HDFC MUTUAL FUND BHAROSA APNO KA	Application For Investors must read the Ke The Application Form shou	y Information Memora	ndum, the instruction	s and Product Lat			leting this Form.	
KEY PARTNER / AGENT INFO ARIV/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	DRMATION (Investors applying ARN/RIA/Portfolio Manager's/ Stock Broker's Name	under Direct Plan must Sub Agent's ARN	mention "Direct" in AR Bank Branch Code	N column.) (Refer Internal Code for Sub-Agent/ Employee	Instruction 1) Employee Unique Identification Number (EUIN)		TICE USE ONLY IE STAMP)	CAMS bar code
ARN-153155					E-271894			
EUIN Declaration (only where EL I/We hereby confirm that the EU of the above distributor/sub brok					ny interaction or advice by elationship manager/sale	r the employe s person of th	e/relationship m: e distributor/sub	anager/sales persor broker.
First/ Sole Applica			Second Appl ONLY (Refer Ins OR	struction 2)	confirm that I am an existi		hird Applicant	
In case the purchase/ subscrip subscription amount and payabl			•••					
subscription amount and payable 1. EXISTING UNIT HOLDER I								
Folio No.					ds under the folio number			ly for this applicatio
2. MODE OF HOLDING (Pleas	se tick (√)] Single	Joint (De	fault)	Anyone or Survivo	ır			
3. UNIT HOLDER INFORMATI						Proof of d	late of hirth@ Pl	ease (🗸) 🗌 Attach
NAME OF FIRST / SOLE APPL Mr. Ms. M/s. Nationality KYC Number	, ,	<b>.</b>	plders) (Name of the PAN#/ PEKRN#	unitholder needs			_	
NAME OF GUARDIAN (in case Mr. Ms.	of First / Sole Applicant is a l				se of non-individual Inves			
Nationality PAN#/ PEKRN#		Designation	DATE OF BIRT		Contact No.			
KYC Number				⊓ [Please tick (√)]	(Mandatory) Pro	of Attached		
Relationship with Minor@ Pleas	Se $(\checkmark)$ Father Mother	Court appointed Le			relationship with minor@ Pl		Attached @ Ma	ndatory
CONTACT DETAILS OF FIRST	/ SOLE APPLICANT Co	untry Code - Mobile						
STD Code ST	D Code Res.			Telepho	one No. Office			
eAlerts Mobile	to (Mandatory Please $\checkmark$ ):		ail of First / Sole holde			PITALS		for FPIs only) PM
MAILING ADDRESS OF FIRST	h to receive physical copy of th T / SOLE APPLICANT (Manda		n 4a)	d summary thered	of [Please tick (~ )] Opt-in			
CITY COUNTRY			STATE			PIN	CODE	
KYC Details	is ant [Diseas tick ( /)]	<b>— —</b> .						
Status of First/ Sole Appli  Resident Individual Part	tnership Trust HUF		(Ma	ndatory) (Refer I	CA, CRS & Ultimate Ber nstruction 4 & 18) Minor through guardia		,	
Society/Club NRI-Repat	triation 🗌 NRI-Non Repatriatio	on 🔄 Foreign National	Resident in India	FPI Sole Prop	rietorship 📃 Non Profit (	Organisation	Others	(please specify)
LEI No.					Expiry Date:			
(Mandatory for Non - Individua * Trust/Societies/Section 8 co	mpanies to give below declara	tion		,	DD	MM	YYYY	
	ization" [NPO] which has been 1961), and is registered as a stered under the section 8 of t ion No. of Darpan portal of Niti		lous of charitable pur ler the Societies Regi 13 (18 of 2013).	stration Act, 1860	) (21 of 1860) or any sir	ilar State	YES	NO
	ase register immediately and c		information)					
Occupation Details [Please ti Student Proprietorshi			tor Service 🗌 Gove	rnment Service	Business Profess	ional Ag	riculturist 🗌 Re	etired Housewit
Gross Annual Income in Rs. [ OR Networth in Rs. (Mandator		1 lac 🗌 1-5 lac	5-10 lac 10-	-25 lac 🗌 25 la	ac-1 cr $> 1 cr as on$			(not older than 1 yea
For Individual [Please tick (√ # Please attach Proof. Refer inst			im Related to Political Refer instruction No 17					
ACKNOWLEDGEMENT SLIP (	To be flled in by the Investor) [For	r any queries please con			call us at our Customer Serv		00 3010 6767 / 180	0 419 7676 (Toll Free)
		11				Date :		
			HDFC House, 2nd Floo Reclamation, Church				ISC Star	np & Signature
Received from Mr. / Ms. / M/s.								

