

## Application Form (Except for HDFC Gold Exchange Traded Fund and HDFC Children's Gift Fund)

www.hdfcfund.com  KEY PARTNER / AGENT INFO						
	JRMATION (Investors applying	g under Direct Plan must ment	tion "Direct" in ARN column	.) (Refer Instruction 1)		FOR OFFICE USE ONLY
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)
RN-						
	UIN box is left blank) (Refer In IIN box has been intentionally ker or notwithstanding the adv		ransaction is executed w fany, provided by the emp	ithout any interaction loyee/relationship m	or advice by the employee/ anager/sales person of the	relationship manager/sales pers distributor/sub broker.
Sign I	Horo		Sign Here		9	ign Here
First/ Sole Appli		-	Second Applicant			d Applicant
ANSACTION CHARGES FO	OR APPLICATIONS THROU		LY (Refer Instruction	•		
case the purchase/ subscrip bscription amount and payab gistered Distributor) based on	ition amount is Rs. 10,000 of the to the Distributor. Units wi the investors' assessment of	r more and your Distributo ill be issued against the ba various factors including th	r has opted in to receive lance amount invested. I e service rendered by the	Transaction Charge: Jpfront commission s ARN Holder.	s, the same are deductible that the paid directly by the	e as applicable from the purcha e investor to the ARN Holder (AN
EXISTING UNIT HOLDER I	INFORMATION (IF YOU HA	AVE EXISTING FOLIO, PLEA	ASE FILL IN SECTIONS vi	z. 1, 4, 6, 10 AND 13	ONLY. Refer instruction 3).	
Folio No.		/	The details in o	ur records under the f	olio number mentioned alo	ngside will apply for this applica
MODE OF HOLDING [Pleas	se tick (✓) Single	Joint	Anyone or Survivor			
UNIT HOLDER INFORMATI NAME OF FIRST / SOLE APPL Mr. Ms. M/s.		ere shall be no joint holder	DATE OF BIRTH@s)	DD MM	YYYY	f of date of birth@ Please (✓)  Attached
Nationality		F	PAN#/ PEKRN#		KYC#	[Please tick (✓)]  Proof Attac
Mr. Ms.	of First / Sole Applicant is a	Minor) / NAME OF CONTAC	T PERSON – DESIGNATIO	N (in case of non-ind	ividual Investors)	(Mandatory)
Nationality		Designation		Cont	act No.	1/Md-t
PAN#/ PEKRN#  Relationship with Minor@ Pleas	se (✓) Father Mother	Court appointed Legal G	Guardian	Proof of relationship wit	<b>KYC#</b> [Please tick (✓)  th minor@ Please (✓)	l] ( <b>Mandatory)</b> Proof Attache tached  @ Mandatory
MAILING ADDRESS OF FIRST	T / SOLE APPLICANT (Manda	ntory) (Refer Instruction 4a	)			
CITY OF FIRST	C / COLE ADDITIONAL	STA STA	TE	CTD Co.	PIN C	ODE
Telephone : Off.	/ SULE APPLICANT	Country Code Res.		STD Coo		
eAlerts Mobile		eDocs Email ^				
On providing email id Investo	ors (individual with mode of ho estors shall receive scheme w OTHER DETAILS (Mandato	olding as single and for HUFs ise annual report or an abric Ory) (Refer instruction 4)	s) shall receive HPIN to tra dged summary thereof/ ac	ansact online as per to count statements/ sta	erms& conditions displayed tutory and other documents	by email. (Refer Instruction 10 &
			Information Form	n] (Refer Instruction 4	1 & 10)	
Resident Individual NRI-F	Repatriation NRI-Non Rep	patriation Partnership			-	
			Trust HUF	AOP PIO Co	-	through guardian BOI 0
Body Corporate LLP	Society / Club Foreign N	lational Resident in India	Trust HUF	AOP PIO Co Proprietorship Nor	mpany 🗌 FIIs 🗌 Minor	through guardian BOI 0
Body Corporate LLP	Society / Club Foreign Nase tick (	lational Resident in India	Trust HUF	AOP PIO Co Proprietorship Nor	mpany FIIs Minor n Profit Organisation Ot	through guardian BOI C
Body Corporate LLP  Occupation Details [Plea: Retired Agriculture  Gross Annual Income (Rs	Society / Club Foreign N  see tick ( / ) Service  Proprietorship (  s.) [Please tick ( / )] E	lational Resident in India	Trust HUF G	AOP PIO Co Proprietorship Nor	mpany	through guardian BOI Chers (please specify)  I Housewife Busine  s - 1 Crore >1 Crore
