

**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	ARN Name	Sub Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN-				

**Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1)**

I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this is an "execution-only" transaction without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here First/ Sole Applicant/ Guardian	Sign Here Second Applicant	Sign Here Third Applicant
--	-------------------------------	------------------------------

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer Instruction 2 and please tick (✓) any one)

I confirm that I am a **First time** investor across Mutual Funds.  
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds.  
(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

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 section 1 and proceed to section 6. Refer instruction 3).

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

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. \_\_\_\_\_

2. STATUS (of First/Sole Applicant) [Please tick (✓)]		MODE OF HOLDING [Please tick (✓)]	OCCUPATION (of First/Sole Applicant) [Please tick (✓)]	
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Service <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (please specify)	
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP			<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Proprietorship
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> BOI			<input type="checkbox"/> Professional <input type="checkbox"/> Retired
<input type="checkbox"/> Society / Club	<input type="checkbox"/> OCI			<input type="checkbox"/> Retired
<input type="checkbox"/> Others _____	<input type="checkbox"/> Foreign National Resident in India (please specify)			<input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> LLP
<input type="checkbox"/> Trust	<input type="checkbox"/> QFI			<input type="checkbox"/> Body Corporate
<input type="checkbox"/> FILs				<input type="checkbox"/> Trust

**3a. UNIT HOLDER INFORMATION (refer instruction 4)** DATE OF BIRTH@ \_\_\_\_\_ DD MM YYYY Proof of date of birth@ \_\_\_\_\_ Please (✓) Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)  
Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN# \_\_\_\_\_ or PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

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# \_\_\_\_\_ or PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

Relationship with Minor@ Please (✓)  Father  Mother  Court appointed Legal Guardian Proof of relationship with minor@ Please (✓)  Attached @ Mandatory

NAME OF THE SECOND APPLICANT (Mandatory) [Please tick (✓)]  Resident Individual  NRI (Second Applicant not allowed in case of minor as first/sole applicant)  
Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN# \_\_\_\_\_ or PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

NAME OF THE THIRD APPLICANT (Mandatory) [Please tick (✓)]  Resident Individual  NRI (Third Applicant not allowed in case of minor as first/sole applicant)  
Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN# \_\_\_\_\_ or PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

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

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

**ACKNOWLEDGEMENT SLIP** (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 60006767 or 18002336767 (Toll Free)]

HDFC MUTUAL FUND Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020

Date : \_\_\_\_\_

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

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

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

ISC Stamp & Signature

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


**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

<b>STD Code</b>	<b>Telephone : Off.</b>	<b>Res.</b>	<b>Fax</b>
<b>eAlerts Mobile</b>	<b>eDocs Email ^</b>		

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory and other documents by email.

**3b. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

<b>Name of PoA</b>	Mr.	Ms.	M/s.	
<b>PAN#</b>	<b>KYC#</b>		<b>[Please tick (✓)]</b> <input type="checkbox"/> Proof Attached <b>(Mandatory)</b>	
or <b>PEKRN#</b>				

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

**4. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (refer instruction 5)** Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

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

<b>Account No.</b>	<b>Name of the Bank</b>
<b>Branch</b>	<b>Bank City</b>
<b>Account Type</b> [Please tick (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)	
<b>IFSC Code***</b>	<b>MICR Code**</b>

\*\*\* Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (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. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 12)**

**HDFCFM Online & HDFCFM Mobile** - I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website: www.hdfcfund.com.

Mandatory information to be provided:

a) Email address: \_\_\_\_\_  
(if the address given herein is different from the email address under section 3(a), the email address herein will be considered during registration for HPIN).

b) Mother's maiden name: \_\_\_\_\_

I/ We have read and understood the terms and conditions and confirm that I/ we shall be bound by them (Terms & Conditions available on our website)

**6. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS VIA DIRECT CREDIT / NEFT / ECS (refer instruction 11)**

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 4) via Direct credit/ NEFT/ECS facility  
I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

**7. INVESTMENT DETAILS (refer instruction 6 & 7 for Product Labeling and Scheme details)** (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

	SCHEME 1	SCHEME 2	SCHEME 3
Name of the Scheme / Plan			
Option / Sub-option			
Dividend Payout/ Reinvestment option			

Refer Instruction No. 6

**8. DEMAT ACCOUNT DETAILS\* - (Optional - refer instruction 13)**

NSDL	CDSL
<b>DP Name</b>	
<b>DP ID</b>	
<b>Beneficiary Account No.</b>	

\*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.