... continued overleaf

November 2024

OINT APPLICANT DETAIL	S, If any (Refe	er instruction 4) (In case of	Minor, there sh	all be no joint holders)						
1. NAME OF SECOND APPLIC	ANT		DA	TE OF BIRTH D D M M Y						
Mr. Ms. M/s.										
Nationality			PA	N#/ PEKRN#		Attached				
KYC Number	rk (√)] □ Dri	ivate Sector Service	blic Sector Servi	KYC # [Please tick (✓)] (Manda ce Government Service Busin		Attached	Retired Housew			
Student Proprietorshi					101633101					
Gross Annual Income in Rs. [			5 lac 🗌 5-10	) lac 📃 10-25 lac 📃 25 lac- 1 cr	> 1 cr					
For Individual [Please tick (✓ CONTACT DETAILS OF SECOM				ed to Politically Exposed Person	Not Applicable					
eAlerts Mobile				st / Sole holder ^	IN CAPIT					
				Children Dependent Siblings Depen n Dependent Siblings Dependent Pa						
2. NAME OF THIRD APPLICAN				TE OF BIRTH D D M M Y	Y Y Y					
Mr. Ms. M/s. Nationality			PA	N#/ PEKRN#						
KYC Number				KYC # [Please tick (√)] (Manda	tory) Proof	Attached				
			blic Sector Servi	ce Government Service Busin	ess Profession	al Agriculturist	Retired Housew			
Student Proprietorshi Gross Annual Income in Rs. [		( )/								
For Individual [Please tick (				D lac 10-25 lac 25 lac- 1 cr ed to Politically Exposed Person	> 1 cr Not Applicable	1				
CONTACT DETAILS OF THIRD										
eAlerts Mobile				st / Sole holder ^	IN CAPIT					
				Children Dependent Siblings Depen						
OWER OF ATTORNEY (Po			ependent Unitarei	nDependent SiblingsDependent Pa	Guardian					
Name of PoA Mr. Ms. M/										
PAN#/ PEKRN#										
KYC Number				<b>KYC #</b> [Please tick ( $\checkmark$ )] (Manda	tory) Proof	Attached				
eAlerts Mobile		eD	ocs Email of Po	A holder ^	IN CAPIT	ALS				
				struction No 17b for KYC Identification Num	ber issued by CKYCR					
	•		• • • •	If Certification) (Refer instruction 4)						
The below information is Address Type: 🔲 Reside	•	••••••		egistered Office (for address ment	ioned in form/ex	isting address app	earing in Folio)			
Category	First Ap	pplicant/Guardian in cas	se of Minor	Second Applicant/ Guard	ian	Third A	pplicant			
Place/ City of Birth										
Country of Birth										
Country of Tax Residency	#									
Is the applicant(s)/guardi			First Appli	cant/Guardian in case of Minor	Second App	licant/ Guardian	Third Applicant			
Nationality/Tax Residency Please indicate all countri purposes and the associa	es in which yo	ou are resident for tax		Yes No	Ve:	Yes No Yes				
If Yes, please provide the	following info	rmation [mandatory]								
Category		pplicant/Guardian in cas	e of Minor	Second Applicant/ Guard	ian	Third A	pplicant			
Tax Payer Ref. ID No ^	THOUN				iun	Third A	ppiloant			
-										
Identification Type [TIN or other, please spec	ifvl									
Country of Tax Residency	2									
Tax Payer Ref. ID No. 2										
Identification Type [TIN or other, please spec	;ify]									
Country of Tax Residency	3									
Tax Payer Ref. ID No. 3										
Identification Type										
[TIN or other, please spec		dual is a citizon/ groop og	ord holdor of L	SA Alphassa Tay Identification N	mbor is not avail	able kindly provide	ite functional equivale			
		-		SA. ^ In case Tax Identification Nu			· .			
INIT HOLDING OPTION *Demat Account details are ma				Demat Account Statement) P its in Demat Mode (Account statement (C	HYSICAL MODE (AS) for units held in	· /	(refer instruction 12 ssued only by NSDL/CDS			
					Beneficia					
NSDL DP Name			DP		Account I					
CDSL DP Name				Beneficiary Account No.						
				Particulars						
	the section (	Chaque / Deument Instru	ment /							
eme Name / Plan / Option / S	ud-option /	Cheque / Payment Instru	monu /	Drawn on (Name of Bank and	Dura a la b	Amount in figures	(D - )			

Scheme Name / Plan / Option Payout Option

November 2024

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IVES <sup>.</sup> Sr No	IMENTS & PAYMENT DETA	AILS [Please (✓)] (refer inst Name of the Schemes	ruction 6 & 7 for Scheme det	ails and instruction 8 & Plan	10 for Payment Detai Option	Is) The name of the fir Sub-Option for I		it must be pre-printed on the che vestment Amount (Rupees)				
1	HDFC			Regular Direct	Growth	Payout Reinvestme	nt					
2	HDFC			Regular	Growth	Payout Reinvestme	nt					
3	HDFC			Regular	Growth	Payout Reinvestme	nt					
	se of multiple schemes, Cheq unt should match with the tota			COLLECTION A/C" ar	nd the cheque	Total Amount						
Mod	e of Payment Cheque	e 📃 NEFT/ RTGS/ Fund T	ransfer 🗌 One Time N	/andate (OTM)*								
Sr No.	Cheque/NEFT/RTGS/UTR no	D. Date of Cheque/NEFT/ RTGS/Fund Transfer	Amount of Cheque/ NEFT/RTGS/ Fund Transfer	Dra	wn on Bank & Bran	ch		Bank Account No. (For Cheque/NEFT/RTGS/OTM)				
1												
2												
3												
	ase note that OTM can be se sactions via OTM.		provided OTM is already istributed out of investor's									
NK	ACCOUNT DETAILS OF T	HE FIRST / SOLE APPLIC	ANT (For redemption/	IDCW Payments if	anv) (refer inst	ruction 5)	o that roprood	nto rounzoù gunio.				
anda	tory to attach proof, in case	the pay-out bank account is	different from the bank a	ccount mentioned un	der Section 9 belov	N.)						
	it holders opting to hold units Name	s in demat form, please ensur	e that the bank account line	ked with the demat ac	count is mentioned	nere.						
	h Name				Bank City							
ссоі	int Number		Account Ty	/pe (Please √) 🗌 Sa	ivings 🗌 Current 🗌	] NRO 🗌 NRE 🗌	FCNR 🗌 🤇	Others(please specify				
SC	Code***		lf y	* Refer Instruction 5C (I ou do not find this on ye	Mandatory for Credit v our cheque leaf, pleas	ia NEFT / RTGS) (11 e check for the same	Character code with your bank	appearing on your cheque le )				
/10D	E OF PAYMENT OF REDE	MPTION / IDCW PROCEE										
IOM	INATION FOR UNITS IN N	ION-DEMAT MODE Pleas										
n a	We wish to make a nomin. ominate the following person II the assets held in my / our f my / our death.	n(s) who shall receive	OR I / We hereby co folio and unders case of my der documents issu of death claim /	onfirm that I / We do n stand the implications / mise / death of all the ed by the Court or suc transmission of units ir	ot wish to appoint ar 'issues involved in n e unit holders in the ch other competent an favour of the legal h	ny nominee(s) for my on-appointment of a folio, my / our lega uthority, as may be r eir(s), based on the v	y mutual fund u iny nominee(s) al heir(s) would required by the l value of the unit	units held in my / our mutual and am/ are further aware th I need to submit all the req Mutual Fund / AMC for settle s held in the mutual fund folio				
Na	ne and Address of Nominee(s (IN CAPITALS)	s) PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	Name o PAN and A	f the Guardian (Ma Address of Guardian	ndatory) n (Optional)	Share of each nominee (%)\$				
	(Mandatory)			(Mandato	ry to be furnished ir	n case the Nominee	is a minor)	(If not equally, please specify percentages belo				
								Equally     Not Equally (provide				
					PAN:			%				
								Equally     Not Equally (provide				
					PAN:							
								Equally     Not Equally (provide     Not Equally (provide    %				
					PAN:							
	ile/Telephone No. of nomined dian in case of Minor		minee 1		Nominee 2			Nominee 3				
	il ID of nominee(s)/ Guardiar se of Minor	n No										
S An *Gua Proo I/We me/u	y odd lot after division shall bu <b>irdian's Relationship with No</b> <b>f of Relationship of Guardian</b> have read and understood th is in respect of the folio(s) me	PAN Aadhaai e transferred to the first nomi ominee (Mandatory): Min n with Minor: Birth Certiti he instructions on nomination entioned above.	Saving Bank ac nee mentioned in the table other Father Leg icate School Leaving and I/We hereby undertak	count no. above. gal Guardian Certificate Pas	Proof of Identity sport Others	Demat Acco		previous nominations mac				
POA	e signed by ALL holders, irres holder cannot	spective of Mode of Holding o	r Mode of Operation									
nom	inate.	First / Sole Applicant			cond Applicant			Third Applicant				

