

## **HDFC BSE India Sector Leaders Index Fund**

Application No.:

An open ended scheme replicating/tracking BSE India Sector Leaders Index (TRI)

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

This Form should be completed in English and in PLOCK LETTERS only.

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			r Unit for cash duri	ng the N	lew Fund O	tter Period (NF	U) and at NAV bas	ed prices up	on re-opening	
New Fund Offer (NFO) (	•	November 07,								
New Fund Offer (NFO) (	Closes on:	November 21,								
Scheme re-opens on:		Scheme will r	e-open for continuo	us Sale	and Repui	chase within 5	business days fro	m the date o	of allotment of un	its under NFO
THIS PRODUCT IS SUITABL	E FOR INVES	TORS WHO ARE S	SEEKING*			Scheme Risko	neter#	Benchmark F	Riskometer (As at S	eptember 30, 2025
Returns that are comme	•		, .	ce of the				BS	E India Sector Leade	ers Index (TRI)
<ul> <li>BSE India Sector Leader</li> <li>Investment in equity sec</li> </ul>				TRI)	Mo	oderate Risk	Moderately High Risk		Moderate Risk	Moderately High Risk
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*Investors should consult th suitable for them.	eir financial a	dvisers, if in doub	t about whether the pr	oduct is	Moderate Risk		Tilgir riisk	Moderate Ris	sk	71191111011
# The product labeling assi	igned during	the New Fund Off	er (NFO) is based on	internal	Low Risk		Very High	Low Risk		Very High
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For latest riskometer, investor			folios disclosed on the	website	The	RISKOMEII risk of the Schem	ii oo ie Vory high	The	RISKOMETE isk of the Benchma	
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Y PARTNER / AGENT INF	ORMATION	(Investors applying	under Direct Plan must	mention	"Direct" in AF	RN column.) (Refer	Instruction 1)	FOR	OFFICE USE ONLY	CAMS bar cod
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tfolio Manager Registration Number (PMRN)	•	/ Stock Broker's Name	Sub Agent S Arin	вапк в	Branch Code	Employee	(EUIN)	DEI		
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First/ Sole Applic	cant/ Guardiar	n/ PoA Holder			Second App	licant			Third Applicant	
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NAME OF FIRST / SOLE AP	PLICANT (In	case of Minor, the	ere shall be no joint h	olders) (	Name of the	unitholder needs	s to as per PAN reco	rds(all unithol	der)	
Mr. Ms. M/s.										
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I/ We would like to reg	jister for onlii	ne access to trans	act on HDFCMFOnline	Investors	as per the t		s displayed on websit	e: www.hdfcfu	nd.com (Email id ma	andatory)
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^ On providing email-id in However, if the investors w									locuments by email. fer Instruction 8)	
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MAILING ADDRESS OF FIR	ST / SOLE AF	PPLICANT (Manda	tory) (Refer Instruction	on 3a)						
CITY				STATE					PIN CODE	
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Flease attach Proof. Refer	instruction M	n 1/I for PAN/DEVD	N and No 16a for KVC	(KBV) D	ofor instruction	n No 16h for KVC	Identification Number	r iceuad hy CV	VCB	
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NOWLEDGEMENT SLIP	(To be filed in	hy the Investor) (Fo	r any queries please con	tact our n	earest Investo	r Service Centre or	call us at our Customer	Service Number	r 1800 3010 6767 / 19	ROO 419 7676 (Tall Ere
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Date: D D M M			Head Office : UDI	י ועוו	Ond Flore	I T. Dougleh Marrie	105 100			

Date: D D M M Y Y Y Y Y HAD HEAD Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

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

an application for subscription / redemption of \_\_\_\_\_ Units of HDFC BSE India Sector Leaders Index Fund.

HDFC MUTUAL FUND
Head Office: HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Application No.:

