MODE OF HOLDING [Please tick (~) Single Joint Anyone or Survivor UNIT HOLDER INFORMATION (Refer instruction 4) DATE OF BIRTH@ VVV Proof of date of birth@ PleAd	Bits Applies Applies Identification Number Instruction 1) Instruction 1: Instruction 1: Ip It bank ty may as a bits transaction is executed without any interraction or advice by the employee/relationship manager/sales person Sign Here Sign Here Sign Here Sign Here Sign Here Sign Here Sign Here Sign Here Sign Here Third Applicant UGH DISTRIBUTORS ONLY (Refer Instruction 2) Third Applicant UGH DISTRIBUTORS ONLY (Refer Instruction 2) Third Applicant urarises factors including the service andered by the ARM Hoder. are existing falor, please III in section 1 and proceed to section 4. Refer Instruction 3). The details in our records under the falor number mentioned alongside will apply for this applicating there are the able on plant holders; Manager (A) a Minory / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors) Please (-/) Insched a Minory / Refer Instruction 4a) Word of relationship with more@ Please (-/) Insched a Minory / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors) Please (-/) Insched a Minory / Refer Instruction 4a) Word or relationship with more@ Please (-/) Atteched Mandoor	ABN	(tors applying u	nuci Dilect Fian	i must mentic	on "Direct" ii	n ARN colui	nn.) (Refe	er Instruct	ion 1)	FOF		E USE (INLY (T	IME ST	'AMP)	
EURI Backetainin (ndy name (EUR) the is initialized) (Bink main terms) (Bink Backetaining (Bink Backetain)) (Bink Backetain)) (Bink Backetain)) (Bink Backetain	Digit Data Status as this transaction is a securited without any interaction or advice by the employee/relationship manager/sale person with the employee/relationship manager/sale person with the status appropriate segment of the status of the s	/	ARN Nam	ie	Sub Agent Bank Bran	ťs ARN/ ch Code	for Su	ib-Agent/		ification I	Number							
UWb hereby conting that the EUR box has been interminantly left black by motive as this transaction is accurded without any interaction or device by the encodence in the control of the distribution by manager base period in the distribution base of the manager base period in the distribution base period in the distribution base of the manager base period in the distribution base of the manager base period in the distribution base of the manager base period in the distribution base of the manager base period in the din the manager base period in the distribution base perio	b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ARN-																
at the adver distributor/sub bracer and revelophilations, If any, provided by the employee/relationship manager/satis person of the distributor/sub bracer Sign New Sign New Sign New Sign New Sign New The distributor/sub bracer Sign New Sign New Sign New The distributor/sub bracer Sign New Sign New The distributor is so specified in the sign New RANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Reler instruction 2) The distributor is so specified New In case the purchase' subscription amount is Rs. TRUE of an uncer and your Distributor has so specified New Head Microbiols Sign New EXISTING UNIT HOLDER INFORMATION (Hyou have existing folio, please III in section 1 and proceed to section 4. Reler instruction 3). The distributor/sub or records more the folio number mentioned alongaide will apply for 1 UNIT HOLDER INFORMATION (Hyou have existing folio, please III in context the specified Distributor in the section 1 and proceed to section 4. Reler instruction 3). The distributor in the section 1 and proceed to section 4. Reler instruction 3(Mice OF DISTRIBUTOR) UNIT HOLDER INFORMATION (Hyou have existing folio, please III in context the section 4.	drice of in-appropriateness, if any, provided by the employee,/relationship manager/sales person of the distributive sub broker. Sign Hom Sign Hom Sign Hom Second Applicant Third Applicant UICH DISTRIBUTORS ONLY (feet instruction 2) or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase are existing failor, pices fill in service readered by the ARN Holder. ave existing failor, pices fill in service readered by the ARN Holder. Sign Hom ave existing failor, pices fill in service readered by the ARN Holder. Sign Hom ave existing failor, pices fill in service readered by the ARN Holder. The details in our records under the follo number mentioned alongside will apply for this applicat pile Joint Arryone or Survivor Proof of data ob birth@ Peose (*) there shall be no joint holders) Do NM YYY Proof of data ob birth@ Passe (*) a Minor) / MARE OF CONTACT PERSON - DESIGNATION (in case of non-individual Investor) Monadatory Attached @ Mandatory a file of individual file api Guardian Proof of relationship with minor@ Piesse (*) Attached @ Mandatory a file of individual file api Guardian Proof of relationship with minor@ Piesse (*) Attached @ Mandatory					us as this tra	ansaction i	s executed	without	anv inter	action or	advice b	v the emi	olovee/r	elations	hip man	ader/s	ales pe
First/Sole_Applicant/ Guardian Second Applicant Third Applicant RANSACTON CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Feer Instruction 2) Instrument of a possible of the second applicable train is and or possible of the based of possible of the ARM reaction of an opplicable train is and opplicable train of the possible of the ARM reaction of an opplicable train of the possible opplicable train of the possible opplicable train of the possible opplicable train opplicable t	Second Applicant Third Applicant UIGH DISTRIBUTORS ONLY (Refer Instruction 2) or more and your possibility of has presented. Upfont commission shall be paid directly by the investor to the ARN Holder. ave existing folio, please till in section 1 and proceed to section 4. Refer instruction 3).	of the above distributor/sub b	roker or notwithstand	ling the advice	e of in-appropri	iateness, if a	any, provide	ed by the e	mployee/	relations	hip man	ager/sal	és person	of the d	stributo	r/sub br	oker.	