#### 12. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 20)

🖸 Smart ODR 🛛 OR 🔄 by harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India

#### 13. DECLARATION & SIGNATURE/S (refer instruction 13) I/We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under: (a) I/We am/are eliaible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We 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. (b) I/We will be bound by the Fund's terms and conditions as amended from time to time. (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time. (d) I/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 me/us to the Fund, its Sponsor/s. Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information (f) furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (g) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (h) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT. Consent for Telemarketing (Refer Instruction 19): I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form Consent for disclosure of Personal Information in terms of Privacy Policy I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on https://www.hdfcfund.com) ("Policy") of HDFC AMC/ Fund. I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party 202 or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy. For Foreign Nationals Resident in India only: November I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status. For NRIs/ PIO/ OCIs/ FPIs only: I/We confirm that my application is in compliance with applicable Indian and foreign laws. For NRIs/ PIO/OCIs Please (<) Repatriation basis Non-repatriation basis SIGN HERE (Please write Application Form No. / Folio No. on the reverse of the Cheque /

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**CHECKLIST** 

Please ensure that your Application Form is complete in all respect and signed by all applicants:

Payment Instrument.)

- Name, Address and Contact Details are mentioned in full. Status of First/Sole Applicant is correctly indicated. Bank Account Details are entered completely and correctly.
- Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
- Please attach proof of KYC Compliance status if not already validated. Appropriate Plan / Option is selected.
- If units are applied by more than one applicant, Mode of Operation of account is indicated.
- 🖙 Your investment Cheque is drawn in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name' dated, signed and crossed 'A/c Payee only'. Application Number/Folio No. is mentioned on the reverse of the Cheque.

Re Documents as listed below are submitted along with the Application Form (as applicable to your specific case)

	Documents	Individuals/ HUF/ Sole Proprietary Firms	Companies/ Trusts/ Societies/ Partnership Firms/ LLP	FPI®®	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter		1				
2.	List of Authorised Signatories with Specimen Signature(s) @		1	1			1
3.	Notarised Power of Attorney						1
4.	Account Debit Certificate in case payment is made by from NRE / FCNR A/c. where applicable				1		
5.	PAN Proof	1	✓	1	1	√*	✓
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	5	1	1	1	<b>√</b> #	1
7.	Proof of Date of Birth					1	
8.	Proof of Relationship with Guardian (where Minor is Investor or Nominee)					1	
9.	PIO / OCI Card (as applicable)				1		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI			1			
11.	Ultimate Beneficial Owner		✓	1			✓
12.	FATCA & CRS	1	1	1	1	1	✓

@ Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable

As per prevailing SEBI (FPI) Regulations, 2019, FPIs can invest in Indian Securities only through Stock Broker and in demat mode only. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

### Application Form for Equity and Debt Systematic Investment Plan (SIP) [For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction] Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use (Please refer Product labeling available on page 147 to 149 and terms and conditions overleaf)