ISC Stamp & Signature

		HUF AOP	PIO Pvt. Lt	td Company	(Mandatory) (Refer Instruction 3 & 17)  Public Ltd. Company  Minor through guardia			
LEI No.	triation NRI-No			iai company			Body Corpora	ite LLP
		on Repatriation	Foreign National	Resident in India	FPI Sole Proprietorship Non Profit	Organisation	Others(plea	ase specify)
(Mandatory for Non - Individu:					Expiry Date:		1000/	
* Trust/Societies/Section 8 co			ct for an amount	of Rs. 50 crores	or more) DD	MM	YYYY	
			nstituted for religion	ous or charitable er the Societies	e purposes referred to in clause (15) of section Registration Act, 1860 (21 of 1860) or any sin	n 2 of the nilar State	YES	□ NO
If yes, please quote Registrat	tion No. of Darpan	portal of Niti Aayo	og.					
(If not registered already, ple	ase register imme	diately and confin	m with the above	information)				
OINT APPLICANT DETAIL	S, If any (Refer	instruction 3) (In	case of Minor, t	here shall be no	joint holders)			
I. NAME OF SECOND APPLIC	ANT			DATE OF B	IRTH D D M M Y Y Y Y			
Mr. Ms. M/s. Nationality				PAN#/ PEK	DN#			
KYC Number						oof Attached		
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Mr. Ms. M/s.				DAN // / DEI	DN.#			
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Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service Public Sector Service					1st Applicant			
Government Service					2 <sup>nd</sup> Applicant 3 <sup>rd</sup> Applicant			
Business Professional					Guardian			
Agriculturist					Authorised Signatories Promoters			
Retired Housewife					Partners			
Student Proprietorship					Karta Whole-time Directors			
Others (Please specify)					Trustee			
lon-Individual Investors	involved/ provi	ding any of the	mentioned serv	vices	Foreign Exchange / Money Changer Services Money Lending / Pawning	Gaming / ( None of th	Gambling / Lottery e above	/ Casino Service
Gross Annual Income Rang	e (in Rs.) 1 <sup>st</sup> App	olicant 2 <sup>nd</sup> Applic	ant 3rd Applicant	t Guardian	Gross Annual Income Range (in Rs.) 1st Ap			nt Guardian
Below 1 lac					10-25 lac			
1-5 lac								
5-10 lac					> 1 cr			
OR Networth in Rs. (Manda for Non Individual) (not olde than 1 year)	tory er					as on DD I	MM YYY	Y
OWER OF ATTORNEY (Po	nΔ) HOLDER DE	2 IIAT						
Name of PoA Mr. Ms. M.								
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				KYC	# [Please tick ( )] (Mandatory) Pro</td <td>oof Attached</td> <td></td> <td></td>	oof Attached		
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Addres																									
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Coun	try of Tax Re	sidency#	4																						
Is the	applicant(s)	/guardian	ı's Co	untry of	Birth/(	Citizen	ship/	F	irst A	pplica	nt/Gua	ardian ir	1 case	of Mi	nor	S	ioos	nd Ap	olican	t/ Guar	dian	1	Thi	rd Ap	olicant
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ur de			heir(s)*. This nomination shall supersede any		d in my / our account/ folio in the event of my			
	nination can be made upto inees in the account.	three	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee			
			Mandatory in	formation				
1	Name of the nominee(s	) (Mr./Ms.)						
2	Share of each Nominee		%	%	%			
3	Date of Birth (for Minor	<u>,                                      </u>						
4	Relationship with the A (select one)	pplicant	Spouse Father Mother Daughter Son	Spouse Father Mothe Daughter Son	Spouse Father Moth Daughter Son			
			Others (please specify)	Others (please specify)	Others (please specify)			
5	Nominee/ Guardian (in case of Minor) Ident details [Please tick any	one of the	PAN	PAN	PAN			
	following and provide ID and no copies required].		Aadhaar (masked last 4 digits)	Aadhaar (masked last 4 digits)	, , , , , , , , , , , , , , , , , , , ,			
			Passport (for NRIs/OCIs/PIOs)	Passport (for NRIs/OCIs/PIOs)	Passport (for NRIs/OCIs/PIOs)			
			Driving License	Driving License	Driving License			
6	Address of Nominee(s), in case of Minor  [Tick ✓ if same as First or provide the complete different]	Applicant,	☐ Same as First Applicant	□ Same as First Applicant	□ Same as First Applicant			
	City / Place: State & Country							
7	Mobile of nominee(s)/ (	Guardian in	Pincode:	Pincode:	Pincode:			
8	case of Minor  Email ID of nominee(s)							
	Guardian in case of Mir	nor						
	Naminas Overdian Nam		Non-mandator	y details				
9	Nominee Guardian Nam (in case Nominee is Mi							
/ We	want the details of my / our no	ominee to be prin	ted in the statement of holding or statement of	f account, provided to me/ us by the AMC / DP	as follows; (please tick, as appropriate)			
N	ame of nominee(s) with %		ination: Yes / No (Default)		-			
		This nom		ination made by the account holder(s), i	i any			
			Signature(s) – As per mode of holding  Name of the Holder		ature / Thumb Impression*			
ole /	First Holder (Mr./Ms.)	Name:		Sign	ature /Thumb Impression:			
		Witness 1 Nan	ne & Address:	Witi	ness 1 Signature:			
		Witness 2 Nan	ne & Address:	Witi	ness 2 Signature:			
ecor	d Holder (Mr./Ms.)	Name:		Sign	nature /Thumb Impression:			
		Witness 1 Nan	ne & Address:	Witi	Witness 1 Signature:			
		Witness 2 Nan	ne & Address:	Witi	ness 2 Signature:			
hird	Holder (Mr./Ms.)	Name:		Sign	nature /Thumb Impression:			
		Witness 1 Nan	ne & Address:	Witi	ness 1 Signature:			
			ne & Address:		Witness 2 Signature:			