Particulars	SCHEME 1	SCHEME 2	SCHEME 3
Scheme Name / Plan / Option / Sub-option / Payout Option			
Cheque / DD / Payment Instrument No. / Date			
Drawn on (Name of Bank and Branch)			
Amount in figures (Rs.)			

**9. PAYMENT DETAILS** (refer instruction 8 & 9) The name of the first/ sole applicant must be pre-printed on the cheque. Please write Application Form No. / Folio No. on the reverse of the Cheque/ Demand Draft/ Payment Instrument. Please attach a separate Cheque/ Demand Draft/ Payment Instrument for each Scheme. Please write Cheque/ DD/ Payment Instrument in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name'.

Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment		<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')	
	<b>SCHEME 1</b>		<b>SCHEME 2</b>	
	<b>SCHEME 1</b>		<b>SCHEME 2</b>	
	<b>SCHEME 1</b>		<b>SCHEME 2</b>	
Cheque / DD / Payment Instrument No.				
Cheque / DD / Payment Instrument Date				
Amount of Cheque / DD / Payment Instrument / RTGS in figures (Rs.) (i)				
DD charges, if any, in figures (Rs.) (ii)				
Total Amount (i) + (ii)	in figures (Rs.)			
	in words			
Drawn on Bank / Branch Name				
Pay-In Bank Account No. (For Cheque Only)				
Account Type [Please (✓)]	<input type="checkbox"/> Savings <input type="checkbox"/> Current	<input type="checkbox"/> Savings <input type="checkbox"/> Current	<input type="checkbox"/> Savings <input type="checkbox"/> Current	
	<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
	<input type="checkbox"/> Others _____ (please Specify)	<input type="checkbox"/> Others _____ (please Specify)	<input type="checkbox"/> Others _____ (please Specify)	

**10. NOMINATION** (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single)

This section is to be filled in only by investors who opt to hold the Units in non-demat form.

[Please (✓) and sign]  I/We do not wish to Nominate

\_\_\_\_\_  
First / Sole Applicant

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

I/We wish to nominate as under:

OR

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
	(to be furnished in case the Nominee is a minor)			
Nominee 1				
Nominee 2				
Nominee 3				

**11. DECLARATION & SIGNATURE/S** (refer instruction 14)

I / We have read and understood the terms and contents of the scheme related documents and hereby apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund indicated above. I/We agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s).

I/We hereby declare as under:

1. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s) and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. 2. The information given in / with this application form is correct, complete and truly stated. I/We agree to furnish such other information as may be required by HDFC Mutual Fund and undertake to inform the AMC / Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. I/We hereby indemnify HDFC Mutual Fund and its AMC, Trustee, RTA, other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions and/or the applicant who applied on my /our behalf. 3. I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. **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. I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY HDFC MUTUAL FUND/ HDFC ASSET MANAGEMENT COMPANY LIMITED / ITS DISTRIBUTOR FOR THIS INVESTMENT.** 4. **Applicable to PEKRN Holders:** I, the first / sole holder, also hereby declare that I do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Authority and that my existing investments together with the current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year. 5. **Applicable to application under Direct Plan:** I/We hereby declare and confirm that I/We have read and understood the Scheme related documents pertaining to the "Direct Plan" and also confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. HDFC Mutual Fund/HDFCAMC/Trustee shall not be liable for any consequences arising out of such investments.

**Applicable to Foreign Nationals Resident in India only:**

I/We confirm that I am / We are foreign national(s) presently resident in India. I/We undertake to redeem my/our entire investment / encash all other proceeds including dividend due to me / us before I/We change my/our residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem/encash on account of change in residential status.

**Applicable to NRIs/ OCIs only :**

I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

Please (✓)  Yes  No

If Yes, (✓)  Repatriation basis

Non-repatriation basis

DD	MM	YYYY

**SIGN HERE** (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
-----------------------------------	------------------	-----------------