MUTUAL FUND
BHAROSA APNO KA
November 2024

<b>KEY PARTNER / AGENT INFORMA</b>	<b>ION</b> (Investors app	olying under Direct Pl	lan must menti	on "Direct" in	ARN column.)		FOR OF	FFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ ARN/RI Portfolio Manager Registration Number (PMRN)	A /Stock Broker/ Manager's Name	Sub-Agent's ARN	Bank Bra	inch Code	Internal Code for Sub-Agent/ Employee	Employee Uniqu Identification Num (EUIN)	e ber	
ARN-153155					E-27189	4		
EUIN Declaration (only where EUIN box I/We hereby confirm that the EUIN box person of the above distributor/sub boo	has been intentiona	ally left blank by me, ng the advice of in-aj	ppropriateness	s, if any, provid	ecuted without an led by the employ	y interaction or advi ee/relationship man	ager/sales per	rson of the distributor/sub broker.
Sign Here First/ Sole Applicant/ Guardia	/ PoA Holder			Sign Here				Sign Here rd Applicant
Transaction Charges for Application		ibutors only	0000	ind Applicant			Date:	
I confirm that I am a first time invest	or across Mutual Fu	nds.	OR					across Mutual Funds.
If the total commitment of investment Charges, the same are deductible as a issued against the balance of the instal	through SIP (i.e. ar plicable from the ir ment amounts inve	nount per SIP instal istallment amount a sted.	llment X no. of nd payable to t	installments he Distributor	) amounts to Rs.1 : In such cases Tr	0,000 or more and ansaction Charge w	your Distribut II be recovera	or has opted to receive transaction ble in 3-4 installments. Units will be
Please ( $\checkmark$ ) any one. In the absence of	ndication of the op	tion the form is liab	le to be reject	ed.	NEW REGIST	RATION	CANCELLAT	ION <sup>s</sup>
Please (~) as applicable: OTM Debit Mandate is already regis OTM Debit Mandate is attached and 1) INVESTOR DETAILS <sup>S</sup>			lebit will start	after mandate	e registration whi	ch takes 10 to 21 da		
Applicant		Name		,, rono no. (i			PAN/ PFKF	RN <sup>#</sup> (Mandatory)
Sole / First Applicant		Name						in (manuatory)
Second Applicant								
Third Applicant								
Guardian/POA Holder								
# Please attach Proof. If PAN/PEKRN/ I/WE WOULD LIKE TO INVEST TO					nandatory for Mi	cro SIP.		
Purchase of Residence	Children's Educat	ion 🔄 Childre	en's Marriage	Reti	rement	Others	Please	Specify
Target Amount								
2) INVESTMENT DETAILS F	OR SIP <sup>s</sup> [Ple:	ase tick $()$ ]						
	-			HDEC			HDEC	
Scheme Name	HDFC			HDFC			HDFC	
Plan	Regular	Direct		Regular	Direct		Regular	Direct
Option / Facility	Growth	1	st 🗌 Payout	Growth	DCW   R	einvest 🗌 Payout	Growth	IDCW   Reinvest Payout
Frequency	Daily <sup>++</sup>		y days from lay to Friday)	Daily <sup>++</sup>	Weekly##_	(Any days from Monday to Friday)	Daily <sup>++</sup>	(Any days from Weekly <sup>##</sup> Monday to Friday)
	Monthly⁺ Half-Yearly	Quart Yearly	,	Monthly Half-Yea		Quarterly Yearly	Monthly Half-Yea	
SIP Installments (For Daily & Weekly frequency)***	E							
SIP Date <sup>+</sup>		DD			DD			DD
Enrolment Period** (MM/YY	From M M	1 Y Y <b>To</b> M	IMYY	From M	ΜΥΥ	<b>o</b> M M Y Y	From M	M Y Y <b>To</b> M M Y Y
SIP Amount								
		SIP TOP-UP (v	/) Not avai	lable for D	aily and We	ekly SIP		
Frequency	Half Yearly	Yearly <sup>+</sup>		Half Yea	rly 🗌 Year	'ly+	Half Year	rly []Yearly+
Amount								
Percentage <sup>s</sup> (%)								
SIP Top-Up Cap Amount or CAP Month-Year <sup>#</sup> :					MMY	V		
*Default if not selected • **Triggered an	1 processed only on	all Business Dave ar		acility shall no	the available •	Triggered and proce	ssed on the day	v onted by the investor. If the day opted
<sup>+</sup> Default, if not selected. • <sup>++</sup> Triggered an falls on non-business day, it will be trigge Daily/Weekly frequencies. • In case of Qua has to be 10% and in multiples of 1% there will be applicable from next effective SIP in	red and processed only of rerly SIP, only the Ye fiter, of the existing S tallment. • *TOP-UF	on the next business arly option is availabl SIP installment. Inves P CAP amount • ** <b>S</b>	day and SIP e as SIP Top-Up stors/unit holde	TOP up facility frequency. • rs subscribing be registerd up	v shall not be avail TOP UP amount for this facility are to a maximum of	able. • ### Number thas to be in multiples required to submit th 40 years • # TOP-UI	of installments of Rs. 100 only e request at lea P CAP Month-Y	the day of the mentioned only in case of the minimum TOP UP Percentage ist 21 days prior to the SIP date. Top-up ear
		ACKNOWLEDGEM	ENT SLIP FO	R SIP (To b	e flled in by the	Investor)		
HDFC MUTU	AL FUND: Head O	ffice : HDFC House,	2nd Floor, H.T.	Parekh Marg,	165-166, Backba	y Reclamation, Chur	chgate, Mumb	ai - 400 020.
DATE D D M M Y Y	Y Y	DLIO NO.						
Received from Mr. / Ms								ISC Stamp & Signature
[For any queries please contact our nea		ce Centre or call us a isit our website: ww		~		767 / 1800 419 767 1er - +91 85069 36		

## 2) INVESTMENT DETAILS FOR SIP<sup>s</sup> [Please tick ( $\checkmark$ )] (Contd...)

Maximum amount of debit (SIP+Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

In cas SIP an	e of SIP in multiple schemes, Cho nount.	eque should be drawn	in favour of "HD	FC MF	MULTI	SIP C	OLLEC.	TION	A/C"	and	the che	que an	nount	t sho	uld m	atch w	/ith t	he total
First S	IP Transaction via Cheque No.		Cheque D	ated							Am	ount (R	s.)					
Mandat	ory Enclosure (if 1st Installment is	not by cheque)	Blank cancelle	ed cheq	ue		Сору о	f che	que									
The nam	ne of the first/ sole applicant must l	be pre-printed on the c	heque.															
3) B	ANK DETAILS																	
OTM B	ank Details to be debited for the S	SIP (OTM already Reg	istered)															
Bank N	lame:		Account Nu	mber:														
4) U	NIT HOLDING OPTION	DEMAT MODE* (B	Enclose Latest Cli	ent Ma	ster / C	emat .	Accour	nt Sta	iteme	ent)	PHY	SICAL	MOD	E (De	efault)	)		
*Demat	Account details are mandatory for (i) FP	ls and (ii) investors who w	ish to hold the units	in Demat	t Mode (	Accoun	t staterr	nent (C	CAS) f	or unit	s held in	demat n	node v	<i>v</i> ill be	issued	l only by	y NSE	)L/CDSL)
NSDL	Depository Participant (DP) Name		DP ID	Ι	N						neficiary count N							
CDSL	Depository Participant (DP) Name		B	eneficia ccount l	ry No.													
5) D	ECLARATION AND SIGNATI	IBF(S) <sup>\$</sup>																
URE (S)	First/ Solo Unit bolder/ Quardian	/ POA Holdor		acond	Linit bo	Idor							Thir	d Uni	t hold			
SIGNATURE (S)		note: Signature(s) sh	ould be as it appe e mode of holding	is joint	he foli , all Ur	o/ on tl nit hold	ers ar	e req	uired	to sig	jn.		e orde	er.	t holde	ţ		
			Terms and Con															
	For detailed terms and cond	-																
on Re • The Ma • Wh	ere a onetime mandate is already registered in ly the SIP Registration Form and there is no r gistration Form. to total of all installments in a day should be le andate already registered or submitted, if not reg nere the mandate form and the SIP registration is a submitted or submitted or submitted or the submitted or submitted or su	need of a separate cheque to ss than or equal to the amoun istered. form are submitted together, du	be given along with the t as mentioned in One T ebits for the SIP may hap	SIP Time Open	D If c W In	irect Deb the start onsidered ithout inc cases w	t / Standii period is I as the si icating th here D-S	ng Instr s not m tart dat ie start s <b>IP/W-S</b>	ruction nention e and v period SIP app	ed, the vill be re then the <b>llicatio</b>	chosen/C gistered f SIP start i <b>is accon</b>	efault dat rom that d date would <b>1panied w</b>	e falling late (eg d be Julj <b>ith fres</b>	g 15 da g. If the ly 1). <b>sh OTM</b>	ays fron applicat <b>I manda</b>	m submis tion is sul <b>ites, the</b> :	ssion o bmitte <b>start d</b>	ct Clearing/ date will be d on June 1 <b>ate/day for</b>
SIF bai • In c del • Wh	case the onetime mandate is successfully regis bit may happen any time thereafter, based on the iile the Fund and RTA reserve the right to enha	tion of the successful registra tered, new SIP registration will dates opted by the Unit holder nce the SIP period to ensure n	tion from the Unit holder take upto five days. The (s). ninimum installments as	r(s)' first per	in O In te H	vestors TM. case the chnical/ DFC AM(	enrolling e D-SIP/N operation C/Fund, s	for D-3 N-SIP i nal issu uch mi	SIP/W- instalm ues/ac ssed d	SIP sho nent is r tions of ebits wi	ould sele ot debite other pa Il not be r	ct "As & v d on a pa rties or a e-initiated	vhen pi rticulai ny othe I.	resente r day o er circu	ed" as p in accou umstanc	payment unt of sys ces beyo	freque stem c and the	tion banks. ency in the onstraints, e control of
	spective scheme offer documents, even if the in s than minimum installments, they may reject the			iiuu								oned in th						