DANASCITION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2) in sask the purchase' asbecryfielde amount is Rs. TOUGH or more and your Distribute has opein in the restring Transaction Charges, the same are deductible as applicable from inserter to the ANN. in sask the purchase' asbecryfielde amount is Rs. TOUGH or more and your Distribute has opeine the ANN total he puid directly the ANN. in sask the purchase' asbecryfielde ANN. in the purchase' asbecr	NUHL DISTRIBUTORS ONLY (Refer Instruction 2) or more and your Distributor has optile in to receive Transaction Charges, the same are deductible as applicable from the purchas with the biased adjust of the ARM Holder. are existing folio, places fill in section 1 and proceed to section 4.8 Her instruction 3). met existing folio, places fill in section 1 and proceed to section 4.8 Her instruction 3). The details in our records under the totio number mentioned alongside will apply for this applicable from the purchas with a special accords under the totio number mentioned alongside will apply for this applicable from the purchas with the section of the special accords under the totio number mentioned alongside will apply for this applicable from the purchas with the section of the special accords under the totio number mentioned alongside will apply for this applicable from the purchas with the section of the special accords under the totio number mentioned alongside will apply for this applicable for the special accords under the totio number mentioned alongside will apply for this applicable for the special accords under the totio number (Places Eick (')) Proof Attached (Wandatory) Inter shall be no forth olders) Do MM VYYY Proof of Attached (Wandatory) Inter shall be no forth OPERSON- DESIGNATION (in case of non-individual Investory) Proof of Attached (Wandatory) Inter shall be no forth olders) Do MM VYYY Proof of Attached (Wandatory) Gourd appointed Logal Guardian Proof of relationship with minor@ Please (') Attached (Wandatory) Refer Instruction 4) Fr	Siç	gn Here				Sign He	ere			_			Się	jn Here			
In case the purchase underservice subscription annume is Rs. 10000 or more and your Distributor has so that is been deductible as applicable the mission of the ARM registree distribution. Under the subscription annume is Rs. 10000 or more and your Distributor has so that is been deductible as applicable the mission of the ARM registree distribution. The defaults in our records under the folio number mentioned alongside will apply for the ARM registree distribution. The defaults in our records under the folio number mentioned alongside will apply for the ARM registree distribution. The defaults in our records under the folio number mentioned alongside will apply for the ARM registree distribution. The defaults in our records under the folio number mentioned alongside will apply for the ARM registree distribution. The defaults in our records under the folio number mentioned alongside will apply for the ARM registree distribution. The defaults in our records under the folio number mentioned alongside will apply for the ARM registree distribution. The defaults in our records under the folio number mentioned alongside will apply for the ARM registree distribution. The default is not records under the folio number mentioned alongside will apply for the ARM registree distribution. The ARM registree distribution of the the shall be no pict heldestill. The ARM registree distribution of the ARM registree distribution of the ARM registree distribution. The ARM registree distribution of th	or more and your Distributor has optied in to reacher Transaction Charges, the same are deductible as applicable from the purchase will be stand against the balance anomal invested. Uptican commission shall be paid directly by the investor to the ARN Holder (All variables actions including the service rendered by the ARN Holder. ave existing folio, please III in section 1 and proceed to section 4. Refer instruction 3). The details in our records under the folio number mentioned alongside will apply for this application of the ARN Holder. The details in our records under the folio number mentioned alongside will apply for this application of the ARN Holder. Description of Survivor Description of Got Direct Dir	•							0)					Third	Applica	nt		
Fotio No. / The details in our records under the follo number mentioned alongside will apply for 1 INDE OF FULDING [Please tick (Single Joint Anyone or Survivor UNIT HOLDER INFORMATION (feder instruction 4) DATE OF FIRST / SOLE APPLICANT (in case of Minor, there shall be no joint holders) DO MA Yvvy MAIM OF FIRST / SOLE APPLICANT (in case of Minor, there shall be no joint holders) DO MA Yvvy NAME OF FIRST / SOLE APPLICANT (in case of Minor, there shall be no joint holders) DO MA Yvvy NAME OF FIRST / SOLE APPLICANT (in case of First / Sole Applicant is a Minor) / MAIE OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / MAIE OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / MAIE OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant is a Minor) / Maie OF CONTACT PERSON – DESIGNATION (in case of first / Sole Applicant) CONTACT DEFIRI	The details in our records under the folio number mentioned alongside will apply for this applicz jle Joint Anyone or Survivor DATE OF BIRTH@ DO MM YYY Ihere shall be no joint holders) DO MM YYY Ihere shall be no joint holders) DO MM YYY Ihere shall be no joint holders) DO MM YYY Ihere shall be no joint holders) DO MM YYY Ihere shall be no joint holders) DO MM YYY Ihere shall be no joint holders) DO MM YYY Interval Please lick (') Proof Attached Interval Minorl / NAME OF CONTACT PERSON – DESIGNATION (in case of non-indrividual investors) Proof Attached Interval Appointed Legal Guardian Proof of relationship with minor@ Please (') Attached Interval Res. Fax Pino CODE Attached Individual Non - Individual (Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form (Refer Instruction 10 attached isignatories / Pointers/ Attached Bolio Company PIIs Minor through guardian Boli O Individual Non - Individual (Please attach mandatory Utimate Benef	In case the purchase/ subsc subscription amount and pay registered Distributor) based	ription amount is Rs. yable to the Distributo on the investors' asse	s. 10,000 or m or. Units will I essment of va	nore and your be issued agai rious factors ir	Distributor inst the bala icluding the	has opted ince amou service rei	in to rece nt invested ndered by t	ive Trans I. Upfron he ARN H	older.				luctible / by the	as appli investo	icable fr r to the /	om the ARN Ho	purch Ider (<i>F</i>