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Body Corporate LLP  Occupation Details [Plea: Retired Agriculture  Gross Annual Income (Rs. Net-worth (Mandatory for N. Politically Exposed Person. Non-Individual Investors  JOINT APPLICANT DETAIL 1. NAME OF SECOND APPLIC Mr. Ms. M/s. Nationality  a. Occupation Details [Please Retired Agriculture  b. Gross Annual Income (i.e. Politically Exposed Person  # Please attach Proof. Refer inst	Society / Club Foreign N  Ise tick ( / ) Service  Proprietorship ( )  S.) [Please tick ( / ) ] E  Non-Individuals) Rs.  In (PEP) Status (Also applicate involved / providing any company of the service of the proprietorship ( )  Ease tick ( / ) Service of Proprietorship ( )  RS.) Below 1 Lac 1 ( )  In (PEP) Status (Also applicate of the proprietorship ( )  RS.) Below 1 Lac 1 ( )  In (PEP) Status (Also applicate of the proprietorship ( )  RS.) 1 () RS. 1 () RS. 2 () RS. 3 () RS. 3 () RS. 3 () RS. 3 () RS. 4 () RS. 4 () RS. 4 () RS. 5 () RS.	Jational Resident in India Private Sector Description Sector Des	Trust HUF Graph Gr	AOP PIO Co Proprietorship Nor Inment Service  acs 10 - 2 as on e/ Whole time Directors / Pawning  Divernment Service  y)  Lacs - 1 Crore > e/ Whole time Directors	mpany FIIs Minor Profit Organisation Ot Student Professiona  5 Lacs > 25 Lac  DD MM Y  I am PEP I am ervices Gaming / G. None of the  KYC#  Student Profess  1 Crore OR Net worth Rs. S) I am PEP I am	through guardian BOI chers (please specify)  I Housewife Busine s - 1 Crore >1 Crore YYY (Not older than 1 ye YYY Related to PEP Not Applica ambling / Lottery / Casino Servic above  [Please tick ( > ) ] Proof Atta (Mandatory) ional Housewife Bu
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Body Corporate LLP  Body Corporate LLP  Coccupation Details [Plea: Retired Agriculture  Betired Agriculture  Retired Agriculture  Retired Agriculture  Net-worth (Mandatory for N  Non-Individual Investors  JOINT APPLICANT DETAIL  1. NAME OF SECOND APPLIC  Mr. Ms. M/s.  Nationality  Agriculture  Betired Agriculture  Betired Agriculture  C. Politically Exposed Person  # Please attach Proof. Refer inst	Society / Club Foreign N  Ise tick ( / ) Service  Proprietorship ( )  S.) [Please tick ( / ) ] E  Non-Individuals) Rs.  In (PEP) Status (Also applicate involved / providing any company of the service of the proprietorship ( )  Ease tick ( / ) Service of Proprietorship ( )  RS.) Below 1 Lac 1 ( )  In (PEP) Status (Also applicate of the proprietorship ( )  RS.) Below 1 Lac 1 ( )  In (PEP) Status (Also applicate of the proprietorship ( )  RS.) 1 () RS. 1 () RS. 2 () RS. 3 () RS. 3 () RS. 3 () RS. 3 () RS. 4 () RS. 4 () RS. 4 () RS. 5 () RS.	Jational Resident in India Private Sector POthers Below 1 Lac Die for authorised signatories, of the mentioned service (In case of Minor, there Others See Private Sector Others - 5 Lacs 5 - 10 Lacs able for authorised signatorie and No 18 for KYC. Ir any queries please contact of HI Head Office : HUL	Trust HUF Grant HUF Grant HUF Grant Grant HUF	AOP PIO Co Proprietorship Nor Inment Service  acs 10 - 2 as on by Whole time Directors ge / Money Changer S / Pawning )  Divernment Service y)  Lacs - 1 Crore > by Whole time Directors ge / Whole time Directors	mpany FIIS Minor Profit Organisation Ot Student Professiona  5 Lacs >25 Lac DD MM Y ) I am PEP I am ervices Gaming / G None of the  KYC# Student Profess  1 Crore OR Net worth Rs. S) I am PEP I am	through guardian BOI Chers (please specify)  I Housewife Busine  s - 1 Crore >1 Crore  (Not older than 1 ye  YYY  Related to PEP Not Applical  ambling / Lottery / Casino Servic  above  [Please tick (>)] Proof Atta (Mandatory)  ional Housewife Bu