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  from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being
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  after the specific SIP date due to local holidays or any other reason.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility and SIP facility in the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.

In case the auto debit start date/day as mentioned in the form does not satisfy this condition, the first date/day shall be rolled over to begin from the immediately following month (provided the roll over date/day does not exceed the maximum time gap of 90 days between the SIP submission date and first installment of SIP through NACH/Direct Clearing or Direct Debit/Standing Instruction) and the end date/day shall accordingly get extended.

In case of auto cancellation, the below given uniform timeline for treating an SIP as closed / cancelled shall be adopted by all AMCs:

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The AMC will send a communication to investor after 1st failed debit attempt, mentioning that the SIP will cease in case of 3 consecutive rejections and another communication after cancellation of SIP intimating the cancellation to the investor.

- SIP cancellation request will be effective within 10 calendar days from the submission of such request by the investor.
- When an investor submits request for cancellation of SIP, all AMCs shall ensure that there is cancellation of auto-debit/SIP within 10 calendar days of such request placed by the investor.

	ACKNOWLEDGEMENT SLIP FOR SIP (To be filed in by the Investor)
Scheme / Plan / Option	Scheme 1
	Scheme 2
	Scheme 3
	ntact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)] @hdfcfund.com or 💮 visit our website: www.hdfcfund.com 🍞 Missed Call Number - +91 85069 36767

	[Applicat	ole for Lumpsu		Mandate For ional Purchases as w	ell as SIF							mode	s]						
EHDFC	UMRN			OFFICE USE ONL	Y					] Da	ate	D	D	$\mathbb{N}$	M	Y	Y	Y	Y
MUTUAL FUND BHAROSA APNO KA	Utility Code			OFFICE USE ONL						Crea	ate			] Mod	ify		C	ancel	
Sponsor Bank Code	OFFICE USE	ONLY		I/We authorize	HDF	C Muti	ual Fi	und											
To debit (tick√)	SB/CA/CC/SB-NRE/S	B-NRO/OTHE	R	Bank A/c numb	er														
With Bank								IF	SC/MI	CR									
an amount of Rupees														₹					
<u>Debit Type</u> ⊟ Fixed PAN/PEKRN	Amount 🛛 Maxii	mum Amount	İ	<u>Frequency</u>		i <del>thly E</del> erence :		arterly	/	] Half	F Year	ly		Yearly	- 🛛 /	As & v	when	prese	ented
1. I agree for the debit of r declaration has been care 3. I have understood that where I have authorized the From DDDMM	efully read, understood & I am authorised to cance	، made by me/ı	us. I am	authorising the use	o debit m r entity/C	ny accou Sorporate	nt as p to deb	oit my	accou	nt, bas	sed o	n the i	nstru	ctions	as agr	eed an	ıd sig	ned by	me.
To D D M I	V Y Y Y		Signatur	e of Primary Accoun	t Holder		Signa	ture of	f Accol	unt Ho	lder			Sig	nature	of Acc	ount	Holder	
Maximum perioo mandate is 40 y	d of validity of this ears only	1.	Na	me as in Bank Recor		2	Nam		n Bank				3	Na			k Rei		
Phone No.													0						
0.4																			
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### Application Form for Equity and Debt Systematic Investment Plan (SIP) [For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction] Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use (Please refer Product labeling available on page 147 to 149 and terms and conditions overleaf)

