olicant
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Mention valid ARN in Key Scheme/Plan/Sub Option/ Frec Growth Option Income (The an SCSB/ ASBA ACCOUNT D y-in Bank count No. anch SAVI BANK ACCOUNT (PAY-OU Fill in these details only with the Demat Account different from the bank a count No. anch SAVI ECCOde***  BANK ACCOUNT (PAY-OU Fill in these details only with the Demat Account different from the bank a count Type ease tick (✓)] SAVII anch SAVII CCOde***  BANK ACCOUNT (PAY-OU Fill in these details only with the Demat Account different from the bank a count Type ease tick (✓)] SAVII CCOde***  BANK ACCOUNT (PAY-OU Fill in these details only with the Demat Account different from the bank a count No. SAVII ACCOUNT (Type ease tick (✓)] The SAVII CCOde***  BANK ACCOUNT (PAY-OU Fill in these details only with the Demat Account different from the bank a count No. SAVIII ACCOUNT (Type ease tick (✓)] The SAVIII CCOde***	Partner/ Agent Information    uency	I (IDCW) Option tor's capital (Equiper Instruction 2  NRE The Ban PPLICANT (Ref ided in Section elow. Mandato 3 above.  NRE MRE	Mention DIRECT in Ke  alization Reserve), which is part of sale  20B) (Application Money to be blo  Name of the Bank  Bank City  NRO FCNR OTHERS  9 digit MICR Code number of my/or k & Branch is**  fer Instruction 4) n 3 are different from the Bank Ac ry to attach proof, in case the pay  Name of the Bank  Bank City  NRO FCNR OTHERS  MICR  te their bank account details) reacter code appearing on your chequitation.	price that rep price	gent Information  resents realized gains.)  this Account)  Is linked ccount is	Payout Reinvestment            (please specify)
Mention valid ARN in Key  Scheme/Plan/Sub Option/ Fred Growth Option Income (The ar  SCSB/ ASBA ACCOUNT D  Asy-in Bank Scount No.  Franch Scount Type Rease tick ( ) SAVII  SC Code***  BANK ACCOUNT (PAY-OUT Fill in these details only with the Demat Account different from the bank a  CCOUNT Type Rease tick ( ) SAVII  SC Code***  BANK ACCOUNT (PAY-OUT Fill in these details only with the Demat Account different from the bank a  CCOUNT Type Rease tick ( ) SAVII  SC Code***  BANK ACCOUNT (PAY-OUT FILL IN THE SAVIII  CCOUNT Type Rease note that as per SEBI R  * Refer Instruction 5C (Mandeque leaf, please check for the Refer Instruction 11 (The 9 of	Partner/ Agent Information    uency	I (IDCW) Option tor's capital (Equiper Instruction 2  NRE The Ban PPLICANT (Ref ided in Section elow. Mandato 3 above.  NRE MRE	Mention DIRECT in Ke  alization Reserve), which is part of sale  20B) (Application Money to be blo  Name of the Bank  Bank City  NRO FCNR OTHERS  9 digit MICR Code number of my/or k & Branch is**  fer Instruction 4) n 3 are different from the Bank Ac ry to attach proof, in case the pay  Name of the Bank  Bank City  NRO FCNR OTHERS  MICR  te their bank account details) reacter code appearing on your chequitation.	price that rep price	gent Information  resents realized gains.)  this Account)  Is linked ccount is	Payout Reinvestment  (please specify)
Mention valid ARN in Key  Scheme/Plan/Sub Option/ Fred Growth Option Income (The ar  SCSB/ ASBA ACCOUNT D  ay-in Bank ccount Type Please tick ( / ) ] SAVII  SCOUNT Type SC Code***  BANK ACCOUNT (PAY-OU Fill in these details only with the Demat Account different from the bank a  CCOUNT Type Please tick ( / ) ] SAVII  SC Code***  BANK ACCOUNT (PAY-OU Fill in these details only with the Demat Account different from the bank a  CCOUNT Type Please tick ( / ) ] SAVII  SC Code***  Lease note that as per SEBI R * Refer Instruction 5C (Mandeque leaf, please check for th Refer Instruction 11 (The 9 of	Partner/ Agent Information  uency  Distribution cum Capital Withdrawa nounts can be distributed out of invest  ETAILS OF THE APPLICANT (Ref  NGS CURRENT  TO DETAILS OF FIRST / SOLE AF  If the ASBA Account details provas mentioned under Section 5 be account mentioned under Section  NGS CURRENT  ORGS CURRENT  DISTRIBUTION OF THE ASBA ACCOUNT DETAILS OF FIRST / SOLE AF  ORGS CURRENT  DISTRIBUTION OF THE ASBA ACCOUNT DETAILS OF FIRST / SOLE AF  ORGS CURRENT  DISTRIBUTION OF THE ASBA ACCOUNT DETAILS OF THE ASBA ACCOUNT DETAILS OF FIRST / SOLE AF  ORGS CURRENT  DISTRIBUTION OF THE ASBA ACCOUNT DETAILS OF THE ASBA ACC	I (IDCW) Option tor's capital (Equiper Instruction 2  NRE The Ban PPLICANT (Ref ided in Section elow. Mandato 3 above.  NRE MRE	Mention DIRECT in Ke  alization Reserve), which is part of sale  20B) (Application Money to be blo  Name of the Bank  Bank City  NRO FCNR OTHERS  9 digit MICR Code number of my/or k & Branch is**  fer Instruction 4) n 3 are different from the Bank Ac ry to attach proof, in case the pay  Name of the Bank  Bank City  NRO FCNR OTHERS  MICR  te their bank account details) reacter code appearing on your chequitation.	price that rep price	gent Information  resents realized gains.)  this Account)  Is linked ccount is	Payout Reinvestment  (please specify)

6. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)								
☐ I/W giv	/e wish to make a nominati en below]	ion. [As per deta	ils OR I / We hereby confirm that folio and understand the im	/ We do not wish to appoint any nomine plications / issues involved in non-appoint	e(s) for m itment of a	ny mutual fund units held in my / our mutual fund any nominee(s) and am/ are further aware that in al heir(s) would need to submit all the requisite required by the Mutual Fund / AMC for settlement value of the units held in the mutual fund folio/s.		
			case of my demise / deat documents issued by the C	h of all the unit holders in the folio, my ourt or such other competent authority, as	our legals may be	al heir(s) would need to submit all the requisite required by the Mutual Fund / AMC for settlement		
I/We w	ish to make a nomination and	do hereby nomina	ate the following person(s) in the above specific	ed folio(s) who shall receive all the asse	ets held in	my / our account/ folio in the event of my /		
	nise, as trustee and on behalf ination can be made upto		neir(s)*. This nomination shall supersede any p	rior nomination made by us/me if any.				
	inees in the account.	u1166	Details of 1st Nominee	Details of 2nd Nominee		Details of 3rd Nominee		
	Name of the naminas/a	) (B/I /B/I )	Mandatory info	ormation				
2	Name of the nominee(s		%	%		%		
3	Share of each Nominee  Date of Birth (for Minor		70 D D M M Y Y Y Y	D D M M Y Y Y	V	76 D D M M Y Y Y Y		
4	Relationship with the A	•	Spouse Father Mother		1other	Spouse Father Mother		
	(select one)		Daughter Son	Daughter Son		Daughter Son		
			Others (please specify)	Others (please specify)		Others (please specify)		
5	Nominee/ Guardian (in case of Minor) Ident	lification	PAN	PAN		PAN		
	details [Please tick any	one of the	Andhaar (manland lant 4 dinita)	Andhany (manhad lant 4 dinite		Andhany (manind last 4 digita)		
	following and provide ID and no copies required].		Aadhaar (masked last 4 digits)	Aadhaar (masked last 4 digits	S)	Aadhaar (masked last 4 digits)		
			Passport (for NRIs/OCIs/PIOs)	Passport (for NRIs/OCIs/PIOs	s)	Passport (for NRIs/OCIs/PIOs)		
			Driving License	Driving License		Driving License		
6	Address of Nominee(s)/	/ Guardian	Same as First Applicant	Same as First Applicant		Same as First Applicant		
	in case of Minor	Annligant						
	[Tick 🗸 if same as First Applicant, or provide the complete address if							
	different]							
	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 Mir							
	Guardian in Guod of init	101	Non-mandatory	details				
9	Nominee Guardian Nam (in case Nominee is Mi							
I / We	want the details of my / our n	ominee to be print	ted in the statement of holding or statement of a	ccount, provided to me/ us by the AMC	/ DP as f	follows; (please tick, as appropriate)		
Na	ame of nominee(s) with %		ination: Yes / No (Default)		( )			
		This nom	ination shall supersede any prior nomin Signature(s) – As per mode of holding in	•	r(s), if a	ny		
			Name of the Holder	delilat accounts / MF Folio(s).	Signatu	re / Thumb Impression*		
Sole /	First Holder (Mr./Ms.)	Name:			Signatu	ure /Thumb Impression:		
		Witness 1 Nam	ne & Address:		Witnes	s 1 Signature:		
		Witness 2 Nam	ne & Address:		Witnes	s 2 Signature:		
Secon	d Holder (Mr./Ms.)	Name:			Signatu	ure /Thumb Impression:		
		Witness 1 Nam	ne & Address:		Witnes	s 1 Signature:		
		14 <i>1</i> 11			VAPI	0.00		
	Witness 2 Name & Address: Witness 2 Signature:							
71.								
Ihird	Holder (Mr./Ms.)	Name: Witness 1 Nam	na 8. Addraec		Signati	ure /Thumb Impression:		
		NVIUICSS I IVAIT	ιτ α Auultss.		Witnes	s 1 Signature:		
		Witness 2 Nam	ne & Address:		Witnee	s 2 Signature:		
		THUIDOS & INGII	10 & / Iddi 000.			S = Signaturo.		
* Çir	mature of witness along with	name and addres	ss are required if the account holder affives the	ımh impression instead of signature				
If % i	* 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)							