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

13.	RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refe	·	
	☐ Smart ODR ☐ by harnessing any independent institutional mediation, in	ndependent institutional conciliation and/or independent ar	bitration institution in India.
14.	DECLARATION & SIGNATURE/S (refer instruction 12)		
	I / We have read, understood the terms and conditions of the scheme related documents ar of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as n Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm	nay be applicable to me/us from time to time and agree to com and declare as under:	uply with the same as a Unitholder. I /We hereby apply to the
	(a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibite and Foreign laws. I am/We are authorised to make this investment as per the Constituti purpose of contravention and/or evasion of any act, rules, regulations, notifications or or	ve documents/ authorization(s). The amount invested in the Sci	
	(b) 1/We will be bound by the Fund's terms and conditions as amended from time to time.		
	(c) The information given by me /us in or along with this application form is true and cor Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Re	gistrars and Transfer Agent (RTA) in writing about any change in	the information furnished by me/us from time to time.
	(d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the abov Trustees, Asset Management Company, its employees, agents and third party servi judicial, quasijudicial authorities/agencies including but not limited to Financial Intelliger	ce providers, SEBI registered intermediaries for single updation ace Unit-India (FIU-IND) etc without any intimation/advice to me,	on/ submission, any Indian or foreign statutory, regulatory, /us.
	<ul><li>(e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. i folio, if applicable.</li></ul>	n respect of my/our transactions under Direct Plan to the RIA/P	ortfolio Managers/ Stock Broker registered in the concerned
	(f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirect furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditi- directors and employees against all actions, proceedings, claims, losses, damages, eligibility, validity and authorization of my/our transactions.	ionally and irrevocably indemnify and at all time keep indemnific	ed, save and harmless AMC/Fund/Trustee and their officers,
	(g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commis various Mutual Funds from amongst which the Scheme is being recommended to me/us		ayable to him/them for the different competing Schemes of
	(h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATE INVESTMENT.		YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS
	Consent for Telemarketing (Refer Instruction 18):  I/We hereby accord my/our consent to HDFC AMC for receiving the promotional infor Application Form.	rmation/ material via email, SMS, telemarketing calls etc. or	n the mobile number and email provided by me/us in this
	Consent for disclosure of Personal Information in terms of Privacy Policy		
025	I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (av	, , , , , , , , , , , , , , , , , , , ,	
October 2025	I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possess or another body corporate or any person acting under a lawful contract with HDFC AMC, in	sing, storing, dealing, handling or disclosure of my/ our Persor n accordance with the Privacy Policy.	nal Data and hereby authorize to disclose it to the third party
Oct	For Foreign Nationals Resident in India only:		
	$I/We \ will \ redeem \ my/our \ entire \ investment/s \ before \ I/We \ change \ my/our \ Indian \ reside \ account of \ change \ in \ residential \ status.$	ency 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 and foreign For NRIs/ PIO/OCIs Please ( $\checkmark$ ) Repatriation basis Non-repatriation basis	laws.	
	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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of the Fund viz. www.hdfcfund.com

## **HDFC BSE India Sector Leaders Index Fund**

An open ended scheme replicating/tracking BSE India Sector Leaders Index (TRI)

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

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

New Fund Offer (NFO) Opens on:	November 07, 2025
New Fund Offer (NFO) Closes on:	November 21, 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 (As at September 30, 2025) Scheme Riskometer# BSE India Sector Leaders Index (TRI) Returns that are commensurate (before fees and expenses) with the performance of the $BSE\ India\ Sector\ Leaders\ Index\ (TRI),\ over\ long\ term,\ subject\ to\ tracking\ error.$ Moderate Risk Investment in equity securities covered by the BSE India Sector Leaders Index (TRI) Moderately High Risk Moderately High Risk High Risk Low to Moderate Risk High Risk \*Investors should consult their financial advisers, if in doubt about whether the product is Moderate Risk suitable for them. # The product labeling assigned during the New Fund Offer (NFO) is based on internal Very High Risk Low Risk Low Risk Very High Risk assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. RISKOMETER For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website The risk of the Benchmark is Very high The risk of the Scheme is Very high

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

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

ASBA Application No.

KEY PARTNER / AGENT INF	FORMATION (Investors applyir	ng under Direct Plan must	mention "Direct" in AF	RN column.) (Refer	Instruction 1)	FOR OFFICE USE ONLY	CAMS bar code
ARN/RIA Code/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)	orino bar ocas
ARN-							
EUIN Declaration (only where B I/We hereby confirm that the E of the above distributor/sub bro			this transaction is ex ess, if any, provided b	ecuted without any the employee/re	y interaction or advice by lationship manager/sale	r the employee/relationship ma s person of the distributor/sub	anager/sales perso broker.
Sign							
First/ Sole Applic	cant/ Guardian/ PoA Holder		Second App	licant		Third Applicant	
Refer Instruction ).	DER INFORMATION (If yo		•		•		uur damat aaaaun
Folio No.		/ Folio (	details in our recor	as will apply for	this application provide	ed the details match with yo	our demat accoun
1a. UNIT HOLDER INFO (Names should be in the Application is liab	ORMATION the same sequence as appea ble to get rejected. Refer Instr	ring in your demat acc ruction 3)	ount. In case of disc	repancies, INC	TE OF BIRTH@/DATE ( CORPORATION andatory in case of Mil	DD MM	YYYY Please (✓)
Mr. Ms. M/s.	LICANT (In case of Minor, the	ere shall be no joint hol	ders) (Name of the of t		to as per PAN records (a		
Nationality  KYC Number				[Please tick (√)]	(Mandatory) Pro	of Attached	
	instruction No 14 for PAN/PEK	DN and No 16a for KVC (			()		
# 1 icase attacii i 100i. itelei	IIISUUCUOII NO 14 IOI I AN/I ERI	in and no roa for KTC (	KIM). Neiei ilistiaetti	JII NO TOD TOT KTO	iuciiliicalion Number 1880	ica by okton.	
		U EDGEMENT SI IP E	OR SCSR (HDEC I	 RSF India Secto	r Leaders Index Fund		
TO BE RETAINED BY (To be filled by the Sole/F	THE SCSB	Head Office	HDFC MUTUAL : HDFC House, 2nd F ay Reclamation, Chu	L <b>FUND</b> Floor, H.T. Parekh N	∕larg,	Date :	
Received from Mr./Ms.			SCSB A	Account Details		Total Amount to be blocke	d
Address			Bank Account No	)	(Rs. in 1	inures)	
Tale /Fay	Mobile No.		Bank Name & Ad		(Rs. in v	• ,	
Tele./Fax E-mail:	Mobile No.		-				
Sign H	lere		Sign Hero	e	'	Sign Here	
First / Sole Applicant / G	uardian / PoA		Second Appli	icant		Third Applicant	
					r I andere Index Fund		