INDEC OF HOLDING [Please tick (~) Single Joint INDEC OF BIOLING [Please tick (~)] Single Joint INT HOLDER INFORMATION (Refer instruction 4) DATE OF BIRTH@ Do MARE OF CUMPONT SOLE APPLICANT (in case of Miner, there shall be no joint holders) Do MAN MARE OF CUMPONT (in case of First / Sole Applicant is a Minor) / MARE OF CUMPONT PESON – DESIGNATION (in case of non-individual inversions) INC (m) MARE OF CUMPONT (in case of First / Sole Applicant is a Minor) / MARE OF CUMPONT PESON – DESIGNATION (in case of non-individual inversions) INC (m) MARE OF CUMPONT (in case of First / Sole Applicant is a Minor) / MARE OF CUMPONT PESON – DESIGNATION (in case of non-individual inversions) INC (m) Mationality Designation Contract No. Polley PERKIW INC (m) Monderry) Matter of Birth (m) Designation Contract No. Pailorship with Minor@ Please (~) Father Mother Court appointed Legal Guardian Poor of restainship with Minor@ Please (~) Attached (m) MALING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4) CONTACT DETAILS OF FIRST / SOLE APPLICANT (Tender Court appointed Legal Guardian Provide mail-Inversion stall receive scheme with samall' report on anabridged annumber / account statements/ statedry and other documents by email, (Refer Instruction 4) CONTACT DETAILS OF FIRST / SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer Instruction 4) a. Status of First / Sole Applicant (Please tick (~)) Resident Individual NRI-Repatrication Deriver Schemer Provide Court anabridge summer Herel/ scatements/ s	Je Joint Anyone or Survivor DATE OF BIRTH@ DO MM YYY Ihere shall be no joint holders) DO MM YYY Proof of date of birth@ Please tick (')] Proof Attached a Minory // NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors) KYC# [Please tick (')] Proof Attached Designation Contact No. KYC# [Please tick (')] Proof Attached wire analysis Proof of relationship with minor@ Please (') Attached Mandatory datory (Refer Instruction 4a) Food of relationship with minor@ Please (') Attached Mandatory attached Fax Pin CODE Pin CODE Pin CODE STATE Pin CoDE Fax Pin CoDE Pin CoDE abort providual Non - Individual Please attach madatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 10 attached Pin Sobe Proprietorship Non Profit Organisation Others Gelear Instruction 10 attached individual Non - Individual Pin Sobe Proprietorship Non Profit Organisation Others Gelear Instruction 10 attached individual Non - Individual Pin Sobe Proprietorship <t< td=""><td></td><td>R INFORMATION</td><td>(If you have e</td><td>existing folio, </td><td>please fll in</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>aoido w</td><td>ill onnhu</td><td>for this</td><td>onnlie</td></t<>		R INFORMATION	(If you have e	existing folio,	please fll in									aoido w	ill onnhu	for this	onnlie
UNIT HOLDER INFORMATION (Refer instruction 4) DATE OF BIRTH@ ON AV Proof of date of birth Pro	DATE OF BIRTH@ DO MM YVYY Proof of date of birth@ Pitese (-') Interestall be no joint holders) DO MM YVYY Proof of date of birth@ Pitese (-') Interestall PRIME/PEXINE DO MM YVYY Proof of date of birth@ Pitese Interestall Proof OF PEXINE Contract No. EVC## [Piesse tick (-')] Proof Attached Interestall Proof of relationship with minor@ Piesse (-') Attached @ Mandatory datory Generation EVC## [Piesse tick (-')] Proof Attached Interestall Proof of relationship with minor@ Piesse (-') Attached @ Mandatory datory Generation Evc Piesse (-) Attached @ Mandatory datory Generation Proof of relationship with minor@ Piesse (-') Attached @ Mandatory datory Generation Proof of relationship with minor@ Piesse (-') Attached @ Mandatory datory Generation Proof of relationship with minor@ Piesse (-') Attached @ Mandatory attached Piesse Fax Piesse Pies										er une ion	o numbe	r menuoi	ieu aiuli	ysiue w			аррис
NAME OF FIRST / SOLE APPLICANT (in case of Minor, there shall be no joint holders) DD MM YVY Nationally INAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / MAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors) INC C# [Please tick (~1)] Proof Attached Nationally Designation Contact No. INC C# [Please tick (~1)] Proof Attached PRAIP PEGRN# INC C# [Please tick (~1)] Proof Attached INC C# [Please tick (~1)] Proof Attached Relationship with Minor@ Please (~) Father Mother Court applicited Lagal Guardian Proof of relationship with minor@ Please (~) Attached @ Mandadory MALING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) International (International Please International Please Internatenting Please International Please International Pleas	http://www.ic/linearcolline.org/lin	•	. ,		Join													
Nationality PNAP (PERNI# VYC# [Pease tick (^)] Nationality Designation Contact No. PNAP (PERNI# WYC# [Pease tick (^)] Point Antice of Contact No. PNAP (PERNI# WYC# [Pease tick (^)] Point Antice of Contact No. PNAP (PERNI# WYC# [Pease tick (^)] Point Antice of Contact No. PNAP (PERNI# WYC# [Pease tick (^)] Point Antice of Contact No. PNAP (PERNI# Mother Contact No. Pease tick (^) PNAP (PERNI# STOL APPLICANT (Mandatory) (Refer Instruction 4a) PNN (DODE COTM STATE PNN (DODE PNN (DODE COTACT DETAILS OF FIRST / SOLE APPLICANT STO Code Fax Alerts Mobile registrance Notice Fax Alerts Mobile	a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual investors) (Wandatory) Designation Contract Role KYC # (Please tick (')] Proof Attached Contract No. KYC # (Please tick (')] Proof Attached Mandatory datory) (Refer Instruction 4a) STATE PIN CODE STD Code STD Code STD Code STD Code STD Code Res. ADoes Email^ ADOES Email ADOES Email ADOES Email^ ADOES Email ADO			,	shall be no jo			BIRTH@	D	D N	MM	YYY	Y	Proof	of date o	t birth@	A1	⊭ (Ý) tached
HAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors) (interaction of the individual Investors) Mic Mic Mic Mic Contact No. PNANP PEKINA VCC #/ [Pease tick (~)] Pool Attached (Mandatory) Relationship with Minor@ Please (~) Father Mother Contact No. MALLING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) Proof of relationship with minor@ Please (~) Attached @ Mandatory MALLING ADDRESS OF FIRST / SOLE APPLICANT STO Gode Fax Pathers Pathers COTTY STATE PNN CODE PNN CODE PNN CODE PNN CODE CONTACT DETAILS OF FIRST / SOLE APPLICANT STO Gode Fax Pathers Pathe	a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors) (Wandatory) Designation Contract No. KYC # (Please tick (')) Proof Attached Mandatory Attached @ Mandatory Attached &														Please	tick (2)		0 of ^+
