

Application Form (Except for ETFs, HDFC Retirement Savings fund and HDFC Children's Gift Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

**FOR OFFICE USE ONLY
(TIME STAMP)**

ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)
ARN-42260					E025630

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	Second Applicant	Third Applicant

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 6, 10 AND 13 ONLY. Refer instruction 3).

Folio No. _____ / _____ The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 4)

DATE OF BIRTH@ _____

Proof of date of birth@ Please (✓) Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) Ensure that name is as per Aadhaar Card

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

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

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form and Aadhaar Updation Form] (Refer Instruction 4, 19 & 18 c) (Mandatory)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify)

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#

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

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)

CITY

STATE

PIN CODE

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code

STD Code

Telephone : Off.

Res.

Fax

eAlerts Mobile

eDocs Email ^

I/ We would like to register for my/our HDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

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

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

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

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

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

5. ADDITIONAL KYC DETAILS (Refer instruction 4b)

Mandatory

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

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

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

ACKNOWLEDGEMENT SLIP (To be filed in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

HDFC MUTUAL FUND

Date : _____

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

ISC Stamp & Signature

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

an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