MUTUAL FUND
BHAROSA APNO KA
November 2024

<b>KEY PARTNER / AGENT INFORMA</b>	TION (Investors app	olying under Direct Pl	lan must menti	on "Direct" in	ARN column.)		FOR O	FFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	A /Stock Broker/ Manager's Name	Sub-Agent's ARN	Bank Bra	inch Code	Internal Code for Sub-Agent/ Employee	Employee Uniqu Identification Num (EUIN)	le ber	
ARN-153155					E-27189	4		
EUIN Declaration (only where EUIN box I/We hereby confirm that the EUIN box person of the above distributor/sub boo	has been intention	ally left blank by me, ng the advice of in-aj	ppropriateness	s, if any, provid	ecuted without an led by the employ	y interaction or advi ee/relationship man	ager/sales pe	rsón of the distributor/sub broker.
Sign Here First/ Sole Applicant/ Guardia	/ PoA Holder			Sign Here				Sign Here ird Applicant
Transaction Charges for Application		ibutors only	0000	ind Applicant			Date:	
I confirm that I am a first time invest	or across Mutual Fu	nds.	OR					across Mutual Funds.
If the total commitment of investment Charges, the same are deductible as a issued against the balance of the instal	through SIP (i.e. ar plicable from the ir ment amounts inves	nount per SIP instal istallment amount a sted.	llment X no. of nd payable to t	installments he Distributor	) amounts to Rs." . In such cases Tr	0,000 or more and ansaction Charge w	your Distribut ill be recovera	or has opted to receive transaction ble in 3-4 installments. Units will be
Please ( $\checkmark$ ) any one. In the absence of	indication of the op	tion the form is liab	le to be reject	ed.	NEW REGISTI	RATION	CANCELLAT	ION <sup>s</sup>
Please (~) as applicable: OTM Debit Mandate is already regis OTM Debit Mandate is attached and 1) INVESTOR DETAILS <sup>\$</sup>			lebit will start	after mandate	e registration whi	ch takes 10 to 21 da		
Applicant		Name		,, rono no. (i			PAN/ PFK	RN <sup>#</sup> (Mandatory)
Sole / First Applicant		Name						
Second Applicant								
Third Applicant								
Guardian/POA Holder								
# Please attach Proof. If PAN/PEKRN/ I/WE WOULD LIKE TO INVEST TO					nandatory for Mi	cro SIP.		
Purchase of Residence	Children's Educat	ion 🗌 Childre	en's Marriage	Reti	rement	Others		
Target Amount								
2) INVESTMENT DETAILS I		ase tick $()$						
Scheme Name	HDFC			HDFC			HDFC	
Plan	Regular	Direct		Regular	Direct		Regular	Direct
Option / Facility	Growth	IDCW   Reinve	st 🗌 Payout	Growth	DCW   R	einvest 🗌 Payout	Growth	IDCW   Reinvest Payout
Frequency	Daily <sup>++</sup>		y days from lay to Friday)	Daily <sup>++</sup>	Weekly##_	(Any days from Monday to Friday)	Daily <sup>++</sup>	(Any days from Weekly <sup>##</sup> Monday to Friday)
	Monthly⁺ Half-Yearly	Quart Yearly	,	Monthly Half-Yea		Quarterly Yearly	Monthly Half-Yea	
SIP Installments (For Daily & Weekly frequency)***	E							
SIP Date <sup>+</sup>		DD			DD			DD
Enrolment Period** (MM/YY	From M	1 Y Y <b>To</b> M	IMYY	From M	ΜΥΥ	<b>o</b> M M Y Y	From M	M Y Y <b>To</b> M M Y Y
SIP Amount								
		SIP TOP-UP (🗸	/) Not avai	lable for D	aily and We	ekly SIP		
Frequency	Half Yearly	Yearly <sup>+</sup>		Half Yea	rly 🗌 Year	'ly+	Half Yea	rly <u></u> Yearly⁺
Amount								
Percentage <sup>s</sup> (%)								
SIP Top-Up Cap Amount or CAP Month-Year <sup>#</sup> :					MMY	V		
<sup>+</sup> Default_if not selected • <sup>++</sup> Triggered an	d processed only on	all Business Davs ar	nd SIP TOP up f	acility shall no	t be available •	Triggered and proce	ssed on the da	v onted by the investor If the day onted
<sup>+</sup> Default, if not selected. • <sup>++</sup> Triggered ar falls on non-business day, it will be trigge Daily/Weekly frequencies. • In case of Quz has to be 10% and in multiples of 1% there will be applicable from next effective SIP in	red and processed only of rterly SIP, only the Ye ffter, of the existing S tallment. • *TOP-UF	on the next business arly option is availabl SIP installment. Inves P CAP amount • ** <b>S</b>	a day and SIP e as SIP Top-Up stors/unit holde SIP tenure can b	TOP up facility of frequency. • rs subscribing be registerd up	v shall not be avai ^ TOP UP amount for this facility are oto a maximum of	able. • ## Number has to be in multiples required to submit th 40 years • # TOP-U	of installments of Rs.100 online request at lea P CAP Month-Y	s have to be mentioned only in case of y. • \$The minimum TOP UP Percentage ist 21 days prior to the SIP date. Top-up ear
		ACKNOWLEDGEM	ENT SLIP FO	R SIP (To b	e flled in by the	Investor)		
HDFC MUTU		ffice : HDFC House,		•	-	,	chgate, Mumb	ai - 400 020.
DATE D D M M Y Y	Y Y F	DLIO NO.						
Received from Mr. / Ms								ISC Stamp & Signature
[For any queries please contact our nea		e Centre or call us a isit our website: ww		~		767 / 1800 419 767 1er - +91 85069 36	. /1	

## 2) INVESTMENT DETAILS FOR SIP<sup>s</sup> [Please tick ( $\checkmark$ )] (Contd...)

Maximum amount of debit (SIP+Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