AUTHORIZED CENTER I OTT OUDD (TIDI O DOE INICIA OCUIO)										
TO BE GIVEN BY THE SCSB (To be filled by the Sole/First Applicant)  16	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Pa 5-166, Backbay Reclamation, Churchgate, Mu	ΔSRΔ	Date :							
Received from Mr./Ms. Address	SCSB Account Details  Bank Account No.	Total Amount to be blocked (Rs. in figures)	SCSB Stamp Signature, Date & Time of Form Submission							
Tele./Fax Mobile No.	Bank Name & Address	(Rs. in words)								
E-mail:										

1a. UNIT HOLDER Refer Instruction			l (Nan	nes sh	nould be	in the	same	sequenc	e as a	appear	ring in	your d	emat	acco	unt. Ir	ı ca	se of	disc	repa	ncies	, the	Appli	catio	ı is li	iable	to ge	t reje	cted.	
Mr. Ms. M/s.	APPLIC	ANT (In	case	of Mir	nor, the	e shall	be no	joint ho	lders)	(Nam	e of th	e unitl	older	need	s to a	ıs pe	er PA	N re	cords	s(all	unith	older)							
Nationality			T	1					PA	AN#/I	PEKRN	V#	Т	Т	Т	Т													
KYC Number										K	YC #	[Plea	se tio	k (✓	] (Ma	nda	tory)			Proof	Attac	hed							
NAME OF GUARDIAN (in	case of	First / S	ole Ar	pplicar	nt is a M	linor) /	NAME	OF CON	ITACT	PERSO	ON - D	ESIGN	ATION	(in c	ase of	nor	ı-indi	vidu	al Inv	esto	s)								
Mr. Ms.			<u> </u>	<u> </u>																	1							_	<u> </u>
Nationality						De	signati	on									Cont	act N	VO.	L,									
PAN#/ PEKRN#										DATE (	OF BIR	RTH	D	D	VI N	/1	Υ	Υ	Υ	Υ									
KYC Number												[Plea		_ ` '	- `						Attac	hed							
Relationship with Minor@	Please (	(✓)	Father	M	lother	Cour	t appoi	nted Leç	gal Gua	ardian		Proof	of rela	ionshi	p with	min	or@	Pleas	e (√)		Attac	hed	@ N	anda	atory	R	efer ir	ıstru	ction 4
CONTACT DETAILS OF I	IRST / S	SOLE AF	PLICA	ANT	Cou	intry Co	de - M	obile					Щ.																
STD Code	STD	Code		Res	S.									Teleph	one N	lo. (	Office												
eAlerts Mobile							eDo	cs Ema	il of Fir	rst / So	ole hol	der ^							IN (	CAPI	ALS								
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This email id belongs to  I hereby declare the last of	nat I sha registe iduals a d invest	II immed r for onli nd indivi ors shall	diately ine acc iduals v I receiv	notify cess to with m ve the	any cha transac ode of t scheme	inge to et on HE nolding wise a	the mo DFCMF as 'Joi nnual r	bile num Online Ir 1t'). Refe eport or	nber/ e nvestor er Instr an abi	email id rs as p ruction ridged	d. (Ref per the 110. summ	ier inst terms nary the	ruction & con	n 8) dition accou	s disp int sta	olaye	ed on ents/	web stat	site: utory	www	.hdfc1 other	und.c	om (E nents	mail by e	id mail.	andat		FIVIO	
MAILING ADDRESS OF									•			,						` '.			_ `				,				
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CITY			+						STATE					$\dashv$						+	+	DIN	COD		+	+	+	+	+
OVERSEAS ADDRESS (N	landato	ry in cas	e of N	RIs /F	FIIs/PIOs	s/ OCIs)	) (P. O.	Box Add	dress i	may n	ot be s	sufficie	nt)																
Status of First/ Sole	• •	-		•	-		lividua				(I	Please Vlandat	ory) (	Refer	Instr	ucti	on 3 a	§ 17)						•	,				
Resident Individual	_	. –				-		_											•			-			-	orpor	ate _	LLF	,
Society/Club NRI	-Repatria	ation	NRI-N	ion Re	patriatio	n 🗌 Fo	reign N	lational	Reside	ent in li	ndia	FPI	So	le Pro	prieto	rshi	р	Non	Prof	fit Orq	janisa	ition	0	hers		(ple		pecify	/)
LEI No.															Ex	piry	Date	e:	DD		MM			YYY					
(Mandatory for Non - Inc							for an a	amount	of Rs.	50 cro	ores or	more)							טט		IVIIVI		1	111					
* Trust/Societies/Section																	/4	<b>-</b> \ (											
We are a "Non-Profit (Income-tax Act, 1961 (legislation or a Compan	<b>1rganiza</b> 43 of 19 y registe	<b>dion" įn</b> 961), an ered und	d is re er the	vnich r gistere sectio	nas bee ed as a n 8 of th	n const trust or ie Comj	a soci panies	or religi ety und Act, 201	ous or er the 13 (18	Societ of 201	table p ties Re 13).	urpose gistrati	on Ac	t, 186	60 in 6	l of	se (1 1860	5) 01 )) or	any s	ion 2 simila	r Sta	te			YES			NO	
If yes, please quote Reg (If not registered alread							with the	e above	inform	nation)																			
NAME OF SECOND APP	LICANT								D	ATE 0	F BIRT	ГН																	
Mr. Ms. M/s.													Ť	Ť		İ			Г	Τ									
Nationality									PA	AN#/I	PEKRI	V#			T	П													
KYC Number										K	YC #	[Plea	ase tio	k (✓	] (Ma	nda	tory)	)		Proof	Attac	hed							
CONTACT DETAILS OF S	SECOND	APPLIC	ANT														.,												
eAlerts Mobile							eDo	ics Ema	il of Fir	rst / So	ole hol	der ^							IN (	CAPIT	2 IA								
This mobile number be	longs to	(Manda	tory Pi	lease ·	<b>√)·</b> □(	Self							dent S	ihlina	חו	enei	ndent	Pare				ПР	) A $\Box$	Cue	ndiar	(for	-Pls n	nlv\	PM
This email id belongs to	o (Mand	atory Pl	ease √	):	Self	Spous	e De	pendent	Childre	en [ [	Depend	dent Sit	olings	De	pende	nt P	arent	S 🗌	Guard	dian [	P0	4 🗌 (	Custo	lian (	for FF	'ls on	y)	PMS	
# Please attach Proof. F	lefer ins	truction	No 14	for PA	N/PEKR	N and N	lo 16a 1	or KYC (	(KRA).	Refer	instru	ction N	o 16b	for K\	'C Ide	ntifi	cation	ı Nur	nber	issue	d by	CKYCI	₹.						

