

Application Form (Except for HDFC Gold Exchange Traded 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

www.hdfcfund.com KEY PARTNER / AGENT IN	FORMATION (Investors a						Instruction 1)	FOR	UEEICE	F IISE (ONLY (T	IME ST	VMD)	
The state of the s	The filtrostors of				al Code		loyee Unique	FUH	UTTIUL	LUSE	MLT (I	IIVIE 31/	nivir)	
ARN	ARN Name	Sub Bank	Agent's ARN/	for Sub	-Agent/ loyee	Identifi	cation Number (EUIN)							
ARN-														
EUIN Declaration (only where I/We hereby confirm that the E of the above distributor/sub br	EUIN box has been intenti	onally left blank by	me/us as this t	transaction is f any, provide	executed w d by the em	vithout an ployee/re	y interaction o	or advice b nager/salo	y the emp	ployee/r r of the d	elations! istributo	nip mana r/sub bro	iger/sal/ oker.	es person
	n Here			Sign Her							an Here			
	plicant/ Guardian	_		Second App			-				Applicar	nt		
TRANSACTION CHARGES F					Instruction	,								
In case the purchase/ subscr subscription amount and pay registered Distributor) based of	ription amount is Rs. 10, able to the Distributor. U on the investors' assessm	000 or more and nits will be issued ent of various fact	your Distributo against the ba ors including th	r has opted i lance amoun le service ren	n to receiv t invested. dered by the	e Transa Upfront o ARN Hol	ction Charges commission sl Ider.	, the samo nall be pai	e are ded d directly	ductible y by the	as appli investor	cable fro to the A	m the p RN Hold	purchase/ der (AMFI
1. EXISTING UNIT HOLDER	R INFORMATION (If y	ou have existing f	olio, please fll i	in section 1 a	nd proceed	to section	on 4. Refer ins	truction 3).					
Folio No.				The	details in o	our record	ds under the fo	olio numbe	r mentio	ned alor	gside wi	ll apply f	or this a	application
2. MODE OF HOLDING [Ple	ase tick (🗸)	Single	Joint	Anyone o	r Survivor									
3. UNIT HOLDER INFORMA				DATE OF B	BIRTH@					Proof	of date of	birth@	Please	(√) ached
Mr. Ms. M/s.	PLICANT (In case of Mir	ior, there shall be	no joint holder	s) 		DD	MM	YYY	Y 				Alla	
Nationality				PAN#/ PEKRN#							Please ti Mandato		Prod	of Attached
NAME OF GUARDIAN (in ca	se of First / Sole Applicar	nt is a Minor) / NAI	ME OF CONTAC	T PERSON —	DESIGNATION	ON (in ca	se of non-indiv	idual Inve	stors)		, wandato			
Nationality		Desig	nation				Conta	ct No.						
PAN#/ PEKRN#								KYC#	[Please t (Mandato	tick (√)] ory)	Pro	of Attach	ned	
Relationship with Minor@ Ple	ease (🗸) 🗌 Father 🔲 M	other 🔃 Court ap	ppointed Legal G	Guardian		Proof of	relationship with		`	• • • • • • • • • • • • • • • • • • • •	ached	@ Manda	atory	
MAILING ADDRESS OF FIR	IST / SOLE APPLICANT (I	Mandatory) (Refei	r Instruction 4a)	•			1 1		1 1		1 1	ı	
CITY			STA	TE	DE					PIN C	ODE			
CONTACT DETAILS OF FIRST	ST / SOLE APPLICANT		Code es.				Fax			1 1			ı	
eAlerts Mobile			Docs Email ^				Tux							
I/ We would like to regisOn providing email-id in	ster for my/our HDFCMF Po nvestors shall receive sch													
4. FIRST/ SOLE APPLICAN	T OTHER DETAILS (Ma	andatory) (Refer	instruction 4)											