	se of SIP in multiple schemes, Ch imount.	eque should be drawn in	favour of "HD	FC MF	MULTI	SIP C	OLLEC	CTION	N A/C	" and	l the	cheq	ue am	ount	shou	uld ma	atch w	vith t	he total
First	SIP Transaction via Cheque No.		Cheque D	ated							Y	Amou	ınt (Rs	s.)					
Manda	atory Enclosure (if 1st Installment is	not by cheque)	Blank cancelle	ed cheo	que		Сору	of ch	eque										
The na	me of the first/ sole applicant must	be pre-printed on the che	que.																
3)	BANK DETAILS																		
OTM	Bank Details to be debited for the	SIP (OTM already Regist	ered)																
Bank	Name:		Account Nu	mber:															
4)	JNIT HOLDING OPTION	DEMAT MODE* (End	close Latest Cli	ent Ma	ster / I	Demat	Accou	int St	tatem	ent)	F	PHYS	ICAL I	NODE	E (De	fault)			
*Dema	t Account details are mandatory for (i) FF	ls and (ii) investors who wish	n to hold the units	in Dema	t Mode	(Accour	nt stater	ment	(CAS)	for un	its hel	d in de	emat m	ode w	ill be	issued	only by	y NSC	)L/CDSL)
NSD	L Depository Participant (DP) Name		DP ID	I	N						enefic ccoun								
CDS	Depository Participant (DP) Name	·	B	Beneficia Account	ary No.														
5)	DECLARATION AND SIGNAT	IBE(S) <sup>\$</sup>																	
URE (S)	First/ Sole Unit holder/ Guardiar	/ POA Holder		Second	Unit ho	lder				_				Third	Unit	holde	ar.		
SIGNATURE (S)	Please	note: Signature(s) shou	ld be as it appe 10de of holding	ears in t is joint	the foli t, all U	o/ on t nit holo	lers a	re re	quire	d to s	ign.		same	ordeı		IIUIUt	1		
			erms and Con																
	For detailed terms and cond	-																	
)     	Where a onetime mandate is already registered in only the SIP Registration Form and there is no Registration Form. The total of all installments in a day should be le dandate already registered or submitted, if not reg Vhere the mandate form and the SIP registration	need of a separate cheque to be ss than or equal to the amount as istered.	given along with the s mentioned in One 1	SIP Fime	E If c v	)irect Deb the star considere vithout in	it / Stanc t period d as the dicating t	ding Ins is not start da the star	structio mentio ate and rt perio	n. ned, th will be d then th	e chos registe he SIP s	en/Defa red fror start dat	ault date n that da te would	falling ite (eg. be July	15 da If the a 1).	iys fron applicat	n submis ion is sul	ssion o bmitte	ct Clearing, date will be d on June 1 <b>ate/day fo</b> i
	only on successful registration of the mandate by SIP transactions without waiting for the confirm bank. n case the onetime mandate is successfully regis	the Unit holder(s) bank. The Fund ation of the successful registration	/ AMC would presen n from the Unit holde	t the r(s)'	C 11 0	)-SIP/W- ivestors )TM.	SIP shal enrollin	l be 10 g for D	) days a )-SIP/V	fter rec /-SIP s	ceipt of hould s	confirr select '	nation fo "As & w	or regis hen pre	tration esente	n of OTN ed" as p	A from de ayment	estina frequ	tion banks. ency in the
• \	I case the one the mandate is Successfully regis lebit may happen any time thereafter, based on th Vhile the Fund and RTA reserve the right to enha espective scheme offer documents, even if the i less than minimum installments, they may reject	e dates opted by the Unit holder(s). Ince the SIP period to ensure mini Ivestor has submitted the form late	mum installments as or requested for a pe	s per	t F	echnical, IDFC AM `In case	<b>operatio</b> C/Fund, and the set of	<b>onal is</b> such n :o debi	<b>sues/a</b> nissed t start	<b>ctions</b> ( <b>debits v</b> date/da	<b>of othe</b> will not y as m	r parti be re-i nentione	es or an nitiated. ed in the	y other	r <b>circu</b> does n	imstand	fy this c	nd the	constraints control of on, the first

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  from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being
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	Scheme 2
	Scheme 3
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			Mandate Fori itional Purchases as w				iodes]			
<b>G</b> HDFC	UMRN		OFFICE USE ONLY			Date	DD	MM	ΥΥ	ΥY
MUTUAL FUND BHAROSA APNO KA	Utility Code		OFFICE USE ONLY			Create		Modify	Can	cel
Sponsor Bank Code	OFFICE USE ON	LY	I/We authorize	HDFC Mu	tual Fund	<b>-</b>				
To debit (tick✔)	SB/CA/CC/SB-NRE/SB-I	NRO/OTHER	Bank A/c numbe	er						
With Bank					IF	SC/MICR				
an amount of Rupees							₹	F		
<u>Debit Type</u> ⊟ Fixed PAN/PEKRN	Amount 🛛 🗹 Maximu	m Amount	Frequency	─ Monthly Reference		<del>y Half Yearly</del>	- I Y	<del>'early</del> 🛛 A	s & when p	resented
1. I agree for the debit of declaration has been car	mandate processing charge efully read, understood & m: I am authorised to cancel/a he debit.	ade by me/us. I ar	n authorising the user	o debit my acco entity/Corpora	ount as per lat te to debit my	account, based on t	the instruc	ctions as agre	ed and signe	d by me.
To D D M	M Y Y Y Y	Signatu	ire of Primary Account	Holder	Signature o	f Account Holder		Signature o	f Account Ho	lder
Maximum perio mandate is 40 y	d of validity of this years only	<b>1</b> . N	ame as in Bank Record	is <b>2</b>	Name as i	n Bank Records	3	Name as i	n Bank Recor	
Phone No.				L			_ 0			
%										

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# Know Your Customer (KYC) Application Form Undividual

District\*



	KIIQ	w rour	Gusi	omer		0) A	hhi	Call		UIII	1	uivi	luua				<i>.</i>		VI.	5	K	K	А
A Fields marked with '*' are ma	andatory fi	alde	F	Ploa	so roa	d soc	tion	wica d	ataila	d quic											күс	Serv	/ices
B. Tick " wherever applicable.	andatory ne	eius.								•		Vehio	cle Act	, 1988	is avail	able at	the e	nd.					
C. Please fill the form in English	n and BLO	CK letters.	н	I. List	of two	chara	cter	ISO 3	166 c	ountry	cod	es is	availa	ble at t	he end								
D. Please fill the date in DD-MM												•				oned	loina						
section number and strike of required to be updated.			DUX J.										ckeu n		unis o <sub>f</sub>		Ising						
For office use only		Applicatio	n Type*	·	N	ew		Upo	date														
(To be filled by financial instituti	<pre>Processes descrite device d</pre>																						
		Account 1	Гуре*		N	ormal		Min	or		Aadh	aar C	DTP ba	ased E-	KYC (i	n non-f	ace t	o fac	e mo	de)			
1. Personal Details	(Please	e refer ir	nstruct	ion A	at th	e en	d)																
	Prefix	1	F	First Na	ame						Mic	dle l	Name						Last	Nam	e		
Name* (Same as ID proof)																							
Maiden Name		<u>   </u> 1																					
Father / Spouse Name*																							
Mother Name																							
Date of Birth*			- 1 1						<b>-</b> -	-													
Gender*					- Fema	ale			_		-												
PAN*									_		0 fur	nishe	ed										
Marital Status*					-			L	Ot	hers								_					
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Residential Status*														」 Pers	on of Ir	ndian C	rigin						
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	ent e-docu	iment of C					•	0			_		o be s		· · ·	one of	the fo	liowi	ng O	vDs)			
A-Passport Number				F	asspo		крігу	Date			IVI	IVI	- Y	ΥΥ	Ť					P	Ю	TO*	
B-Voter ID Card																							
C-Driving Licence							Dri	ving l	Licen	ce E>	piry	Date	e D	D - [	MM	- Y	YYY	Y					
D-NREGA Job Card																							
E-National Population Re	egister Lett	er																					
F-Proof of Possession of	Aadhaar	No n	need to atta	ch. Aadha	aar card.	lf subm	itted, A	adhaar l	Number	to be m	asked i	by the o	customei										
II E-KYC Authentication		No n	need to atta	ch. Aadha	aar card.	lf subm	itted, A	adhaar l	Number	to be m	asked i	by the d	customei										
III Offline verification of Aad	lhaar	No n	need to atta	ch. Aadha	aar card.	lf subm	itted, A	adhaar l	Number	to be m	asked i	by the o	customei										
Address [For other than resider	nt Individua	al, please r	mention	Overse	eas Ac	dress	5]												au	iuss pi			venng
Line 1*																							
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Line 3														Г	'own/Vi	llage*							
District*			F	Pin/Pos	st Code	€* ∟					:	State	/U.T C	Code* ∟			ISC	D 31	66 Co	ountr	y Co	de* ∟	
3. CURRENT ADD	RESS D	ETAILS	(Pleas	se rei	fer in	struc	ction	<b>B</b> a	t the	end	)												
Same as above mentioned	address (	In such ca	ses addi	ress de	etails a	is bel	ow ne	ed no	ot be	orovid	ed												
I. Certified copy of OVD or equiv	alent e-do	cument of	OVD or	r OVD	obtain	ed thr	ough	digita	al KYC	c proc	ess r	needs	s to be	submi	tted (ar	iyone d	of the	follo	wing	OVD	s)		
A-Passport Number																							
B-Voter ID Card																							
C-Driving Licence																							
D-NREGA Job Card													]										
E-National Population Re	egister Lett	er																					
F-Proof of Possession of	-		No	o need to	attach. A	adhaar	card. If	submitt	ted, Aad	haar Nu	mber t	o be ma	asked bv	the custo	mer								
II E-KYC Authentication																							
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Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