Nationality Designation Contact No. VCr # Please tick (*)] Pool Attached Mandatory Relationship with Minor@ Please (*) Father Model Contract No. VCr # Please tick (*)] Attached @ Mandatory MALING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) Food of relationship with minor@ Please (*) Attached @ Mandatory COVTACT DETAILS OF FIRST / SOLE APPLICANT STD Code Fax PIN CODE COVTACT DETAILS OF FIRST / SOLE APPLICANT Res. Fax PIN CODE COVTACT DETAILS OF FIRST / SOLE APPLICANT STD Code Fax PIN CODE COVTACT DETAILS OF FIRST / SOLE APPLICANT STD Code Fax PIN CODE CONTACT DETAILS OF FIRST / SOLE APPLICANT Res. Fax PIN CODE CONTACT DETAILS OF FIRST / SOLE APPLICANT Res. Fax PIN CODE CONTACT DETAILS OF FIRST / SOLE APPLICANT Res. Fax PIN CODE CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code Fax PIN CODE CONTACT DETAILS (Mandatory) (Refer Instruction 4) Instruction 41 Inst	KYC # [Please tick (')] Proof Attached ir Court appointed Legal Guardian Proof of relationship with minor@ Please (') Attached @ Mandatory datory) (Refer Instruction 4a) Proof of relationship with minor@ Please (') Attached @ Mandatory datory) (Refer Instruction 4a) Fax PIN CODE store Fax Pool about 2 boots Email ^ Fax Pin CODE nal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id manda wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 atory) (Refer Instruction 4) Individual Non - Individual [Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 10 atory) (Refer Instruction 4) Individual Non - Individual [Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 4) Individual Non - Individual [Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 4) Individual Non - Individual [Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 6) Individual Non - Individual [Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 6) Inditional Resident in India OF		ase of First / Sole App	olicant is a Mii	nor) / NAME (FION (in c	ase of n	on-indivi	dual Inve		KYC# (Mandat	ory)		JOI AU
PN##/PEXENUM KYC # [Please lick (*)] Proof Attached PN##/PEXENUM First / SOLE APPLICANT (Mandatory) (Refer instruction 4a) Proof of relationship with minor@ Please (*) Attached @ Mandatory MALLING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer instruction 4a) STATE Pink CODE CITV STATE Pink CODE Pink CODE COTINCT DETAILS OF FIRST / SOLE APPLICANT STD Code Fax Pink CODE V We would like to register for my/our HDPCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website: www.hdfctund.com (Email * 0 no providing email-di investors shall receive scheme wise annual report or an abridged summary thereol/ account statements/ statutory and other documents by email. (Refer Instruction 4) Status of First/ Sole Applicant [Please tick (*)] Individual [Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 4) Status of First/ Sole Applicant [Please tick (*)] Individual Personal Activities and the documents by email. (Refer Instruction 4) Body Corporate LLP Society / Club Foreign National Resident in India OF PPI Sole Proprietorship None roth organisation Others: Occupation Delais [Please tick (*)] Housewife Reident Individual NBI-Non Repatriation Per authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Direc	Image: State Image: State <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>																	
Relationship with Minor@ Please (Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (Attached @ Mandatory MAILING ADDRESS OF FIRST / SOLE APPLICANT Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (Attached @ Mandatory COTY STATE PIN CODE PIN CODE PIN CODE PIN CODE COTTACT DETAILS OF FIRST / SOLE APPLICANT STD Code Fax PIN CODE Telephone and adoes Email Pin conditions displayed on website.www.hdfcfund.com (Email Pin conditions displayed on website.www.hdfcfund.com (Email ^ View 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 Pin conditions displayed on website.www.hdfcfund.com (Email * On providing mail-like instruction 4) astatus of First / Sole Applicant [Please tick (~/)] endividual Non - Individual [Please attach mandatory Utimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 4) a Status of First / Sole Applicant [Please tick (~/)] endividual _ OFF Provide Providentation _ Partnership _ Trust _ HUE _ AOP _ PIN _ Comparisation _ Others _ @rease specify) Occupation Details [Please tick (~/)] Below 1 Lac _ 1 - 5 Lacs _ 5 - 10 Lacs _ 10 - 25 Lacs _ 25 Lacs - 1 Crore _ Others _ @rease specify) O _ MM _ YYY	Image: Court appointed Legal Guardian Proof of relationship with minor@ Please (Attached @ Mandatory datory) (Refer Instruction 4a) PIN CODE PIN CODE STD Code Res. PIN CODE Res. Jobs State PIN CODE Jobs State PIN CODE Image: PIN CODE Individual Non- Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 10 atory) (Refer instruction 4) Minor through guardian BOI Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 10 atory) (Refer instruction 10 ators) BOI BOI Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 10 ators) BOI BOI Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 10 ators) BOI BOI Individual Non - Individual [Please etclaration Others (Mandatory) BOI BOI Individual OF FVI Sole Proprietorship Non Profit Organisation Others (Delase specify) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs <				Designation	1					Contac		[Please t	ick (√)]	Pr	oof Attac	hed	
MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) CITY STATE CONTACT DETAILS OF FIRST / SOLE APPLICANT STO Code Telephone : Off. abccs Email* /* VW would like to register for my/our VIDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website: www.hdfcfund.com (Email * On providing email-id investors shall receive scheme wise annual report or an abridged summary thereol/ account statements/ statutory and other documents by email. (Refer Instruction 4) a. Status of First/ Sole Applicant (Please tick (~)] Individual Non - Individual [Please tick (~)] Individual a. Status of First/ Sole Applicant (Please tick (~)] Private Sector Public Sector Government Service Student Professional Others (Decase Specid) b. Occupation Details [Please tick (~)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs 25 Lacs - 1 Crore OR c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am Related to PEP N b. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Cas J. Occupation Details [Please tick (~)] Service Private Sector Public Sector	datory) (Refer Instruction 4a) state STATE PIN CODE STD Code Res.			Mather	Court appoint		ardian		Droof	f rolation	hin with t	KIO#	(Mandate	ory)				