... continued overleaf

5. JOINT APPLICANT DETAILS, If 2. NAME OF THIRD APPLICANT	any <i>(contd)</i> (R	efer instruction 4) (In case of	Minor, there s	hall be no joint h	olders)				
Mr. Ms. M/s.  Nationality			PAN#/ PEKRN#				KYC#	, [ <b>Please tick (√)</b> ] ☐ Proof Attached	
a. Occupation Details [Please ti	i <b>ck (√)]</b> □ Ser	vice Private Sector	Public Sector	r Governm	ent Service	Student	Profession	(Mandatory)	
Retired Agriculture	Proprietorship	Others		ase specify)					
b. Gross Annual Income (Rs.)	Below 1 Lac	1 - 5 Lacs 5 - 10 Lacs	10 - 25 Lacs	>25 Lacs -	1 Crore $\square >$	1 Crore <b>OR</b> Net	worth Rs		
c. Politically Exposed Person (PE	P) Status (Also app	olicable for authorised signatories	s/ Promoters/ Ka	arta/ Trustee/ Whol	e time Directors	s) 🗌 I am PE	P 🗌 I am I	Related to PEP Not Applicable	
. FATCA INFORMATION/ FOREIG	N TAX LAWS (fo	r Individual including Sole	Proprietor) (	(Self Certificati	on) (Refer ins	struction 4)			
The below information is requ Address Type: Residentia Is the applicant(s)/ guardian's If Yes, please provide the follow Please indicate all countries in	I or Business Country of Birth ving information [	Residential Business [ / Citizenship / Nationality mandatory]	/ / Tax Reside	ency other than	India?	Yes	existing add	dress appearing in Folio)	
Category	First Appl	icant (including Minor)		Second Applica	ant/ Guardiai	n		Third Applicant	
Place/ City of Birth									
Country of Birth									
Country of Tax Residency 1									
Tax Payer Ref. ID No. 1									
Country of Tax Residency 2									
Tax Payer Ref. ID No. 2									
Country of Tax Residency 3									
Tax Payer Ref. ID No. 3									
POWER OF ATTORNEY (PoA) H	INI NED NETAII S								
Name of PoA Mr. Ms. M/s.  PAN#/ PEKRN#  # Please attach Proof. Refer instruction  BANK ACCOUNT DETAILS OF T  (Mandatory to attach proof, in case	HE FIRST / SOLE	RN and No 18 for KYC.  E APPLICANT (For redemo	ase tick (<)] (N	d if anv) (refer	Proof Attached	)			
For unit holders opting to hold units									
Bank Name									
Branch Name					Bank Ci	ity			
Account Number MICR Code			(The 9 digit c	ode appears on yo	our cheque nex	t to the cheque	number)		
Account Type (Please ✓)	☐ Savings ☐	Current NRO	NRE  F		ers (please sp		, 		
IFSC Code***				*** Refer Instructi cheque leaf. If you	ion 5C (Mandato do not find this	ory for Credit via on your cheque l	NEFT / RTGS) leaf, please ch	(11 Character code appearing on your eck for the same with your bank)	
MODE OF PAYMENT OF REDEN	MPTION / DIVIDE	ND PROCEEDS VIA NEFT /	ECS / DIREC	CT CREDIT (refe	er instruction	111)			
Unitholders will receive redemption  I/We want to receive the redem		ds directly into their bank accorded (if any) by way of a deman		,			•	S into my / our bank account	
. INVESTMENTS & PAYMENT DE	TAILS [Please (✓	)] (refer instruction 6 & 7 for Sch	eme details and i	instruction 8 & 9 fo	r Payment Detai	is) The name of the	he first/ sole ap	oplicant must be pre-printed on the cheque.	
Regular Plan (Purchase/ Mention valid ARN in Key		,				Subscription m	,	with the Fund)	
		For Default Plan	(viz. Direct / Re	gular Plan) refer i	nstruction 7.				
Scheme/Plan/Sub Option									
Payment Type [Please ( )]</td <td>1</td> <td>ird Party Payment</td> <td></td> <td>Payment (Plea</td> <td>se attach 'Thi</td> <td>rd Party Payme</td> <td>ent Declarati</td> <td>on Form')</td>	1	ird Party Payment		Payment (Plea	se attach 'Thi	rd Party Payme	ent Declarati	on Form')	
Payment Instrument/ Pa UTR No.	Cheque/ DD/ Payment Instrument/ UTR No.  Cheque/ DD/ Payment Instrument/ UTR Date  Amount of Chec Payment Instrument/ UTR Date  Amount of Chec Payment Instrument/ RTGS/ NEFT in fi		DD Charges, if any Net Cheque/ DD Amount Drawn			Drawn on Bank / Branch		Pay-In Bank Account No. (For Cheque Only)	
			— — — Particula						
cheme Name / Plan / Option / Sub-op	ption / Chea	ue / DD / Payment Instrument /	,		-f D- 1			A in figures (D.)	
ayout Option		No. / Date		Drawn on (Name	of Bank and Br	ranch)	Amour	nt in figures (Rs.)	

