

... continued overleaf

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

Status of First/ Sole Applicant [Please tick (✓)]

☐ Individual

☐ Non - Individual* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 3 & 17)

☐ Resident Individual

☐ Partnership

☐ Trust

☐ HUF

☐ AOP

☐ PIO

☐ Pvt. Ltd. Company

☐ Public Ltd. Company

☐ Minor through guardian

☐ BOI

☐ OCI

☐ Body Corporate

☐ LLP

☐ Society/Club

☐ NRI-Repatriation

☐ NRI-Non Repatriation

☐ Foreign National Resident in India

☐ FPI

☐ Sole Proprietorship

☐ Non Profit Organisation

☐ Others

(please specify)

LEI No.Expiry Date:

DD

MM

YYYY

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

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

We are a “Non-Profit Organization” [NPQ], which has been constituted for religious or charitable purposes referred to in clause (23) of section 2 of the Income-tax Act, 2025 (30 of 2025), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ YES

☐ NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog.
(If not registered already, please register immediately and confirm with the above information)

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

1. NAME OF SECOND APPLICANT

DATE OF BIRTH

DD

MM

YYYY

Mr.

Ms.

M/s.

Nationality

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

CONTACT DETAILS OF SECOND APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

This email id belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

2. NAME OF THIRD APPLICANT

DATE OF BIRTH

DD

MM

YYYY

Mr.

Ms.

M/s.

Nationality

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

This email id belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

5. ADDITIONAL KYC DETAILS (Refer instruction 3b)

Occupation details for

1st Applicant

2nd Applicant

3rd Applicant

Guardian

Private Sector Service

☐

☐

☐

☐

Public Sector Service

☐

☐

☐

☐

Government Service

☐

☐

☐

☐

Business

☐

☐

☐

☐

Professional

☐

☐

☐

☐

Agriculturist

☐

☐

☐

☐

Retired

☐

☐

☐

☐

Housewife

☐

☐

☐

☐

Student

☐

☐

☐

☐

Proprietorship

☐

☐

☐

☐

Others (Please specify)

Politically Exposed Person (PEP) details:

Is a PEP

Related to PEP

Not Applicable

1st Applicant

☐

☐

☐

2nd Applicant

☐

☐

☐

3rd Applicant

☐

☐

☐

Guardian

☐

☐

☐

Authorised Signatories

☐

☐

☐

Promoters

☐

☐

☐

Partners

☐

☐

☐

Karta

☐

☐

☐

Whole-time Directors

☐

☐

☐

Trustee

☐

☐

☐

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

☐ Foreign Exchange / Money Changer Services

☐ Gaming / Gambling / Lottery / Casino Services

☐ Money Lending / Pawning

☐ None of the above

Gross Annual Income Range (in Rs.)

1st Applicant

2nd Applicant

3rd Applicant

Guardian

Below 1 lac

☐

☐

☐

☐

1-5 lac

☐

☐

☐

☐

5-10 lac

☐

☐

☐

☐

Gross Annual Income Range (in Rs.)

1st Applicant

2nd Applicant

3rd Applicant

Guardian

10-25 lac

☐

☐

☐

☐

25 lac- 1 cr

☐

☐

☐

☐

> 1 cr

☐

☐

☐

☐

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

as on

DD

MM

YYYY

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA

Mr.

Ms.

M/s.

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

eAlerts Mobile

eDocs Email of PoA holder ^

IN CAPITALS

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

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC Gold Silver Passive FOF			

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

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

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

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

Mandatory

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 of USA/ Canada citizens, kindly provide the mandatory annexures.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. UNIT HOLDING OPTION	☐ DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement)	☒ PHYSICAL MODE (Default)	(refer instruction 11)
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*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

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

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

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

☐ Regular Plan - Growth Option (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information		☐ Direct Plan - Growth Option (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information	
Mode of Payment		☐ Cheque ☐ NEFT/ RTGS/ Fund Transfer ☐ One Time Mandate (OTM)	
Name of Bank: HDFC Bank Limited		Branch: Manekji Wadia Building, Ground Floor, Nanik Motwani Marg, Fort, Mumbai	
Beneficiary Name: HDFC GOLD SILVER PASSIVE FOF NFO COLLECTION A/C		Account No: 57500001978734	
RTGS/ NEFT IFSC Code: HDFC0000060			
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM			
Drawn on Bank / Branch		Pay-In Bank Account No. (For Cheque Only)	
Cheque/ Payment Instrument/ UTR No.		Cheque/ Payment Instrument/ UTR Date	
Amount of Cheque / Payment Instrument / RTGS/ NEFT in figures (Rs.)		Net Cheque Amount	
Cheque Amount (in words):			

10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments if any) (refer instruction 4)
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 9 above.)

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

Mandatory

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

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

12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)
☐ I/We wish to make a nomination. [As per details given below]

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

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

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

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

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

14. DECLARATION & SIGNATURE/S (refer instruction 12)

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

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

Consent for Telemarketing (Refer Instruction 18):

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

Consent for disclosure of Personal Information in terms of Privacy Policy

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

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

For Foreign Nationals Resident in India only:

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

For NRIs/ PIO/ OCIs/ FPIs only:

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

For NRIs/ PIO/OCIs Please (✓) ☐ Repatriation basis ☐ Non-repatriation basis

SIGN HERE

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Payment Instrument.)

