



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 page 143 & 145 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)	CAMS bar code
ARN/RIA Code/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)		
ARN-146822							

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/ PoA Holder	Second Applicant	Third Applicant

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

I confirm that I am a first time investor across Mutual Funds. OR I confirm that I am an existing investor across Mutual Funds.
 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.

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 6, 7, 9 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@/DATE OF INCORPORATION

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records(all unitholder))

Mr. Ms. M/s. _____
 Nationality _____ PAN# / PEKRN# _____
 KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

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# _____ DATE OF BIRTH DD MM YY
 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

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code - Mobile _____ Telephone No. Office _____
 STD Code _____ Res. _____
 eAlerts Mobile _____ eDocs Email of First / Sole holder ^ _____ IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS
 This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 9)
 I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 12.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in (Refer Instruction 9)

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

 CITY STATE PIN CODE
 COUNTRY

KYC Details

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

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

LEI No. _____ Expiry Date: DD MM YYYY
 (Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

* Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). YES NO
 If yes, please quote Registration No. of Darpan portal of Niti Aayog.
 (If not registered already, please register immediately and confirm with the above information)

Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife
 Student Proprietorship Others (Please specify) _____

Gross Annual Income in Rs. [Please tick (✓)] Below 1 lac 1-5 lac 5-10 lac 10-25 lac 25 lac- 1 cr > 1 cr
 OR Networth in Rs. (Mandatory for Non Individual) _____ as on DD MM YYYY (not older than 1 year)

For Individual [Please tick (✓)] I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b 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

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

Date : _____

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.

... continued overleaf

June 2024

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

1. NAME OF SECOND APPLICANT

DATE OF BIRTH

DD MM YY YY

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

KYC #

[Please tick (✓)] (Mandatory)

Proof Attached

Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife
 Student Proprietorship Others (Please specify) _____

Gross Annual Income in Rs. [Please tick (✓)] Below 1 lac 1-5 lac 5-10 lac 10-25 lac 25 lac- 1 cr > 1 cr

For Individual [Please tick (✓)] I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

CONTACT DETAILS OF SECOND APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

2. NAME OF THIRD APPLICANT

DATE OF BIRTH

DD MM YY YY

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

KYC #

[Please tick (✓)] (Mandatory)

Proof Attached

Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife
 Student Proprietorship Others (Please specify) _____

Gross Annual Income in Rs. [Please tick (✓)] Below 1 lac 1-5 lac 5-10 lac 10-25 lac 25 lac- 1 cr > 1 cr

For Individual [Please tick (✓)] I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

5. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Number

KYC #

[Please tick (✓)] (Mandatory)

Proof Attached

Please attach Proof, Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA), Refer instruction No 17b for KYC Identification Number issued by CKYCR.

6. FATCA AND 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)

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
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. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 10) The redemption / IDCW proceeds will be directly credited to the investor's bank account.

8. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 12)

*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	DP Name _____	DP ID	I N _____	Beneficiary Account No.	_____
CDSL	DP Name _____	Beneficiary Account No.	_____	_____	_____

*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

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.

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

Scheme Name - 1					
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW ^	Sub-Option	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft	<input type="checkbox"/> NEFT/ RTGS/ Fund Transfer		<input type="checkbox"/> One Time Mandate (OTM)*	
Drawn on Bank / Branch					
Pay-In Bank Account No. (For Cheque Only)				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		
Cheque/ DD Amount (in words):					

Scheme Name - 2					
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW ^	Sub-Option	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft	<input type="checkbox"/> NEFT/ RTGS/ Fund Transfer		<input type="checkbox"/> One Time Mandate (OTM)*	
Drawn on Bank / Branch					
Pay-In Bank Account No. (For Cheque Only)				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		
Cheque/ DD Amount (in words):					

Scheme Name - 3					
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW ^	Sub-Option	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft	<input type="checkbox"/> NEFT/ RTGS/ Fund Transfer		<input type="checkbox"/> One Time Mandate (OTM)*	
Drawn on Bank / Branch					
Pay-In Bank Account No. (For Cheque Only)				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		
Cheque/ DD Amount (in words):					

*Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM. ^ The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.

10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments 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.

Mandatory	Bank Name					
	Branch Name		Bank City			
	Account Number	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> 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)			

11. NOMINATION FOR UNITS IN NON-DEMAT MODE Please refer to instruction no. 14 (Nomination is mandatory for all folios held Singly)

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. **OR** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

Name and Address of Nominee(s) (IN CAPITALS) (Mandatory)	PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	Name of the Guardian (Mandatory) PAN and Address of Guardian (Optional)	Share of each nominee (%)\$ (If not equally, please specify percentages below)
Nominee 1				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally (provide %) _____%
Nominee 2				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally (provide %) _____%
				PAN: _____	<input type="checkbox"/> Equally <input type="checkbox"/> Not Equally (provide %) _____%
Mobile/Telephone No. of nominee(s)/ Guardian in case of Minor	Nominee 1	Nominee 2	Nominee 3		
Email ID of nominee(s)/ Guardian in case of Minor	Nominee 1				

Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]
 Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID
 \$ Any odd lot after division shall be transferred to the first nominee mentioned in the table above.
***Guardian's Relationship with Nominee (Mandatory):** Mother Father Legal Guardian
Proof of Relationship of Guardian with Minor: Birth Certificate School Leaving Certificate Passport Others _____
 I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.
 To be signed by ALL holders, irrespective of Mode of Holding or Mode of Operation

POA holder cannot nominate.	_____ First / Sole Applicant	_____ Second Applicant	_____ Third Applicant
-----------------------------	---------------------------------	---------------------------	--------------------------