

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.

	II OTTIVIATION (IIIVESTOIS applyllig	under Direct Plan must ment	ion "Direct" in ARN column	.) (Refer Instruction 1)		FOR OFFICE USE ONLY
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/	Employee Unique Identification Number (EUIN)	(TIME STAMP)
RN-				Employee	(EOIIV)	
UIN Declaration (only where	EUIN box is left blank) (Refer Ins					
We hereby confirm that the f the above distributor/sub b	EUIN box has been intentionally l roker or notwithstanding the advi	left blank by me/us as this t ice of in-appropriateness, if	ransaction is executed wi fany, provided by the emp	thout any interaction loyee/relationship m	or advice by the emplo anager/sales person of	yee/relationship manager/sales perso the distributor/sub broker.
	gn Here		Sign Here			Sign Here
	oplicant/ Guardian		Second Applicant			Third Applicant
	FOR APPLICATIONS THROU			,		
n case the purchase/ subso ubscription amount and pa egistered Distributor) based	cription amount is Rs. 10,000 or yable to the Distributor. Units will on the investors' assessment of the control of the contr	more and your Distributor Il be issued against the bal various factors including th	r has opted in to receive lance amount invested. L e service rendered by the	Transaction Charge Ipfront commission s ARN Holder.	s, the same are deduc hall be paid directly b	tible as applicable from the purchase y the investor to the ARN Holder (AMF
EXISTING UNIT HOLDE	R INFORMATION (IF YOU HA	AVE EXISTING FOLIO, PLEA				
Folio No.			The details in or	ur records under the t	olio number mentioned	d alongside will apply for this application
MODE OF HOLDING [PI	. , ,	Joint	Anyone or Survivor			
NAME OF FIRST / SOLE A	ATION (Refer instruction 4) PPLICANT (In case of Minor, the	ere shall be no joint holders	DATE OF BIRTH@	DD MM	YYYY	Proof of date of birth@ Please (<) Attached
Mr. Ms. M/s. Nationality			AN#/ PEKRN#		KY	C# [Please tick (✓)] ☐ Proof Attach
NAME OF GUARDIAN (in ca	ase of First / Sole Applicant is a N	Minor) / NAME OF CONTAC	T PERSON – DESIGNATIO	N (in case of non-ind	ividual Investors)	(Mandatory)
Nationality		Designation		Conf	act No.	
PAN#/ PEKRN#					KYC# [Please tick	(√)] (Mandatory) ☐ Proof Attached
Relationship with Minor@ P	lease (<) Father Mother RST / SOLE APPLICANT (Mandat	Court appointed Legal G		Proof of relationship wi	th minor@ Please (√)	Attached @ Mandatory
CITY		CTAT	rr			NN CODE
CITY		STAT				PIN CODE
CONTACT DETAILS OF FIR	IST / SOLE APPLICANT	Country Code		STD Co	de	
Telephone : Off.	IST / SOLE APPLICANT	Res.		STD Co		
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... continued overleaf

5. JOINT APPLICANT DETAILS, If any (con 2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality a. Occupation Details [Please tick ()]</th <th> PAN PAN</th> <th>N#/ PEKRN# Governm</th> <th></th> <th> KYC# [Please tick (√)]</th>	PAN PAN	N#/ PEKRN# Governm		KYC# [Please tick (√)]
Retired Agriculture Propriet	orship Others	(please specify)		
b. Gross Annual Income (Rs.) Below c. Politically Exposed Person (PEP) Status				
6. FATCA & CRS INFORMATION (for Indivi	dual including Sole Proprietor) (Self	Certification) (Refer instr	uction 4)	
The below information is required for a Address Type: Residential or Busils the applicant(s)/ guardian's Country If Yes, please provide the following infor Please indicate all countries in which yo Category	ness	ax Residency other than	n India? Yes	isting address appearing in Folio) No Third Applicant
Place/ City of Birth	ist Applicant (including millor)	Occoliu Applic	any duarulan	типа Аррисана
•				
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]				
	dual is a citizen/ green card holder of L	□	tification Number is not avails	able, kindly provide its functional equivalent.
7. POWER OF ATTORNEY (PoA) HOLDER I	-	JOA. III CASC TAX IUCII	uncation Number is not availa	able, kindry provide its functional equivalent.