8. RESOLUTION OF DISPU	TES (For Institutional or corporate clients) (	(Refer instruction 19)	
Smart ODR OR	by harnessing any independent institutional mediation	on, independent institutional conciliation and/or independ	ent arbitration institution in India.
	TURE/S (refer instruction 12)		
regulations of SEBI, AMFI, Prevent apply to the Trustees for allotment	tion of Money Laundering Act, 2002 and such other regr of Units of the Scheme(s) of HDFC Mutual Fund ('Fund')		agree to comply with the same as a Unitholder. I /We hereby
India and Foreign laws. I am/V for the purpose of contravention	Ve are authorised to make this investment as per the Cor on and/or evasion of any act, rules, regulations, notificati	oited from accessing capital markets by any order/ruling / judinstitutive documents/ authorization(s). The amount invested in ons or directions issued by any regulatory authority in India.	
	nd's terms and conditions as amended from time to time.		
(c) The information given by me Company Limited (AMC)/ Fur	/us in or along with this application form is true and cor nd. I/We undertake to promptly inform the AMC / Fund/Re	rrect and I/we shall furnish such other further/additional inforr egistrars and Transfer Agent (RTA) in writing about any change	nation as may be required by the HDFC Asset Managemen in the information furnished by me/us from time to time.
Sponsor/s, Trustees, Asset N regulatory, judicial, quasijudic	Nanagement Company, its employees, agents and third ial authorities/agencies including but not limited to Finance	above information and/or any part of it including the change I party service providers, SEBI registered intermediaries for s cial Intelligence Unit-India (FIU-IND) etc without any intimation/	ingle updation/ submission, any Indian or foreign statutory advice to me/us.
(e) I/We hereby consent for proconcerned folio, if applicable.	viding 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
furnished by me/us at the time	e or investing/redeeming the units. I/We hereby unconditi inst all actions, proceedings, claims, losses, damages,	by by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of ar ionally and irrevocably indemnify and at all time keep indemnify, charges and expenses incurred or suffered /paid by AMC/F	ed, save and harmless AMC/Fund/Trustee and their officers
	ered Distributor) has disclosed to me/us all the commis nongst which the Scheme is being recommended to me/	ssions (in the form of trail commission or any other mode), ${\sf p}$ /us.	ayable to him/them for the different competing Schemes o
(h) I/WE HEREBY CONFIRM THA INVESTMENT.	AT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATE	D ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE	YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS
Consent for Telemarketing (Re	fer Instruction 18):		
I/We hereby accord my/our con Application Form.	sent to HDFC AMC for receiving the promotional infor	rmation/ material via email, SMS, telemarketing calls etc. o	n the mobile number and email provided by me/us in thi
Consent for disclosure of Pers	onal Information in terms of Privacy Policy		
I/We hereby confirm to have read	, understood and agree to the terms of Privacy Policy (a	vailable on https://www.hdfcfund.com) ("Policy") of HDFC Al	MC/ Fund.
I/We hereby accord my/our cons party or another body corporate of	sent to HDFC AMC/Fund for collecting, receiving, possor any person acting under a lawful contract with HDFC A	essing, storing, dealing, handling or disclosure of my/ our Po AMC, in accordance with the Privacy Policy.	ersonal Data and hereby authorize to disclose it to the third
For Foreign Nationals Residen	t in India only:		
I/We will redeem my/our entire i account of change in residential		ency status. I/We shall be fully liable for all consequences	(including taxation) arising out of the failure to redeem or
For NRIs/ PIO/ OCIs/ FPIs only	r.		
	n is in compliance with applicable Indian and foreign	n laws.	
7 11	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

