

# 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.

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

ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUN)
ARN- 171669					E-344021

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

**EUN Declaration (only where EUN box is left blank) (Refer Instruction 1)**

I/We hereby confirm that the EUN 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 Here First/ Sole Applicant/ Guardian	Sign Here Second Applicant	Sign Here 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. Unfron 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, 4, 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)

Mr. Ms. M/s \_\_\_\_\_ DD MM YYYY  
Nationality \_\_\_\_\_ PAN# / 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. \_\_\_\_\_ Designation \_\_\_\_\_ Contact No. \_\_\_\_\_  
Nationality \_\_\_\_\_ PAN# / PEKRN# \_\_\_\_\_ 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 \_\_\_\_\_  
Alerts Mobile \_\_\_\_\_ Docs Email ^ \_\_\_\_\_

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 (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. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)** (Refer instruction 4)

**4a. 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  FIs  Minor through guardian  BOI  OCI  
 Body Corporate  LLP  Society / Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others (please specify) \_\_\_\_\_

**4b. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

**4c. Gross Annual Income (Rs.) [Please tick (✓)]**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
OR

**c. Net-worth** (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on DD MM YYYY (Not older than 1 year)

**4d. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

**4e. 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

**5. 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)

**a. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

**b. Gross Annual Income (Rs.)**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth Rs. \_\_\_\_\_

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

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

**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 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 \_\_\_\_\_

... continued overleaf

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

**2. NAME OF THIRD APPLICANT**

Mr. Ms. M/s. 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  Retired  Agriculture  Proprietorship  Others (please specify)

b. Gross Annual Income (Rs.)  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth Rs.

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

**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 Account Number MICR Code Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify) IFSC Code\*\*\* Bank City

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

Unitholders 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)  Direct Plan (Purchase/ Subscription made directly with the Fund) 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.