Name of PoA Mr. Ms. M/s. PAN#/PEKRN# # Please attach Proof. Refer instruction No 16 fo 8. BANK ACCOUNT DETAILS OF THE FIRS (Mandatory to attach proof, in case the pay-c For unit holders opting to hold units in demat fo Bank Name Branch Name Account Number MICR Code Account Type (Please ✓) IFSC Code***	r PAN/PEKRN and No 18 for KYC. T / SOLE APPLICANT (For redemption but bank account is different from the bank orm, please ensure that the bank account line (T)	rhe 9 digit code appears on y E FCNR Oth *** Refer Instruc cheque leaf. If yo	section 10 below.) is mentioned here. Bank City Four cheque next to the cheque notes (please specify) tion 5C (Mandatory for Credit via NE u do not find this on your cheque lea	imber) FT / RTGS) (11 Character code appearing on your f, please check for the same with your bank)
9. MODE OF PAYMENT OF REDEMPTION /	DIVIDEND PROCEEDS VIA NEFT / EC	S / DIRECT CREDIT (ref	er instruction 11)	
' '	d proceeds directly into their bank account (,		
☐ I/We want to receive the redemption / divi	dend proceeds (if any) by way of a demand d	raft instead of direct credit / c	redit through NEFT system / credit	through ECS into my / our bank account
10. INVESTMENTS & PAYMENT DETAILS [P	lease (\checkmark)] (refer instruction 6 & 7 for Scheme	details and instruction 8 & 9 f	or Payment Details) The name of the	first/ sole applicant must be pre-printed on the cheque.
Regular Plan (Purchase/ Subscript Mention valid ARN in Key Partner/ A	• ,	_	nn (Purchase/ Subscription ma	
		. Direct / Regular Plan) refer	· · · · · · · · · · · · · · · · · · ·	
Scheme/Plan/Sub Option		÷,		
Payment Type [Please (✓)]	Non-Third Party Payment Th	nird Party Payment (Ple	ase attach 'Third Party Paymen	t Declaration Form')
Cheque/ DD/ Cheque/ Payment Instrument/ Payment Inst	DD/ Amount of Cheque / DD / Payment Instrument / DD	Charges, Net Cheque/ DD	During an Bank / Burnak	Pay-In Bank Account No.
UTR No. Payment instrumenty Payment instrumenty UTR Da	RTGS/ NEFT in figures (Rs.)	if any Amount	Drawn on Bank / Branch	(For Cheque Only)
		Particulars		
Scheme Name / Plan / Option / Sub-option /	Cheque / DD / Payment Instrument /			
Payout Option	UTR No. / Date	Drawn on (Name	of Bank and Branch)	Amount in figures (Rs.)

Plane Plane Plane PP ID N Secret Secr			LDING OPTION DEMAT	T MODE*	PHYSICAL N		•	lt)		(refer	in	struc	tior	n 13	3)									
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We wish to nominate as under:	[Plea	ase (✓) and sign] ☐ I/We do not wish	to Nominate																					
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We wish to nominate as under:			First / Sole Applicant		-		Second	Annlica	nt		-							Th	nird A	nnlic	ant		_		
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13. DECLARATION & SIGNATURE/S (refer instruction 14) I/We arriver not prohibited from accessing capital markets under any order/fuling/judgment etc., of any regulation, including SEB. I/We nordinfirm that my applicable indian and foreignlaves. I/We hereby confirm and declare as under: (1) 1 / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for alloriment of Units of the Scheme(s) of HIPC Mutual Fund (Fund) included above. (2) I/We arrivare eligible investor(s) as per the scheme related documents and any are understood in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HIPC Asset Management Company, Limited (AMIC) Fund and undertake to inform the MAD Fund-Repolators and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it including the changes/veglete that may be provided by mexis to the Mutual Fund, its Sponsovis, Tussees, Asset Management Company, its employees, agents and third party serice provides. Self registered intermediates for single updation's submission, and indian or information and/or any orthor including the changes/veglete that may be provided by mexis to the Mutual Fund, its Sponsovis, Tussees, Asset Management Company, its employees, agents and third party serice provides. Self registered intermediates for single updation to mexis to the Mutual Fund, its Sponsovis, Tussees, Asset Management Company, the ordinary individual ordinary to mismalian device to mexis. (6) We hereby authorize any ordinary individual and the commissions (in the formation and or any other mode), pa														+											