On providing email-id investors shall receive scheme wise annual report or an abridged summary thereot/ account statements/ statutory and other documents by email. (Refer Instr. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 4) a. Status of First/ Sole Applicant [Please tick (~/)] Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 4) a. Status of First/ Sole Applicant [Please tick (~/)] Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 4) a. Status of First/ Sole Applicant [Please tick (~/)] Betwind a Resident in India OFI FPI Sole Proprietorship Non Profit Organisation Others [please specify] b. Occupation Details [Please tick (~/)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs > 25 Lacs - 1 Crore OR Net-worth (Mandatory for Non-Individuals) Rs. OR as on Money Lending / Pawring None of the above None of the above None of the above Society / Cas JOINT APPLICANT DETAILS (If any (Refer instruction 4) I AME PREP Name None of the above Annol NMM	wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 atory) (Refer Instruction 4) Individual Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction epatriation Partnership Trust HUF AOP PIO company FIIs Minor through guardian BOI in National Resident in India QFI Private Sector Public Sector Government Service Student Private Sector Public Sector (please specify) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 0R as on 0D MM YMY (Not older than 1 yr) cable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP 1 am Related to PEP None of the above m 4) (Please specify) i/ce Private Sector Public Sector Government Service Gaming / Gambling / Lottery / Casino Service Money Lending / Pawning None of the above n 4) i/ce Private Sector Public Sector Qovernment Service Student Professional Housewife Bit Bit Student Professional Housewife Bit Bit Student Professional Housewife Bit Student Professional Housewife Bit Student Professional Housewife Bit Student Professional Housewife Bit Student Professional <p< th=""><th>CONTACT DETAILS OF FIR Telephone : Off.</th><th>IST / SOLE APPLICAN</th><th>\\ \T </th><th>Res.</th><th>) </th><th></th><th></th><th></th><th></th><th>Fax</th><th></th><th></th><th>PIN CO</th><th>JDE</th><th></th><th></th><th></th></p<>	CONTACT DETAILS OF FIR Telephone : Off.	IST / SOLE APPLICAN	\\ \T 	Res.)					Fax			PIN CO	JDE			
Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company FIIs Minor through guardian Body Corporate LLP Society / Club Foreign National Resident in India QFI FPI Sole Proprietorship Non Profit Organisation Others (please specify) b. Occupation Details [Please tick (~)] Service Private Sector Public Sector Government Service Student Professional Housewife Retired Agriculture Proprietorship Others (please specify) C. Gross Annual Income (Rs.) [Please tick (~)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs > 25 Lacs - 1 Crore OR Net-worth (Mandatory for Non-Individuals) Rs.	lepatriation Partnership Trust HUF AOP PIO Company FIIs Minor through guardian BOI Others I National Resident in India QFI FPI Sole Proprietorship Non Profit Organisation Others (please specify) Private Sector Public Sector Government Service Student Professional Housewife Busine Others (please specify) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR as on DD MM YYYY (Not older than 1 yee cable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applica I of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Service Money Lending / Pawming None of the above n 4) PAN#/ PEKRN# VYC # [Please tick (~)] Proof Atta vice Private Sector Public Sector Government Service Student Professional Housewife Busine others (please specify) I - Student Professional Housewife Busine vice Private Sector Public Sector Government Service Student Professional Housewife Busine others (please specify) I - Student Professional Housewife Busine vice Private Sector Public Sector <th>^ On providing email-id i</th> <th>nvestors shall receive</th> <th>e scheme wise</th> <th>annual report</th> <th>or an abridg</th> <th></th>	^ On providing email-id i	nvestors shall receive	e scheme wise	annual report	or an abridg												
Body Corporate LLP Society / Club Foreign National Resident in India QFI FPI Sole Proprietorship Non Profit Organisation Others (please specify) ib. Occupation Details [Please tick (~)] Service Private Sector Public Sector Government Service Student Professional Housewife Retired Agriculture Proprietorship Others (please specify) Image: Corporate Image: Corporate <td>National Resident in India QF FPI Sole Proprietorship Non Profit Organisation Others (please specify) Private Sector Public Sector Government Service Student Professional Housewife Busine Others (please specify) Image: Sector Student Professional Housewife Busine Others (please specify) Image: Sector Student Professional Housewife Busine Others (please specify) Image: Sector Student Professional Housewife Busine Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR </td> <td>a. Status of First/ Sole A</td> <td>pplicant [Please tio</td> <td>ck (~)] 🗌</td> <td>Individual</td> <td>Non - Indi</td> <td>vidual [Plea</td> <td>ase attach</td> <td>mandator</td> <td>y Ultimat</td> <td>e Benefi</td> <td>cial Owne</td> <td>ership (UB</td> <td>iO) Decla</td> <td>aration F</td> <td>[:]orm] (Re</td> <td>efer Ins</td> <td>truction</td>	National Resident in India QF FPI Sole Proprietorship Non Profit Organisation Others (please specify) Private Sector Public Sector Government Service Student Professional Housewife Busine Others (please specify) Image: Sector Student Professional Housewife Busine Others (please specify) Image: Sector Student Professional Housewife Busine Others (please specify) Image: Sector Student Professional Housewife Busine Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR	a. Status of First/ Sole A	pplicant [Please tio	ck (~)] 🗌	Individual	Non - Indi	vidual [Plea	ase attach	mandator	y Ultimat	e Benefi	cial Owne	ership (UB	iO) Decla	aration F	[:] orm] (Re	efer Ins	truction
Retired Agriculture Proprietorship Others (please specify) c. Gross Annual Income (Rs.) [Please tick (~)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore OR OR as on Do MM YYYY (Not olded d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) 1 am PEP 1 am Related to PEP N e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Cas . JOINT APPLICANT DETAILS, If any (Refer instruction 4) . . . 1. NAME OF SECOND APPLICANT Mr. Ms. M/s. . . Nationality PAN#/ PEKRN# KYC # [Please tick (~/)] . a. Occupation Details [Please tick (~/)] Service Private Sector Public Sector Government Service Student Professional Housewife . Retired Agriculture Proprietorship Others 	Others (please specify) Below 1 Lac 1 - 5 Lacs OR as on														-	-		01
c. Gross Annual Income (Rs.) [Please tick (~)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore OR OR OR DD MM YYYY (Not olde d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP N e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Cas Money Lending / Pawning None of the above None of the above None of the above JOINT APPLICANT DETAILS, If any (Refer instruction 4) I NAME OF SECOND APPLICANT KYC# (Please tick (~/)) Nationality PAN#/ PEKRN# VY// PEKRN# KYC# (Please tick (~/)) Mandatory) a. Occupation Details [Please tick (~/)] Service Private Sector Public Sector Government Service Student Professional Housewife Retired Agriculture Proprietorship Others (please specify) Sector >25 Lacs - 1 Crore >1 Crore OR Net worth Rs.	Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore > 1 Crore OR	· · ·				or 🗌 Pu				Service	St	udent	Profe	essional	ŀ	lousewif	e	Busin