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 Appli	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.									
Nationality				PAN#/ PEK	RN#				
KYC Number				KYC	# [Please tick ( )]</td <td>(Mandatory)</td> <td>Proof Attached</td> <td></td> <td></td>	(Mandatory)	Proof Attached		
CONTACT DETAILS OF	THIRD APPLICAN	Т							
eAlerts Mobile			eDocs E	mail of First / Sole h	nolder ^	IN	CAPITALS		
This mobile number be This email id belongs t	• (				_ '				-,
1b. POWER OF AT	TORNEY (PoA)	HOLDER DETAII	.S						
Name of PoA Mr. M	Is. M/s.								
PAN#/ PEKRN#									
KYC Number				KYC	# [Please tick (<)	] (Mandatory)	Proof Attached		
eAlerts Mobile			eDocs E	mail of PoA holder	`	IN	CAPITALS		
# Please attach Proof. I	Refer instruction N	lo 14 for PAN/PEKF	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 j	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	stors involved/	'	Foreign Exchan	ge / Money Chan	ger 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)						'	as on		YY

1d. FATCA INFORMATION/ F	OREIGN T	AX LAWS	(Self Ce	rtifica	ation)	(Re	fer in	struct	ion 3D)													
The below information is req	uired for a	II applica	nt(s)/ gua	ardia	n																	
Address Type: 🔲 Residenti	al or Busin	iess 🗌 Re	sidentia	l 🗌 E	Busin	ess	Reg	istere	d Office (for	addr	ess me	ntione	d in f	orm,	/exis	ting a	addr	ess a	appea	aring	in Fo	lio)
Category	First Ap	pplicant/G	uardian i	in cas	se of	Mino	r		Second App	lican	t/ Guai	dian					Т	hird	Appli	cant		
Place/ City of Birth																						
Country of Birth																						
Country of Tax Residency#																						
	2 .	( D: /O:::			Fi	iret A	nnlies	nt/Gu	ardian in ca	en of	Minor		Seco	nd A	nnli	rant/	Gua	rdiar	1	Thir	·d Δn	plicant
Is the applicant(s)/guardian's Nationality/Tax Residency otl Please indicate all countries purposes and the associated	ner than Ind n which yo	dia? ou are resi	dent for t	ax		iist n	ррпос	Y		36 01	IVIIIIOI		0660		Yes			Iuiai				□ No
If Yes, please provide the foll	owing info	rmation [m	nandatory	y]																		
Category	First Ap	pplicant/G	uardian i	in cas	se of	Mino	r		Second App	lican	t/ Guai	dian					Т	hird	Appli	cant		
Tax Payer Ref. ID No ^																						
Identification Type [TIN or other, please specify]																						
Country of Tax Residency 2																						
Tax Payer Ref. ID No. 2																						
Identification Type [TIN or other, please specify]																						
Country of Tax Residency 3																						
Tax Payer Ref. ID No. 3																						
Identification Type [TIN or other, please specify]																						
#To also include USA, where	the individu	ual is a citiz	zen/ gree	n car	d hol	der of	f USA.	^ lr	n case Tax Ide	entific	ation N	lumber	is no	t ava	ailabl	e, kin	dly p	orovio	le its	functi	onal	equivale
2. INVESTMENT DETAILS -																						
Regular Plan - Growth O  Mention valid ARN in Key				outed	throu	gh Dis	stributo	or)				<b>h Optio</b> Key Par						ı mad	e dire	ctly w	ith the	e Fund)
3. SCSB/ ASBA ACCOUNT D				(Refe	r Ins	tructi	ion 20	B) (A				-		-								
								Nan	ne of Bank										ī	ī		
Branch Branch				1					ank City	1			1	+		1			+	1		
Account Type		0.155																				
[Please tick (✓)] SAV	NGS [	CURR	ENT		NRE		NF	RO	FCNR		OTHE	RS								(pleas	e spe	cify)
Total Amount to be blocked A	mount in f	igures (R	s.)					_														
in words (Rupees)															_							
IFSC Code***							The 9 Bank	digit I & Braı	MICR Code nu nch is**	mber	of my/	our										
4. BANK ACCOUNT (PAY-O Fill in these details only with the Demat Account different from the bank a	if the ASB as mentio	A Account	details Section	provi 5 be	ded i low.	n Sed Mand	ction 3	3 are o	different fron													
Account No.								Na	me of the Ban	k												
Branch				Ĺ				В	ank City				Ĺ	İ	İ	İ	Ĺ	İ	Ī	İ		
Account Type [Please tick (✓)] ☐ SAVI	NGS [	CURR	ENT		NRE		NF	20	_ FCNR		OTHE	RS								(plea	ise sp	ecify)
IFSC Code***											MIC	CR Cod	e**									
(Please note that as per SEBI F *** Refer Instruction 5C (Man- cheque leaf, please check for t ** Refer Instruction 11 (The 9 5. DEMAT ACCOUNT DETAI	datory for ( he same w digit code	Credit via N ith your ba appears or	IEFT / RT nk) your che	GS/ II eque i	MPS) next t	(11 ( the	Charac	ter co	de appearing			que lea	af. If y	ou d	o not	find t	this (	on yo	ur			
J. DENIAL ACCOUNT DETAI		USDL	eiei ilišt	านปแ	)II I I	,								СГ	OSL							
DD Norma																						
DP Name DP ID Beneficiary Account No.								_														