13. DECLARATION & SIGNATURE/S (refer instruction 14) 14. We arrive not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable indian and foreign laws. I/We hereby confirm and declare as under: 10. 1/1 / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply or allotment of Units of the Scheme(s) of HDFC Mutual Fland (Fund.) Indicated above. 12. We arrivare eligible Investor(s) as per the scheme related documents and annivare authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or any act, rules, regulations, notifications or directions issued by any regulatory authority in India. 13. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information are many change in the information and/or any part of it including in writing about any change in the information market formation turnised for the consequences arising therefrom time to time. 14. That in the event, the above information and/or any part of it including the changes/supplease that may be provided by me/us to the Mutual Fund, its Sponsoris, Trustees, Asset Management Company, its employees, agents and third party service provides. SER legistered intermediates for single updations submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FUI-NID) etc without any intimation/advice to me/us. 15. We hereby Confirm That I VIVE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY NIDICATIVE PORTFOLIO AND/OR ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE PORTFOLIO AND/OR ANY I			Nominee 2											_											
IWe am/are not prohibited from accessing capital markets under any order/ruing/judgment etc., of any regulation, including SEBI. We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under: (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allothern off Units of the Scheme (s) of HDPC Multual Fund (Fund') indicated above. (2) IWe amraire eligible Investor/s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents' authorization(s). The amount invested in the Scheme (s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HIDPC Asset Management Company, Urinide (AMC) Fund and undertake to inform the AMC / Fund Registers and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (3) We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by melus to the Mutual Fund, its Sponsor's, Trustees, Asset Management Company, Its employees, agents and third party service providers, SEBI regulatory, judicial, quasi- judicial authorities/agencies including but not limited to financial indic (Flu-HID) betwithout any intimination-advice to mevic. (8) IWe will indemnity the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility validity and authorization of my/our transactions. (7) The ARN holder (AMT eligistered Distributor) has disclosed to me/us all the commissions (in the form of trail commission			Nominee 3																						
I/We confirm that my application is in compliance with applicable Indian and foreign laws.	forei (1) (1) (2) (2) (3) (4) (4) (4) (5) (4) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	gn lav / We scher / Fund / We scher / Fund / We scher / Fund / We he So evasio ndia. The irri such Comp for misle / We for	ws. I/We hereby confirm and declare as a have read, understood and hereby me related documents and apply for all d') indicated above. am/are eligible Investor(s) as per the this investment as per the Constitution theme(s) is through legitimate source on of any act, rules, regulations, notification of the further/additional information and the further/additional information and Limited (AMC)/ Fund and under the (RTA) in writing about any change in the event, the above information ading, I/We will be liable for the consequence by authorize you to disclose, share any part of it including the changes its Sponsor/s, Trustees, Asset Manase providers, SEBI registered interment and statutory, regulatory, judicial, quasical Intelligence Unit-India (FIU-IND) et will indemnify the Fund, AMC, Trusted the ding the eligibility, validity and authorization that commission or any other mens of various Mutual Funds from a secondary and the secondary of the trail commission or any other mens of various Mutual Funds from a secondary of the second	as under:- agree to comply with illotment of Units of the e scheme related doc ve documents/ author so only and is not for th cations or directions is tion form is true and c as may be required rtake to inform the Ah he information furnish and/or any part of it quences arising therefr e, remit in any form/m s/updates that may be gement Company, its ediaries for single up- judicial authorities/at to without any intimatio ee, RTA and other inte ation of my/our transa- tor) has disclosed to r ode), payable to him, amongst which the S HAVE NOT BEEN OI DICATIVE YIELD BY Ti effore I/We change my luding taxation) arisin	in the terms and of a Scheme(s) of Hi uments and am/a ization(s). The an ie purpose of consued by any regul orrect and further by the HDFC Asside from time to time is/are found to be ome. It is a provided by me, employees, agentiation/submissic gencies including provided to me/us remediaries in castions. In the terms and of the individual	condition DFC Min are autition are autition are autition are autition are autition are agree set Marars anne. be fals bove in the false bove in the	ons of tutual Further than the control of the contr	he he nd to in in order in in shape the heart type or to with the hea		App Gu	econd plicant					rse of the	Che	eque /	Dem						
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