Net-worth (Mandatory for Non-Individuals) Rs	as on DD MM YYYY (Not older than 1 yee) cable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applica y of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Service m 4) Money Lending / Pawning None of the above in 4) PAN#/PEKRN# KYC # [Please tick (~)] Proof Atta // ice Private Sector Public Sector Government Service Student Professional Housewife Bu 0 Others					1 - 5	Lacs		-		10 - 25 I	acs	>	25 Lacs	- 1 Cro	re	>	1 Crore
d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Truste/ Whole time Directors) I am PEP I am Related to PEP N e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Cas Money Lending / Pawning None of the above . JOINT APPLICANT DETAILS, If any (Refer instruction 4) 1. NAME OF SECOND APPLICANT Mr. Ms. M/s. Nationality a. Occupation Details [Please tick (~)] Service Private Sector Public Sector Government Service Student Professional Housewife Retired Agriculture Proprietorship Others (please specify) b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs - 1 Crore OR Net worth Rs. c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	cable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applica y of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Service m 4) m 4) PAN#/ PEKRN# PAN#/ PEKRN# Private Sector Public Sector Government Service Student Professional Housewife Bu Others (please specify) 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. iicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applica Not Applica None of the above n 4) Pan#/ PEKRN# 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	. Net-worth (Mandatory fo	or Non-Individuals)	Rs			OR			as on		מנ	MM	YY	YY	(Not	older tł	ıan 1 y
Money Lending / Pawning None of the above . JOINT APPLICANT DETAILS, If any (Refer instruction 4) I. NAME OF SECOND APPLICANT Mr. Ms. M/s. PAN#/ PEKRN# Nationality PAN#/ PEKRN# a. Occupation Details [Please tick (~)] Service Private Sector Public Sector Government Service Student Professional Housewife Retired Agriculture Proprietorship Others (please specify) Service 10 - 25 Lacs b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP	Money Lending / Pawning None of the above None	d. Politically Exposed Per	son (PEP) Status (A	Also applicable	for authorised	signatories/	Promoters/	Karta/ Trus	tee/ Whol	e time Di						o PEP	Not	Applica
JOINT APPLICANT DETAILS, If any (Refer instruction 4) 1. NAME OF SECOND APPLICANT Mr. Ms. M/s. Nationality a. Occupation Details [Please tick (~)] Service Private Sector Public Sector Government Service Student Professional Housewife 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) 1 am Related to PEP N	Im 4)	e. Non-Individual Investo	ors involved/ provid	ding any of t	the mentione	ed service		-	•	-	nger Serv	/ices		-	•	Lottery	/ Casin) Servi
1. NAME OF SECOND APPLICANT Mr. Ms. M/s. Nationality PAN#/ PEKRN# KYC # [Please tick (~)] Service Private Sector Public Sector Government Service Student Professional Housewife 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) 1 am PEP 1 am Related to PEP N	PAN#/ PEKRN# KYC # [Please tick ([Please tick (] Proof Atta vice Private Sector Public Sector Government Service Student Professional Housewife Bu Others	. JOINT APPLICANT DET/	AILS, If any (Refer in	nstruction 4)						9				, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,				
a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife 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 N	ice Private Sector Public Sector Government Service Student Professional Housewife Bu Others	Mr. Ms. M/s.	LICANT			PA	N#/ PEKRN#							KYC# [Please 1 Mandat	tick (√)]	Pr	oof Att
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 🗌 N	licable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applica and No 18 for KYC.					Sector	-			ient Serv	ice	Studen						
	and No 18 for KYC		e (Rs.) Below 1	Lac 1 - 5	Lacs 5 -	10 Lacs	10 - 25 La	acs 🗌 >2	25 Lacs -	1 Crore	>1 (Crore OR	Net wort	h Rs				
# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.	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 Fi	b. Gross Annual Incom	erson (PEP) Status ((Also applicabl	e for authorised	l signatories/	Promoters/	/ Karta/ Tru	stee/ Who	ole time D	irectors)	🗌 I an	n PEP	l am F	lelated t	0 PEP	Not	Applic
			. ,															
CKNOWLEDGEMENT 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 7		c. Politically Exposed Pe	instruction No 16 for PA	N/PEKRN and M	No 18 for KYC.													— •
HDFC MUTUAL FUND Date :	NUFU IVIU I UAL FUIVU D'ALC :	c. Politically Exposed Pe # Please attach Proof. Refer				e contact our	nearest Invo	estor Servic	e Centre o	r call us a	t our Cust	omer Ser	vice Numb	er 1800 3	010 676	7 / 1800 4	19 767	i (Toll F

I

	2. NAME (OF THIRD APPLICANT Ms. M/s.	ny (contd) (Refer instruction		PAN#/ PI	EKRN#								KYC #		ease andai	tick (v		Pro	of Atta	ched
a.	•	tion Details [Please tic		vate Sector	Public	_		ernment	Servio	e	Stu	ident		Professi	onal		Hous	ewife	9	Busi	ness
	Retired		Proprietorship Others			(please sp	• ·														
		Innual Income (Rs.)	Below 1 Lac 1 - 5 Lacs		·																
			Status (Also applicable for autho	orised signatories/	Promo	ters/ Karta/ Ti	ustee/	Whole ti	me Dir	ectors)		I am	PEP	Iam	Rela	ted to	PEP	N	lot Ap	plicable	9
6. P		OF ATTORNEY (PoA) HO	LDER DETAILS																		
	Name of PAN#/ PEKF	f PoA Mr. Ms. M/s. RN#		KYC# [Pleas	e tick ((√)] (Manda	tory)	Pro	oof Atta	ached											
			No 16 for PAN/PEKRN and No 18 fo				`														_
7. B	ANK AC landatory	VOUNT DETAILS OF TH y to attach proof, in case t	E FIRST / SOLE APPLICANT ne pay-out bank account is diffe	(For redempti erent from the ba	on/ di nk acco	vidend if ai ount mentior	iy) (ied un	der Sect	structi tion 9	on 5) below.)											
		1 0	demat form, please ensure that t	he bank account	linked \	with the dem	at acco	ount is m	nention	ed here					_			_			
	ank Nam						_	_	De						_			_			
	ranch Na ccount N						-	_	Da	nk City											
	IICR Co				(The 9	digit code a	pears	on your	chequ	e next t	o the	cheq	ue num	iber)							
			Savings 🗌 Current	NRO 🗆 N	IRE			Others	(pleas	se spec	;ify)			,							
IF	SC Code	e***				*** F chequ	efer In e leaf.	struction If you do	5C (Ma not fin	andatory d this on	for C your	cheq	via NEF ue leaf,	F / RTGS) please ch	(11 ieck t	Charac or the	cter co same	de ap with y	pearing our ba	g on you Ink)	ır
8. N	IODE OF	PAYMENT OF REDEM	TION / DIVIDEND PROCEED	DS VIA DIRECT	CRED															,	
			/ dividend proceeds directly into / dividend proceeds (if any) by wa											dit throug		C into	mu /	our b		oount	