		ns will be sent to Mobile	e number/Ema	il-ID pro∖	vided) (	Please	refei	rinst	ructio	on C	at tr	ne en	ıd)			
Tel. (Off)	-	Tel. (Res)	-			Mobile	•	-								
Email ID																
5. Remark	s (If any)															
<ul> <li>undertake to info or untrue or misl.</li> <li>I hereby declare any statute of leg time</li> <li>I hereby consen number/email ad</li> </ul>	that the details furnished above rm you of any changes therein, adding or misrepresenting. I am that I am not making this applic jislation or any notifications/direct t to receiving information from	immediately. Incase any of aware that I may be held li ation for the purpose contra- ctions issued by any gover	the above informable for it. avention of any nmental or statu	nation is f Act, Rules tory autho	ound to , Regula rity from	be false ations or a time to						imb l				cant
7. Attestation	For Office Use only															
Documents Receive	d Certified Copies	E-KYC data rec			ata rece	ived froi	m Offl	ine ve	erifica	tion		Digit	al KN	/C Pi	oces	s
К	YC documents verification c	arried out by					Instit	ution	deta	ails						
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Emp. Name																
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	[Employee Signature]		Code			[1	Instit	utior	n Sta	mp]						
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Emp. Designation Emp. Branch	-Person Verification (IPV) ca		Code													

CAMES OF THE STORY		FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance														
PAN / PEKRN*																
Name																
Address Type [for KYC address]		idential istered Of iness	fice		Nation	nality	🗌 Indian		US [	] Othe	ers <u>(</u>	olease	spec	<u>cify)</u>		
Place of Birth					Coun	try of Birth										
Gross Annual Income Details in INR Net Worth in INR. In Lacs & Date [Optional]	5-10	v 1 Lakh Lacs Ics - 1 Cr	Detai	pation Is [Please ny one (√)]												
Politically Exposed Person [PEP]	☐ Yes ☐ Not A	.pplicable		other nation [if cable]			[	Pleas	e spec	ify]						
	Green Car y of Tax dency	-	Tax Resid Tax Identifi Number (T nctional Ec	cati IN)	on or	Identi	e countries fication Typ N or other, se specify]		If TIN is not available, please tick ☑ the reason A, B or C [as defined below] → Reason A □ B □ C □							
2 > Reason A → The > Reason B → No TIN to be collected > Reason C → Othe	TIN required d]	l [Select th	is reason or	is lia nly if	able to pa the auth	ay tax do orities of	es not issue the respecti	TIN t	→ Rea o its res	son A		в 🗆	С			
Declaration: I acknowledge and co the above specified in authorize you [CAMS/ including all changes Management Compar judicial authorities / a India or outside India Further, I authorize to SEBI / RBI / IRDA / PI writing about any cha additional information Fund/AMC/RTA to pro or close or suspend m FATCA & CRS Terms	formation is Fund/AMC] , updates to ay, trustees, gencies incl wherever it share the g FRDA to fac anges / moo as may be vvide relevan account(s	found to be to disclose o such infi- their empl- uding but i is legally r iven inform illitate singli dification to required a mt informati s) without a	e faise or un e, share, rely ormation as oyees / RTA not limited to equired and tation to othe e submissio o the above at your / Fui on to upstre iny obligatio	true /, rer and and o the l oth er Sl n / u infc nd's am μ n of	or mislea mit in any d when the Auth e Financi er invest EBI Regi pdate & ormation end or oayors to advising	ading or y form, m provided orized Pa ial Intellig igation a stered In for other in future by dome enable me of th	nisrepresent ode or mann by me to / arties') or any gence Unit-In gencies without termediaries/ relevant purp within 30 d stic or overs vithholding to e same. I als	ing, I her, a ny lndia dia ( bout a for ar boses ays eas b occ	/ am av all / any of the ian or fo (FIU-INI iny oblig ny regul s. I also and also regulato ur and	vare the of the Mutua preign ( D), the gation ( ated in under so under so under so y und	at I ma inform al Fun goverr tax / of adv terme take to ertake c autho t any s	ay liable ation pr d, its S mental revenue diaries r b keep y to prov prities. I sums fro	for it ovide pons or st auth of t regist ou in ride /We m m	I hereby ed by me, or, Asset atutory or horities in he same. tered with formed in any other authorize y account		
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Signature with Name, Emp. ID & Seal

Date: