

**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	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)
<b>ARN-106907</b>					<b>E143763</b>

**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.

First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant
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**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@**

DD	MM	YYYY
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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#/ PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

**Status of First/ Sole Applicant [Please tick (✓)]**  Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 4 & 19) (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# [Please tick (✓)] (Mandatory)  Proof Attached

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

**2. NAME OF THIRD APPLICANT**

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

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

**5. ADDITIONAL KYC DETAILS Mandatory** (Refer instruction 4b)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.  Money Lending / Pawning  None of the above

**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.

Received from Mr. / Ms. / M/s. \_\_\_\_\_  
an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

ISC Stamp & Signature

**5. ADDITIONAL KYC DETAILS, If any (Refer instruction 4b) Contd.**

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

					DD	MM		YYYY			

**6. FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)**

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)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
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 Tax Identification Number is not available, kindly provide its functional equivalent.

**7. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_

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

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

**8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)**

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

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_ Bank City \_\_\_\_\_

Account Number \_\_\_\_\_

MICR Code \_\_\_\_\_ (The 9 digit code appears on your cheque next to the cheque number)

Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify) \_\_\_\_\_

IFSC Code\*\*\* \_\_\_\_\_ \*\*\* 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)

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

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility

I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

**10. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.**

**Regular Plan** (Purchase/ Subscription routed through Distributor)  
Mention valid ARN in Key Partner/ Agent Information

**Direct Plan** (Purchase/ Subscription made directly with the Fund)  
Mention **DIRECT** in Key Partner/ Agent Information

Scheme/Plan/Sub Option \_\_\_\_\_

Payment Type [Please (✓)]  **Non-Third Party Payment**  **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)

**Particulars**

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

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