	1. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) ( refer instruction 13)  *Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode										
NS						Beneficiary Account No.					
				Beneficiary	, [		Account No.				
	CDSL DP NameAccount No.  *Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.										
	2. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)										
[PI	[Please (✓) and sign] ☐ I/We do not wish to Nominate										
	First / Sole Applicant			Second Applicant			Third Applicant				
	OR  I/We wish to nominate as under:										
	Jama	and Address of Nominee(s)	Date of Birth	Date of Birth Name and Address of Guardian			Signature of Nominee (Optional)/ Proportion (%) in which the units will be share				
	vailie	and Address of Northinee(s)	(to be furi	nished in case th	e Nomi	nee is a minor)	Guardian of Nominee (Mandatory)	each Nominee (should aggregate to 100%)			
		Nominee 1									
		Nominee 2									
		Nominee 3									
(2) (3) (4) (5)	julatio eign latio I / W sche ('Fun I/We make the S evas India The i such Com Ager That misle I/We and// Fund servi forein Finar	are not prohibited from accessing capital markets under any n, including SEBI. I/We confirm that my application is in comws. I/We hereby confirm and declare as under:- e have read, understood and hereby agree to comply with me related documents and apply for allotment of Units of the d') indicated above.  am/are eligible Investor(s) as per the scheme related doce this investment as per the Constitutive documents/ author cheme(s) is through legitimate sources only and is not for the on of any act, rules, regulations, notifications or directions is conformation given in / with this application form is true and cother further/additional information as may be required pany Limited (AMC)/ Fund and undertake to inform the AN t (RTA) in writing about any change in the information furnishin the event, the above information and/or any part of it lading, I/We will be liable for the consequences arising therefrom the part of it including the changes/updates that may be its Sponsor/s, Trustees, Asset Management Company, its ce providers, SEBI registered intermediaries for single upon statutory, regulatory, judicial, quasi-judicial authorities/actional intelligence Unit-India (FIU-IND) etc without any intimatic will indemnify the Fund, AMC, Trustee, RTA and other intermediaries.	in the terms and come Scheme(s) of HD  uments and am/ai ization(s). The am he purpose of contributes and graphics orrect and further by the HDFC Assimored from time to time his/are found to both common anner/mode the ab he employees, agents dation/ submission gencies including bon/advice to me/us	cable Indian and conditions of the FC Mutual Fund re authorised to ount invested in avention and/or tory authority in agree to furnish et Management ars and Transfer e. e false/ untrue/ ove information us to the Mutual a and third party 1, any Indian or out not limited to	RE(S)	First / Sole Applicant / Guardian	ease write Application Form No. / Found the reverse of the Cheque / Demand Payment Instrument.)				
(7)	regarding the eligibility, validity and authorization of my/our transactions.  (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in form of trail commission or any other mode), payable to him/them for the different comp Schemes of various Mutual Funds from amongst which the Scheme is being recommended me/us.  (8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTION FOR THIS INVESTMENT.  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.			missions (in the rent competing commended to	SIGNATURE(S)	Second Applicant					
shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on											
		/ PIO/OCIs only:				Third Applicant					
	/e con ease	firm that my application is in compliance with applicable India $\checkmark$ ) $\square$ Yes $\square$ No If Yes, $(\checkmark)$ $\square$ Repatriation ba									

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## **CHECKLIST**

- Please ensure that your Application Form is complete in all respect and signed by all applicants:
  - Name, Address and Contact Details are mentioned in full. Status of First/Sole Applicant is correctly indicated. Bank Account Details are entered completely and correctly.
  - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
  - Please attach proof of KYC Compliance status if not already validated. Appropriate Plan / Option is selected.
  - If units are applied by more than one applicant, Mode of Operation of account is indicated.
- Your investment Cheque / DD is drawn in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name' dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Companies / Trusts / Societies/ Partnership Firms / LLP / FIIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	✓			1
3.	Notarised Power of Attorney					1
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			1		
5.	PAN Proof	✓	✓	1	<b>√</b> #	1
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	✓	/	/	<b>√</b> #	1
7.	Proof of Date of Birth				1	
8.	Proof of Relationship with Guardian				1	
9.	PIO / OCI Card (as applicable)			1		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		1			

<sup>@</sup> Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

<sup>\*</sup> For FIIs, copy of SEBI registration certificate should be provided. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.