9. IN		1	LS (refer instruction 6 & 7 for Section 6	,						0		· ·			· .						
(Inve	stors appl	lying under Direct Plan must i Plan/Option/Sub Option	nention "Direct" against the Schen	ne name.)					,												
[nent Type [Please (√)]	Non-Third Party Pa	vment 🗌	Third	Party Payı	nent	(Please	attach	'Third	Part	v Pav	ment [)eclarati	on F	orm')					
			Amount of Cheque / DD /						attuon	- THIL	i ui t	yiuy				,	In Don	k A or	ount	No	
	Ins	eque / DD / Payment strument No. & Date	Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any		Net Cheque/ DD Amount		Dra		wn on B	ank /	Bran	ich		Pay-In Bank Account No. (For Cheque Only)						
10.	DEMAT	ACCOUNT DETAILS* - (Optional - refer instruction	13)																	
[,								Rene	finiary								
	NSDL	SDL DP Name										Beneficiary Account No.						I			
		DP Name		I	DP ID	I N						Acco	unt No								
	CDSL	DP Name			В	I N eneficiary ccount No.						Acco	unt No								
	Investor o	DP Name	t form, may provide a copy of the	e DP statement er	B A nable u	eneficiary ccount No. s to match th						Acco pplica	ation fo	rm.							
	Investor o	DP Name opting to hold units in dema ATION (refer instruction	15) (Mandatory for new fol	e DP statement er	B A nable u	eneficiary ccount No. s to match th						Acco pplica	ation fo	rm.	Forr	n)					
	Investor o	DP Name	15) (Mandatory for new fol	e DP statement er	B A nable u	eneficiary ccount No. s to match th						Acco pplica	ation fo	rm.	Form	n)					
	Investor o NOMINA [Please	DP Name opting to hold units in dema ATION (refer instruction () and sign] I/We d<br First / Sol	15) (Mandatory for new fol o not wish to Nominate e Applicant	e DP statement er	B A nable u als wh	eneficiary ccount No. s to match th	of hol					Acco pplica	ation fo	rm. Demat I		n)	nt				
	Investor o NOMINA [Please	DP Name	15) (Mandatory for new fol o not wish to Nominate e Applicant	e DP statement er ios of Individua	_ A nable u als wh S OR	eneficiary ccount No. s to match th ere mode of econd Applic	of hol	ding is	singl			Acco pplica	ation fo	rm. Demat I		plicar					
	Investor of NOMINA [Please	DP Name opting to hold units in dema ATION (refer instruction () and sign] I/We d<br First / Sol	15) (Mandatory for new fol o not wish to Nominate e Applicant	e DP statement er ios of Individua — Date of Birth	B nable u als wh als wh S OR N	eneficiary ccount No. s to match th ere mode e econd Applic	of hol ant Iress c	ding is	single	e) (For Signat	Uni ture o	Acco pplica its in	ation fo Non-I	rm. Demat I Thir ptional)/		plicar Prop	ortior			ich the y each	
	Investor of NOMINA [Please	DP Name opting to hold units in dema ATION (refer instruction (\checkmark) and sign] I/We d First / Sol wish to nominate as under	15) (Mandatory for new fol o not wish to Nominate e Applicant	e DP statement er ios of Individua — Date of Birth	B nable u als wh als wh S OR N	eneficiary ccount No. s to match th ere mode of econd Applic	of hol ant Iress c	ding is	single	e) (For Signat	Uni ture o	Acco pplica its in	ation fo Non-I	rm. Demat I	rd Ap	plicar Prop units	oortior s will t	e sha	ared b		
	Investor of NOMINA [Please	DP Name opting to hold units in dema ATION (refer instruction (\checkmark) and sign] I/We d First / Sol wish to nominate as under	15) (Mandatory for new fol o not wish to Nominate e Applicant	e DP statement er ios of Individua — Date of Birth	B nable u als wh als wh S OR N	eneficiary ccount No. s to match th ere mode e econd Applic	of hol ant Iress c	ding is	single	e) (For Signat	Uni ture o	Acco pplica its in	ation fo Non-I	rm. Demat I Thir ptional)/	rd Ap	plicar Prop units	oortior s will t	e sha	ared b	y each	
	Investor of NOMINA [Please	DP Name	15) (Mandatory for new fol o not wish to Nominate e Applicant) ee 1	e DP statement er ios of Individua — Date of Birth	B nable u als wh als wh S OR N	eneficiary ccount No. s to match th ere mode e econd Applic	of hol ant Iress c	ding is	single	e) (For Signat	Uni ture o	Acco pplica its in	ation fo Non-I	rm. Demat I Thir ptional)/	rd Ap	plicar Prop units	oortior s will t	e sha	ared b	y each	
	Investor of NOMINA [Please	DP Name opting to hold units in dema ATION (refer instruction (<) and sign] [] I/We d First / Sol wish to nominate as under and Address of Nominee(s Nomin	15) (Mandatory for new fol o not wish to Nominate e Applicant) ee 1 ee 2	e DP statement er ios of Individua — Date of Birth	B nable u als wh als wh S OR N	eneficiary ccount No. s to match th ere mode e econd Applic	of hol ant Iress c	ding is	single	e) (For Signat	Uni ture o	Acco pplica its in	ation fo Non-I	rm. Demat I Thir ptional)/	rd Ap	plicar Prop units	oortior s will t	e sha	ared b	y each	
11.	Investor of NOMINA [Please] I/We Name	DP Name opting to hold units in dema ATION (refer instruction () and sign] [] I/We d<br First / Sol wish to nominate as under e and Address of Nominee(s Nomin	15) (Mandatory for new fol o not wish to Nominate e Applicant) ee 1 ee 2 ee 3	e DP statement er ios of Individua — Date of Birth	B nable u als wh als wh S OR N	eneficiary ccount No. s to match th ere mode e econd Applic	of hol ant Iress c	ding is	single	e) (For Signat	Uni ture o	Acco pplica its in	ation fo Non-I	rm. Demat I Thir ptional)/ ndatory)	rd Ap	pplicar Prop units minee	oortior s will b (shou	ne sha Id ag	ared b	y each	