6. N	OMINATION FOR UNITS II	N NON-DEMAT	MODE (Mandatory for new folios. For ex	• , ,		•			
☐ I/W giv	/e wish to make a nominati en below]	ion. [As per deta	ulls OR I / We hereby confirm that folio and understand the im	I / We do not wish to appoint any nomine iplications / issues involved in non-appoin	e(s) for r	ny mutual fund units held in my / our mutual fund any nominee(s) and am/ are further aware that in jal 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 fourt or such other competent authority, as on of units in favour of the legal beins), has	our leg s may be	pal heir(s) would need to submit all the requisite required by the Mutual Fund / AMC for settlement walke of the units held in the mutual fund folio/s			
I/We w	ish to make a nomination and	do hereby nomin	ate the following person(s) in the above specific	ed folio(s) who shall receive all the asse	ets held ir	n my / our account/ folio in the event of my /			
	nise, as trustee and on behalf iination can be made upto		heir(s)*. This nomination shall supersede any p	1		D. II. (0.11)			
	inees in the account.		Details of 1st Nominee	Details of 2nd Nominee		Details of 3rd Nominee			
1	Name of the nominee(s	:) (Mr/Ms.)	Mandatory info	ormation					
2	Share of each Nominee		%	%		%			
3	Date of Birth (for Minor		D D M M Y Y Y Y	D D M M Y Y Y	Υ	D D M M Y Y Y Y			
4	Relationship with the A (select one)	pplicant	Spouse Father Mother Daughter Son	Spouse Father N Daughter Son	Mother Spouse Father Mother Daughter Son				
			Others (please specify)	Others (please specify)		Others (please specify)			
5	Nominee/ Guardian		PAN	PAN		PAN			
	(in case of Minor) Ident details [Please tick any	one of the							
	following and provide ID and no copies required].	Number	Aadhaar (masked last 4 digits)	Aadhaar (masked last 4 digit	s)	Aadhaar (masked last 4 digits)			
			Passport (for NRIs/OCIs/PIOs)	Passport (for NRIs/OCIs/PIO	s)	Passport (for NRIs/OCIs/PIOs)			
			Driving License	Driving License	cense Driving License				
6	Address of Nominee(s)	/ Guardian	Same as First Applicant	Same as First Applicant		Same as First Applicant			
	in case of Minor [Tick ✓ if same as First.	Applicant							
	or provide the complete								
	different]								
	City / Place: State & Country								
	State & Country								
			Pincode:	Pincode:		Pincode:			
7	Mobile of nominee(s)/ ( case of Minor	Guardian in							
8	Email ID of nominee(s)	/							
	Guardian in case of Mir	nor							
9	Nominee Guardian Nam	ne	Non-mandatory	details					
	(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	account, provided to me/ us by the AMC	DP as	follows; (please tick, as appropriate)			
Na	ame of nominee(s) with %		ination: Yes / No (Default) ination shall supersede any prior nomin	ation made by the asserut holds	w(a) if a				
		11118 110111	Signature(s) – As per mode of holding in	•	1(8), 11 2	III y			
			Name of the Holder	ruomat accounts / mr 1 ono (c).	Signat	ure / Thumb Impression*			
Sole /	First Holder (Mr./Ms.)	Name:			Signat	rure /Thumb Impression:			
		Witness 1 Nam	ne & Address:		Witnes	ss 1 Signature:			
		1489	0.4.1.			-			
		Witness 2 Nan	ne & Address:		Witnes	ss 2 Signature:			
Secon	d Holder (Mr./Ms.)	Name:	0 Add		Signat	ure /Thumb Impression:			
		Witness 1 Nan	ne & Address:		Witnes	ss 1 Signature:			
		Witness 2 Nan	an & Addross		Witne	ss 2 Signature:			
		vviui099 7 IAUI	IU & MUUITOO.		VVIIIIC:	55 & Olynaturo.			
Third	Holder (Mr./Ms.)	Name:			Signat	ure /Thumb Impression:			
		Witness 1 Nam	ne & Address:		Witne	ss 1 Signature:			
						-			
		Witness 2 Nan	ne & Address:		Witne	ss 2 Signature:			
			ss are required, if the account holder affixes thu uted equally among all the nominees. # Any od		ansferre	to the first nominee mentioned in the form.			
Note	• The Intermediary shall provi	ide acknowledgen	nent of the nomination form to the account hold	der(s)					