First/ Sole Applicant/ Guardian/ PoA Holder

Second Applicant

Third Applicant

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HDFC Gold Silver Passive FOF

(An open-ended Fund of Fund scheme investing in units of Gold and Silver ETFs)

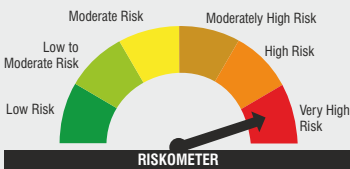
Investors must read the Key Information Memorandum and the instructions before completing this Form.

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:	August 24, 2026
New Fund Offer (NFO) Closes on:	September 07, 2026
Scheme Re-opens for continuous sale and repurchase on:	Scheme will re-open for continuous Sale and Repurchase within 5 working days from the date of allotment of units under NFO

(Any modification to the New Fund Offer Period shall be announced by way of an Addendum uploaded on website of the AMC.)

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	Scheme Riskometer#	Benchmark Risk-o-meter# (As on July 31, 2026)
- Capital appreciation over long term. - To invest in Units of Gold/ Silver ETFs. *Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com	 The risk of the Scheme is Very high	 The risk of the Benchmark 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 INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN/RIA Code/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)		
ARN-							

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

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

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

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

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

1a. UNIT HOLDER INFORMATION

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

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

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

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC Gold Silver Passive FOF)

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

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC Gold Silver Passive FOF)

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

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

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

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)

Mr.	Ms.																																											
Nationality		Designation										Contact No.																																
PAN#/ PEKRN#		DATE OF BIRTH										D	D	M	M	Y	Y	Y	Y																									
KYC Number		KYC #															[Please tick (✓)] (Mandatory)										☐ Proof Attached																	
Relationship with Minor@ Please (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian																									Proof of relationship with minor@ Please (✓) ☐ Attached										@ Mandatory					Refer instruction 4c				

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code - Mobile																													
STD Code					STD Code					Res.					Telephone No. Office														
eAlerts Mobile					eDocs Email of First / Sole holder ^										IN CAPITALS														

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

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

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

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

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 8)

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

CITY										STATE										PIN CODE				

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

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

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

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

LEI No. Expiry Date: DD MM YYYY

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

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

We are a “Non-Profit Organization” [NPO] which has been constituted for religious or charitable purposes referred to in clause (23) of section 2 of the Income-tax Act, 2025 (30 of 2025), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ YES	☐ NO
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)		

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

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

NAME OF SECOND APPLICANT

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

CONTACT DETAILS OF SECOND APPLICANT

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

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

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

NAME OF THIRD APPLICANT

DATE OF BIRTH

D

D

M

M

Y

Y

Y

Y

Mr. Ms. M/s.

Nationality

KYC Number

PAN#/ PEKRN#

KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

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

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

1b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

eAlerts Mobile

eDocs Email of PoA holder ^

IN CAPITALS

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

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

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

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

☐ Foreign Exchange / Money Changer Services ☐ Gaming/Gambling/Lottery/Casino Services

☐ Money Lending / Pawning ☐ None of the above

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	☐	☐	☐	☐	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

DDMMYYYY

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

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

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

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

If Yes, please provide the following information [mandatory]

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

#To also include USA, where the individual is a citizen/ green card holder of USA. In case of USA/ Canada citizens, kindly provide the mandatory annexures.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

☐ Regular Plan - Growth Option (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	☐ Direct Plan - Growth Option (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information
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3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 20B) (Application Money to be blocked from this Account)

Pay-in Bank Account No.		Name of the Bank	
Branch		Bank City	
Account Type [Please tick (✓)]	☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS _____	(please specify)	

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

in words (Rupees) _____

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

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

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

Account No.		Name of the Bank	
Branch		Bank City	
Account Type [Please tick (✓)]	☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS _____	(please specify)	

IFSC Code*** _____ MICR Code** _____

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

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

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

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

NSDL	CDSL
DP Name DP ID Beneficiary Account No.	

... continued

6. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)
☐ I/We wish to make a nomination. [As per details given below]

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

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

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

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

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

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

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

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

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

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

Consent for Telemarketing (Refer Instruction 18):

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

Consent for disclosure of Personal Information in terms of Privacy Policy

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

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

For Foreign Nationals Resident in India only:

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

For NRIs/ PIO/ OCIs/ FPIs only:

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

For NRIs/ PIO/OCIs Please (✓) ☐ Repatriation basis ☐ Non-repatriation basis

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

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust
☐ Private Trust ☐ Religious Trust ☐ Trust created by a Will ☐ Others (please specify _____)

Does your company/entity have any individual person(s) who holds direct/indirect controlling ownership above the prescribed threshold limit? ☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - We hereby declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below

Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attached additional sheets if necessary).

Owner-documented FI's should provide FI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UB01	UB02	UB03
Name of UBO ^			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency ^ *			
PAN ^ #			
Tax ID ^ %			
Tax ID Type			
Date of Birth ^	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Place & Country of Birth ^	Place:	Place:	Place:
	Country:	Country:	Country:
Address Type	☐ 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®	Please attach the KYC acknowledgement®	Please attach the KYC acknowledgement®

^ Mandatory Fields

N. A. - Not Applicable

* To include US, where controlling person is a US citizen or green card holder

*If UBO is KYC compliant, KYC proof to be enclosed. Else TIN or any other functional equivalent identity proof & address proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

[%]In case Tax Identification Number (TIN) is not available, kindly provide functional equivalent.

* For Foreign National – wherever PAN is not applicable, identity proof (as declared in Tax ID) & address proof to be enclosed. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

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

FATCA - CRS Terms and Conditions

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

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

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

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

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

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the 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)'.

[illegible]