4a. Status of First/ Sole Ap Resident Individual NR Body Corporate LLP	I-Repatriation NRI-N	on Repatriation	Partnership	Trust	HUF	AOP		npany	FIIs	Minor	through g	- 1	B0	,
4b. Occupation Details [Ple				Public Sector	Gove			Student		essional		ousewife		Business
Retired Agriculture	Proprietorship	Others	000001		se specify)	minone o	CI VICC	otudoni		000101141		ousewiie		Dusinoss
4c. Gross Annual Income (Rs.) [Please tick (✓)]	Below 1 Lac	1-:	5 Lacs	5 - 10	Lacs	10 - 25	Lacs	_ >	25 Lacs	s - 1 Cror	e	>1	Crore
c. Net-worth (Mandatory fo	r Non-Individuals) Rs.			OR		as	s on					(Not o	older tha	an 1 year)
4d. Politically Exposed Pers	on (PEP) Status (Also a	pplicable for author	rised signatories	/ Promoters/ K	(arta/ Truste				MM 1 PEP	YY Lam I		PEP [Not A	pplicable
4e. Non-Individual Investor				es Fore		ge / Mon	ey Changer Se		Gam		mbling /			Services
5. JOINT APPLICANT DETA	ILS, If any (Refer instru	ıction 4)			,	, , , , , , , , , , , , , , , , , , , ,	.9			0 01 1110				
1. NAME OF SECOND APPL	ICANT		1 1 1	1 1			1 1 1	1 1						1 1
Mr. Ms. M/s. Nationality			F	PAN#/ PEKRN#						KYC#	Please ti Mandato	ick (√)] ory)	Prod	of Attached
a. Occupation Details [F	—		vate Sector	Public Sec	tor G		nt Service	Studen		Profession		House		Busine
b. Gross Annual Income			5 - 10 Lacs				Crore >1	Crore OR	Net wort	h Rs				
c. Politically Exposed Per	· , —										Related to	PEP [Not A	pplicable
# Please attach Proof. Refer i	nstruction No 16 for PAN/PE	KRN and No 18 for N	CYC.											
ACKNOWLEDGEMENT SLIF	P (To be filed in by the invest	or) [For any queries	please contact or	ur nearest Inves	stor Service	Centre or o	call us at our Cu	stomer Serv	ice Numb	er 1800 :	 3010 6767	/ 1800 4	19 7676	(Toll Free)1
		, , , , , , , , , , , , , , , , , , , ,		DFC MUTUA			Ja. 34.	••••	Date					,
Received from Mr. / Ms. / M/s									an appli	ication fo	or Purchas	se of Unit	s of the S	Scheme(s)
alongwith Cheque / DD / Paym	nent Instrument as detailed	overleaf.									ISI	C Stamp	& Signa	ature

	APPLICANT DETAILS		<i>td)</i> (Refer instructi	ion 4)									
	IE OF THIRD APPLICAN Ms. M/s.	T 	1 1 1 1					1 1					
Nationality PAN#/ PEKRN# KYC# [Please tick (✓)] □ Proof Attached (Mandatory)													
a. Occupation Details [Please tick ()] Service Private Sector Public Sector Government Service Student Professional Housewife Business													
Retire		Proprieto				please specif			uuont		onanodown	Dudinoud	
	s Annual Income (Rs	Relow 1			10 - 25 L	acs >25	Lacs - 1 Crore	>1 Cror	e OR Net	t worth Rs			
	cally Exposed Person	<u>′ </u>									Related to PEP N	lot Applicable	
	R OF ATTORNEY (Po	` '			,		-,						
	e of PoA Mr. Ms. M/s					1 1		1 1	1 1				
PAN#/I				KYC# [Pleas	se tick (√)]	(Mandatory) Proof At	tached					
	se attach Proof. Refer inst				. ,								
7. BANK (Manda	ACCOUNT DETAILS (tory to attach proof, in (OF THE FIRST case the pay-or	/ SOLE APPLICAN ut bank account is di	NT (For redempt fferent from the ba	tion/ divide ank accoun	end if any) t mentioned	refer instruct) 9 under Section	tion 5) below.)					
For unit	holders opting to hold u	nits in demat fo	rm, please ensure tha	it the bank account	linked with	the demat ac	count is mentio	ned here.					
	Bank Name Branch Name Branch Name												
	name nt Number						Ва	ITIK CILY					
MICR					(The 9 dig	it code appea	rs on your cheq	ue next to th	e cheque	e number)			
Accou	nt Type (Please ✓)	☐ Savings	S Current	□ NRO □ I	NRE 🔲	FCNR [Others (plea	se specify)					
IFSC C	ode***					*** Refer cheque lea	Instruction 5C (N af. If you do not fir	landatory for nd this on you	Credit via ır cheque	NEFT / RTGS) leaf, please ch	(11 Character code ap eck for the same with y	pearing on your our bank)	
8. MODE	OF PAYMENT OF RE	DEMPTION /	DIVIDEND PROCEI	EDS VIA DIRECT	CREDIT /	NEFT / EC	S (refer instru	iction 11)					
	nolders will receive reder want to receive the reden										ıh FCS into my / our h	ank account	
9. INVEST	MENTS & PAYMENT	DETAILS (refe	r instruction 6 & 7 for	Scheme details an									
(Investors a	pplying under Direct Plan	must mention "	Direct" against the Sch	eme name.)			,,			oolo appiloani	macroo pro printou cr	and diregadi	
	ne/Plan/Option/Sub Opt												
P	ayment Type [Please	. /-	Non-Third Party P	-			It (Please attac	h 'Third Par	ty Paym	ent Declaration	on Form')		
	Cheque / DD / Payment Instrument No. & Date	Pay	unt of Cheque / DD / ment Instrument / NEFT in figures (Rs.)	DD Charges if any	s, Net	Cheque/ DD Amount	Dra	awn on Bank / Branch			Pay-In Bank Account No. (For Cheque Only)		
		niuo/	INEFT III ligules (NS.)			7							
10 DEM/	AT ACCOUNT DETAIL	C* _ (Ontions	l - rofor instruction	n 13)									
IU. DLIVI	NI ACCOUNT DETAIL	o - (Optiona	i - i e i e i i i i su u cu u	II 10 <i>)</i>			=			. —			
NSDI	DP Name				DP ID	N			Benefic Accour				
0001					Bene	ficiary			<u> </u>				
CDSL	Di Italiio				Acco	unt Nó.							
	or opting to hold units in NATION (refer instru	· · · · · · · · · · · · · · · · · · ·	* *						• • • • • • • • • • • • • • • • • • • •		-orm)		
	ise (√) and sign]	, ,	•	onco or marria		111040 01 11	oraning to omig	, (ion Domaci	·····		
				_									
□ I/	Firs We wish to nominate as	t / Sole Applica under:	nt		OR	nd Applicant				Inir	d Applicant		
				Date of Birth	Name	and Address	of Guardian	Signature	of Nomin	ee (Optional)/	Proportion (%)		
Na	me and Address of Nom	iinee(s)		(to be furnis	shed in case	the Nomine	e is a minor)			e (Mandatory)	units will be sh Nominee (should ag	,	
		lominee 1										,	
		ominee 2			+								
		ominee 3											
10 DECI	ARATION & SIGNATU		nciruation 14)										
I/We	hereby confirm and declare	as under:-									SIGN HERE		
	We have read, understood its of the Scheme(s) of HDI			ns and conditions of	the scheme r	elated docume	ents and apply for	allotment of			Application Form No. , of the Cheque / Dema		
(2) I/\	Ve am/are eligible investor cuments/ authorization(s).	r(s) as per the so	cheme related documer	nts. and am/are auth	horised to m	ake this invest	ment as per the	Constitutive	O		yment Instrument.)	and Drait /	
ar	d/or evasion of any act, rule	es, regulations, no	tifications or directions is	ssued by any regulate	ory authority i	n India.				First / Cala			
`´HI	(3) The information given in / with this application form is true and correct and further agree to furnish such other information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about a proper in the information for the property of the									First / Sole Applicant /			
any change in the mornhauon numbered normaline to unite.													
my/our transactions. (5) 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													
(4)/Www will indefinity the Fullot, Aind, it ustee, RTA and other intermediates in case of any dispute regarding the engiolity, validity and authorization of my/our transactions. (5) 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. (6) 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. Applicable to 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									Second Applicant				
YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT. Applicable to 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. Applicable to NRIs/ PIO/OCIs only: Third													
Applicable to NRIs/ PIO/OCIs only: We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that										Third Applicant			
my a	my application is in compliance with applicable Indian and foreign laws. Please () Yes No If Yes, (</) Repatriation basis Non-repatriation basis</td <td></td>												
					Partic	ulars							
Scheme Name / Plan / Option / Sub-option / Charge / DD / Department Instrument No. / Date Department of Departme													
Payout O			Cheque / DD / Payı	ment Instrument N	o. / Date	Drawn on	(Name of Bank	and Branch)		Amour	nt in figures (Rs.)		