The redemption / IDCW proce	eds will be directly credited to the investor's bank account.		
8 RESULLITION OF DISE	PUTES (For Institutional or corporate clients) (Re	for instruction 10)	
	1 /1	,	lant auhituation in atitution in India
Smart odk <b>ok</b> _	by harnessing any independent institutional mediation,	independent institutional conciliation and/or independ	ent arbitration institution in India.
9. DECLARATION & SIGI	NATURE/S (refer instruction 12)		
I / We have read, understood regulations of SEBI, AMFI, Prevapply to the Trustees for allotmed as I/We am/are eligible Invest India and Foreign laws. I are for the purpose of contrave (b) I / We will be bound by the (c) The information given by recompany Limited (AMC)/I (d) I/We hereby authorize you Sponsor/s, Trustees, Asseregulatory, judicial, quasiju (e) I/We hereby consent for preconcerned folio, if applicability (f) I/We shall be liable and refurnished by me/us at the time directors and employees a eligibility, validity and authore (g) The ARN holder (AMFI reg)	the terms and conditions of the scheme related documents rention of Money Laundering Act, 2002 and such other regulate ent of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and or(s) as per the scheme related documents and not prohibited now a per the scheme related documents and not prohibited now are authorised to make this investment as per the Constitution and/or evasion of any act, rules, regulations, notifications Fund's terms and conditions as amended from time to time. Ine /us in or along with this application form is true and correct of disclose, share, remit in any form/manner/mode the about Management Company, its employees, agents and third paticial authorities/agencies including but not limited to Financial revolving transactions data feed, portfolio holdings, NAV etc. le.  Sponsible for any loss, claims suffered, directly or indirectly be me or investing/redeeming the units. I/We hereby unconditional gratiation of my/our transactions. istered Distributor) has disclosed to me/us all the commission istered Distributor) has disclosed to me/us all the commission.	ions as may be applicable to me/us from time to time and d confirm and declare as under:  If from accessing capital markets by any order/ruling / jud utive documents/ authorization(s). The amount invested ir or directions issued by any regulatory authority in India.  It and I/we shall furnish such other further/additional inforn trars and Transfer Agent (RTA) in writing about any change we information and/or any part of it including the changer ty service providers, SEBI registered intermediaries for intelligence Unit-India (FIU-IND) etc without any intimation, in respect of my/our transactions under Direct Plan to by AMC/Fund/ RTA/ SEBI Intermediaries, arising out of an ally and irrevocably indemnify and at all time keep indemnifiarges and expenses incurred or suffered /paid by AMC/Fund (in the form of trail commission or any other mode), p	agree to comply with the same as a Unitholder. I /We hereb gment etc. passed by SEBI/ Statutory Authority or Courts in the Scheme(s) is through legitimate sources only and is not mation as may be required by the HDFC Asset Management in the information furnished by me/us from time to time. Esylupdates that may be provided by me/us to the Fund, it is ingle updation/ submission, any Indian or foreign statutory advice to me/us. the RIA/Portfolio Managers/ Stock Broker registered in the py false, misleading, inaccurate and incomplete information ited, save and harmless AMC/Fund/Trustee and their officers fund in this regard and in case of any dispute regarding the
	amongst which the Scheme is being recommended to me/us.  FHAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED A		YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THI
INVESTMENT.	,	,	· · · · · · · · · · · · · · · · · · ·
Consent for Telemarketing (			
I/We hereby accord my/our c Application Form.	onsent to HDFC AMC for receiving the promotional informa	tion/ material via email, SMS, telemarketing calls etc. c	on the mobile number and email provided by me/us in thi
	ersonal Information in terms of Privacy Policy		
	ad, understood and agree to the terms of Privacy Policy (available 1975)		
party or another body corporat  For Foreign Nationals Resid	onsent to HDFC AMC/Fund for collecting, receiving, possessi te or any person acting under a lawful contract with HDFC AMC ent in India only:	ng, storing, dealing, nandling or disclosure of my/ our P C, in accordance with the Privacy Policy.	ersonal Data and nereby authorize to disclose it to the thir
	re investment/s before I/We change my/our Indian residence	ry 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 o	•		
	tion is in compliance with applicable Indian and foreign la () Repatriation basis Non-repatriation basis	WS.	
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
	2 ipprovery continuity i or i i or i	ooona, ppiroan	- The Approxim