11.	Investor of NOMINA [Please] I/We Name] DECLAR I/We her (1)I/We Units (2)I/We a docum	DP Name opting to hold units in dema ATION (refer instruction (✓) and sign] ☐ I/We d First / Sol wish to nominate as under e and Address of Nominee(s Nomin	15) (Mandatory for new fol 5) not wish to Nominate a Applicant a Applicant b c a 1 c a 2 c a 3 (refer instruction 14) ler:- reby agree to comply with the terms ial Fund ('Fund') indicated above. per the scheme related documents nount invested in the Scheme(s) is 1	e DP statement er ios of Individua Date of Birth (to be furnis and conditions of th s. and am/are authut through legitimate s	B A A A A A A A A A A A A A A A A A A A	eneficiary ccount No. s to match th econd Applic ame and Add case the Non me related doo o make this ir only and is no	ant Iress c ninee i ument	ding is of Guardi s a mino s and app ent as pe	an r)	e) (For Signat Guardi	Uni ure o an of of ve	Acco pplica its in	unt No ation foo Non-I	rm. Demat I Demat I Thir ptional)/ ndatory) se write A reverse	rd Applii of th	Proplicar Propunits minee N HE cation te Che	oortior s will t (shou RE C Form	No. /	ared b grega ′ Folio	y each te to 10	
11.	Investor of NOMINA [Please] I/We Name] Name] I/We her (1)1/We her (2)/We a docur and/o (3) The in HDFC any ct (4)/We	DP Name	15) (Mandatory for new fol o not wish to Nominate e Applicant) ee 1 ee 2 ee 3 (refer instruction 14) ler:- reby agree to comply with the terms nal Fund ('Fund') indicated above. per the scheme related above. per the scheme related documents nount invested in the Scheme(s) is lations, notifications or directions iss pplication form is true and correct ar limited (AMC)/ Fund and undertake t	e DP statement er ios of Individua Date of Birth (to be furnis and conditions of th s. and am/are authut through legitames er ued by any regulato d further agree to f o inform the AMC / F	B A A A A A A A A A A A A A A A A A A A	eneficiary ccount No. s to match the econd Applice ame and Add case the Non me related door o make this in only and is no rity in India. such other info gistrars and Tr	ant ant ress c ninee i unent vestm t for th rmatior	ding is of Guardi s a mino s a mino s and app ent as pe e purpose n as may 1 Agent (RT.	an r) lly for a r the C e of coi be requ	e) (For Signal Guardi Ilotment Constituti ired by t	Uni ure o an of of ve on he ut	Acco pplica its in	unt No ation fo Non-I ninee (O nee (Ma (Please on the First App	rm. Demat I Demat I Thir ptional)/ ndatory) se write A reverse	rd Applii SIG	Proplicar Propunits minee N HE cation te Che	REC Form	No. /	ared b grega ′ Folio	y each te to 10	
11.	Investor of NOMINA [Please] I/We Name] DECLAR I/We her (1)I /We Units of (2)I/We a docur and/o (3)The in HDFC any of (4)I/We v my/ou (5)The Al to him (6) I/WE YIELD	DP Name	 15) (Mandatory for new following on the second se	e DP statement er ios of Individua Date of Birth (to be furnis and conditions of th through legitimates and y regulato nd further agree to fo o inform the AMC / F es in case of any dis the commissions (in 1 from amongst whic	B A A A A A A A A A A A A A A A A A A A	eneficiary ccount No. s to match the econd Applice ame and Add case the Non me related door o make this in only and is no only and is no only and is no only and is no only and is no gistrars and Tr garding the elig in of trail comm theme is being	ant Iress c innee i ument t for th matior ansfer ibility, ssion c recom	ding is of Guardi s a mino s a mino s and app ent as pe e purpose n as may l Agent (RT validity an or any other mended to	an r) r) e of col be requ A) in wi d authout o me/us	e) (For Signal Guardi Ilotment traventi ired by t iriting abc prization prization s.	Uni uure o an of of ve on he uut of of	Acco pplica its in	unt Nō ation fo Non-I ninee (0 nee (Ma (Pleass on the First App Gua Se	rm. Demat I Thir ptional)/ ndatory) se write A reverse Pa / Sole icant /	rd Applii SIG	Proplicar Propunits minee N HE cation te Che	REC Form	No. /	ared b grega ′ Folio	y each te to 10	
11.	Investor of NOMINA [Please] I/We Name Name [VWe a (2)/We a docur and/o (3) The in HDFC any of (4)/We v my/ou (5) The A to him (6) I/WE YIELD Applical I/We will (includin Applical	DP Name	15) (Mandatory for new fol o not wish to Nominate e Applicant e Applicant) e 1 e 2 e 2 e 3 (refer instruction 14) (Fr- reby agree to comply with the terms ial Fund (Fund') indicated above. per the scheme related above. per the scheme related above. per the scheme related documents per the scheme related documents imited (AMC)/ Fund and undertake to ed from time to time. Trustee, RTA and other intermediarie tributor) has disclosed to me/us all thing Schemes of various Mutual Funds <i>R</i> EHAVE NOT BEEN OFFERED/ CO RIBUTOR FOR THIS INVESTMENT. scident in India only: ment/s before I/We change my/out	e DP statement er ios of Individua Date of Birth (to be furnis and conditions of th s. and am/are auth through legitimate s ued by any regulato and further agree to f o inform the AMC / F es in case of any dis the commissions (in 1 from amongst whic MMUNICATED ANT r Indian residency	B A A A A A A A A A A A A A A A A A A A	eneficiary ccount No. s to match the econd Applice ame and Add case the Non me related door case the Non me related door only and is no rity in India. such other info gistrars and Tr garding the elig there is being ATIVE PORTF	ant Iress c ninee i uument vestmi t for th rmatior ansfer / ibility, ' sssion c recomi	ding is of Guardi s a mino s a mino s and app ent as pee e purpose h as may in Agent (RT, validity an or any other mended to ND/ OR	an r) ly for a r e of col be requ A) in which ad author o me/us ANY IN	e) (For Signal Guardi Ilotment Constituti ired by t traventii tring abc orization a), payat S. BUCATIV	Uni uure o an of of ve on he uut of ble /E	Acco pplica its in	unt No ation fo Non-I ninee (O nee (Ma (Pleass on the Gua Se App Gua Se App	rm. Demat I Demat I Demat I Thir ptional)/ ndatory) se write A reverse Pa / Sole icant / ardian cond	rd Applii SIG	Proplicar Propunits minee N HE cation te Che	REC Form	No. /	ared b grega ′ Folio	y each te to 10	

Particulars									
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.)						

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