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

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

August 2025



# FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name	e of the entity																	T		T				Π	Π	T				
Type of address given at KRA Residential or Business				Res				sidential			Bus	siness			Registe			ered Office												
PAN I I I I I I I I I I I I I I I I I I I									The state of the s						Date of Incorpo										V	V	V			
	of incorporation								$\vdash$								Τ	1							H					
	try of incorporation																				_				H	1				
Additional KYC Information  Gross Annual Income (Rs.) [Please tick (✓)] ☐ Below 1 lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore																														
Gross Annual Income (Rs.) [Please tick (✓)] ☐ Below 1 lac  Net-worth Rs.						<u> </u>	1 -	) L	a65																	r)				
		1/nro	vidina anv	Rs.		n Fy	change /	Mon	ev l	Chanc	ner Ser	vice	10		Gan	nina /			[-  -											
Non-Individual Investors involved/providing any of the mentioned services    Gaming / Gambling / Lottery / Casino Services     Money Lending / Pawning   None of the above																														
	Moriey Lending / Pawning   None of the above																													
	FATCA & CRS Declaration																													
Pleas	Please tick the applicable tax resident declaration -																													
1. Is "Entity" a tax resident of any country other than India																														
(If ye				ty is a i	resider	t for	tax purpo	x purposes and the associated Tax ID number below.)																						
Sr. No.	C	ount	ry					Tax Identification Number*										Identification Type (TIN or Other*, please specify)												
1.																														
2.																														
۷.																														
3.																														
* 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.																														
in ca	se tiin or its tunctional equi	vaier	it is not av	vallabi	ie, pie	ase	provide (	omp	апу	/ iden	tincatio	on ni	umbe	eroru	GIOD	ai Eni	lity i	aentii	ICATION	INUM	ber	or G	IIIV, (	etc.						
In cas	In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here																													
PAK	PART A (to be filled by Financial Institutions or Direct Reporting NFEs)																													
				GIIN																										
				Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's																										
				GIIN abo	ve and indicate your sponsor's name below																									
					spon	sor	oring entity															_								
	(Refer 3(vii) of Part C) (please tick as appropriate)																													
GIIN not available (please tick as applicable)  Applied for								Τ,	Not	h+c:-	70 d	Non	north	inatic	a F	1														
					Applied for Not obtained – Non-participating FI  Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)																									
PAR	PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")																													
1.	Is the Entity a publicly traded company (that is, a company									- 1	es	_					-		exchange					-	-	,				
whose shares are regularly traded on an established securities market) (Refer 2a of Part C)							- 1	ecurity																						
									Name of stock exchange																					
2.	Is the Entity a related entity of a publicly traded company								Ye	Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)																				
(a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)						N	Name of listed company																							
Total of the contract of the contract of						N	ature o	of rel	lation	:		S	ubsi	diary c	of the Li	sted C	omp	oany (	or [	C	ontro	lled b	y a Lis	ted Co	ompa	ıny				
							S	Security ISIN																						
								N	ame o	f sto	ck ex	chan	ige_																	
3. Is the Entity an active NFE (Refer 2c of Part C)					$\neg$	es																								
				,						N	ature o	of Bu	usines	ss																
										P	lease s	spec	ify th	e sub	o-ca	egory	y of	Active	NFE				(Me	entio	1 CO	ı – əb	efer 2	2c of	Part	C)
4.	Is the Entity a passive NFE	(Ref	fer 3(ii) of	Part	C)					Ye	es [	$\overline{1}$																		
										N	ature c	of Bu	usines	ss																

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	n / LLP Unincorporated association / boo	dy 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 ^	0001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
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	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office	Residence Business Registered office											
Occupation Type	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others											
Nationality														
Politically Exposed Person (PEP) Details ^	☐ Is a PEP ☐ Related to PEP ☐ N. A.	☐ Is a PEP ☐ Related to PEP ☐ N. A.	☐ Is a PEP ☐ Related to PEP ☐ N. A.											
SMO Designation ^														
KYC Complied? Please attach the KYC acknowledgement®														
^ Mandatory Fields N. A Not Applicable * To include US, where controlling person is a US citizen or green card holder *If UBO is KYC compliant, KYC proof to be enclosed. Else TIN or any other functional equivalent identity proof & address proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable. *In case Tax Identification Number (TIN) is not available, kindly provide functional equivalent  © For Foreign National – wherever PAN is not applicable, identity proof (as declared in Tax ID) & address proof to be enclosed. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.  \$Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary														
FATCA - CRS Terms and Conditions														
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.  Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.  Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.  If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.  It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.														
Certification														
I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the 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	ung Standards (Ch3) dil Automatic Exchange di	TIMOTHALIOH (AEUI) .												
Designation														
			Place											
Signature	Signature	Signature	Date//											