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



# 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						П		T		П						Т					
Type of address given at KRA Residential or Business					B	eside	sidential				Bus	siness				ered	Offic	e:													
PAN																ate of	Registered Office  of Incorporation  D D M M Y Y Y										V				
	of incorporation					+											Т	T				Π		1	-		+				
	try of incorporation					+																		+		+					
	, oopoa.o							Λ	ddi	itions	al KYC	` Inf	orm	ation		_						_									
Gross	s Annual Income (Rs.) [Plea	oco ti	ick (-/\)]		Below	1 10/	2 -	1 - 3					) Lac		_	10 - 2	25 1	000		> 00			1 0	oro			. 1 /	<sup>O</sup> roro			
Net-v		130 11	ick (* )]	Rs.		1 Ial	υ <u></u>	1 - ;	) Lo	165	3	- 10	Lau	5		10 - 2		on											r)		
		l/nro	vidina anı	_		Fvr	rhange /	Mon	۱ ۱۷	Chanc	ıar Sar	vice	e			ning /															
	Non-Individual Investors involved/providing any of the mentioned services  Money Lending / Pawning  Gaming / Gambling / Lottery / Casino Services  None of the above																														
	FATCA & CRS Declaration																														
Pleas	e tick the applicable tax res	ident	t declarati	on -																											
	1. Is "Entity" a tax resident of any country other than India																														
(If ye				ty is a i	residen	for	ax 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.																															
	ase Tax Identification Numb													0								_									
In ca	se TIN or its functional equi	valer	nt is not av	vailabl	le, plea	ise p	orovide C	omp	any	/ Ideni	tificatio	on nu	umbe	r or G	lob	al Ent	tity I	dentif	icatior	Num	ıber	or (	IIN,	etc.							
In cas	se the Entity's Country of In	corp	oration / T	ax res	sidenc	e is l	U.S. but	Entity	/ is	not a	Specif	fied	U.S. I	Persor	n, n	nentic	on E	ntity's	exem	ption	cod	de he	re								
PAR	A (to be filled by Financial In:	stituti	ions or Dire	ct Rep	orting	VFEs <sub>.</sub>	)																								
1.	We are a,					G	GIIN																								
Financial institution					Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's																										
(Refer 1 of Part C) or GIIN abo																unoc	1101 011	ury, p	iouo	o pi	Jila	, you	. ор	011001	Ü						
l le la la la la la la la la la la la la la																															
	(Refer 3(vii) of Part C)																														
	(please tick as appropriate)																														
GIIN not available (please tick as applicable)						= ' '	olied					L						-partio	_	ng F	_										
					Not	requ	irec	to ap	oply fo	r - p	lease	speci	ty 2	2 digi	ts si	ub-ca	tegory	Ш			(Kef	er 1 /	to F	Part (	زز)						
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")																															
1.	1. Is the Entity a publicly traded company (that is, a company  Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)																														
whose shares are regularly traded on an established securities market) (Refer 2a of Part C)									Se	ecurity	ISIN	١																			
						Name of stock exchange																									
2. Is the Entity a related entity of a publicly traded company								Ye	es	$\overline{\exists}$	(If yes,	, please	spe	cify naı	те о	f the list	ted com	oany an	nd on	e sto	k exc	hange	on wh	ich the	stock	is regui	arly tr	aded)			
(a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)						l N	ame of	 f list	ed co	mpan	٧																				
							- 1	ature c				-		Subsi	diary c	of the L	isted C	omp	pany	or		ontro	olled b	y a Lis	sted C	ompa	ıny				
									Se	Security ISIN																					
									Name of stock exchange																						
3. Is the Entity an active NFE (Refer 2c of Part C)							+	Yes																							
The same state of the same of the same state of									Nature of Business																						
								- 1	Please specify the sub-category of Activ							Active	ive NFE (Mention code – refer 2c of Part C)														
4.	Is the Entity a passive NFE	(Rot	fer 3/ii\ of	Part	C)					+	es F					J J				L			,							,	
4.	15 the Linky a passive NFE	ווטון	ioi o(ii) Ul	ıaıl	J)						ature c	 of Ru	ısines	SS																	
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UBO Declaration	(Mandatory for all entities except, a Publicly	r Traded Company or a related entity of Publi	cly Traded Company)										
Category (Please tick applicable category): Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Public Charitable Trust  Private Trust Religious Trust Trust created by a Will Others (please specify													
Does your company/entity have any individual person(s) who holds direct/ indirect controlling ownership above the prescribed threshold limit? Yes No If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.  If 'NO' - We hereby declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below  Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attached additional sheets if necessary).  Owner-documented FI's should provide FI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BENE (Refer 3(vi) of Part C)													
Details	UB01 UB02 UB03												
Name of UBO ^													
UBO Code (Refer 3(iv) (A) of Part C)													
Country of Tax residency ^ *													
PAN ^ #													
Tax ID ^ %	%												
Tax ID Type													
Date of Birth ^	DD/MM/YYYY DD/MM/YYYY DD/MM/YYYY												
	Place:	Place:	Place:										
Place & Country of Birth ^	Country:	Country:	Country:										
Address Type	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office											
Occupation Type	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others											
Nationality		Others											
Politically Exposed Person (PEP) Details ^	☐ Is a PEP ☐ Related to PEP ☐ N. A.	☐ Is a PEP ☐ Related to PEP ☐ N. A.	☐ Is a PEP ☐ Related to PEP ☐ N. A.										
SMO Designation ^													
KYC Complied?	Please attach the KYC acknowledgement®	Please attach the KYC acknowledgement <sup>®</sup>	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  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 provi													
2 Jonghamon			Place										
Signature	Signature	Signature	Date/										