

## Application Form (Except for HDFC Gold Exchange Traded Fund and HDFC Children's Gift Fund)

MUTUAL FUNI www.hdfcfund.com			pe completed in English			er page before completing tr	IIS FOITH.			
KEY PARTNER / AGENT IN	IFORMATION (Inv	estors applying ur	nder Direct Plan must mer	ntion "Direct" in ARN co	umn.) (Refer Instruction 1)		FOR OFFICE USE ONLY			
ARN	ARN Na	ame	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)			
ARN- <b>257030</b>					E 479794					
EUIN Declaration (only where I/We hereby confirm that the of the above distributor/sub b				transaction is execute if any, provided by the	ed without any interaction employee/relationship m	or advice by the employee, nanager/sales person of the	relationship manager/sales person distributor/sub broker.			
	gn Here			Sign Here			ign Here			
				Second Applicant			d Applicant			
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)										
registered Distributor) based	on the investors' a	ssessment of var	ious factors including t	he service rendered by	the ARN Holder.		e as applicable from the purchase/ e investor to the ARN Holder (AMFI			
1. EXISTING UNIT HOLDE	R INFORMATION	(IF YOU HAVE	EXISTING FOLIO, PLE							
Folio No.	".1. ( ()		/			tollo number mentioned ald	ngside will apply for this application.			
2. MODE OF HOLDING [PI		Single	Joint	Anyone or Surviv	or		<b>T</b>			
3. UNIT HOLDER INFORMA NAME OF FIRST / SOLE AI	•	,	shall be no joint holde	DATE OF BIRTH@ rs)	DD MM	YYYY	f of date of birth@ Please ( )  Attached</td			
Mr. Ms. M/s.				<u> </u>						
Nationality NAME OF GUARDIAN (in ca	ase of First / Sole A	Applicant is a Min		PAN#/ PEKRN# CT PERSON – DESIGN	ATION (in case of non-inc	KIO#	[Please tick ( $\checkmark$ )] $\square$ Proof Attached (Mandatory)			
Mr. Ms.						,				
Nationality PENDA (			Designation		Con	tact No.	1 (Mandatanı) 🗆 Duraf Attackad			
PAN#/ PEKRN# Relationship with Minor@ P	lease (✓) Fathe	r Mother	Court appointed Legal	Guardian	Proof of relationship w		(Mandatory) Proof Attached tached @ Mandatory			
MAILING ADDRESS OF FI			y) (Refer Instruction 4a	a)						
CITY			STA	ATE		PIN (	CODE			
CONTACT DETAILS OF FIRE Telephone : Off.	RST / SOLE APPLIC	ANT	Country Code Res.		STD Co	ax				
eAlerts Mobile			eDocs Email ^		10	un				
On providing email id Inve	estors (individual wi investors shall rece	ith mode of holdii ive scheme wise	ng as single and for HUI annual report or an abr	s) shall receive HPIN	to transact online as per t	terms& conditions displayed	w.hdfcfund.com (Email id mandatory). on website. by email. (Refer Instruction 10 & 12)			
4a. Status of First/ Sole A	pplicant [Please	tick (√)] 🔲	Individual 🗌 Non - I		ch Ultimate Beneficial O Form] (Refer Instruction		n Form and FATCA/ Foreign Tax Laws			
Resident Individual NI			ation Partnership	☐ Trust ☐ HUF	AOP PIO CO	ompany FIIs Minor on Profit Organisation 0				
4b. Occupation Details [Pl	lease tick (√)]	Service	Private Sector	Public Sector G	overnment Service	Student Professiona	l Housewife Business			
Retired Agriculture	Proprietor	ship Oth	ers	(please speci	fy)					
4c. Gross Annual Income	. , .	,,	ow 1 Lac	5 Lacs	10 Lacs	25 Lacs	s - 1 Crore			
c. Net-worth (Mandatory fo		<u> </u>			as on		(Not older than 1 year)			
4d. Politically Exposed Per							Related to PEP Not Applicable			
4e. Non-Individual Investors. JOINT APPLICANT DETA				Money Len	hange / Money Changer S ding / Pawning	Services Gaming / G None of the	ambling / Lottery / Casino Services above			
1. NAME OF SECOND APP Mr. Ms. M/s.  Nationality				PAN#/ PEKRN#			[Please tick (✓)] ☐ Proof Attached			
a. Occupation Details [	Dlassa tick (√)1	Service	Private Sector		Government Service	Student Profess	(Manuatory)			
Retired Agricul	``	·	Others	(please sp		Student Profess	ionai nousewiie busiiie			
b. Gross Annual Incom							Doloted to DED Not Applicable			
# Please attach Proof. Refer	. ,	` ''		es/ Piumoleis/ Karta/ II	nares/ Milling Mille Dilector	is) 💹 Täm PEP 🔙 Tam	Related to PEP Not Applicable			
ACKNOWLEDGEMENT SLI	P (To be filed in by th	ne Investor) [For an					3010 6767 / 1800 419 7676 (Toll Free)]			
			Head Office : HUL	IDFC MUTUAL FUNI . House, 2nd Floor, H. <sup>-</sup>	Γ. Parekh Marg,	Date :				
			165-166, Backbay Rec	clamation, Churchgate,	Mumbai - 400 020.		ISC Stamp & Signature			
Received from Mr. / Ms. / M/							100 otamp & oignature			
an application for Purchase o	of Units of the Schem	e(s) alongwith Che	eque / DD / Payment Instr	ument as detailed overle	eaf.					

... continued overleaf

5. JOINT APPLICANT DETAILS, I	f any <i>(contd)</i> (R	efer instruction 4) (In case of	Minor, there	shall be no joint	holders)		
2. NAME OF THIRD APPLICANT Mr Ms. M/s.  Nationality			PAN#/ PEKRN:	#		KYC# [Please tick (✓)] ☐ Proof	Attached
a. Occupation Details [Please	tick (✓)] ☐ Sei	vice Private Sector	Public Sec	tor Governr	nent Service Student	(Mandatory)	Business
Retired Agriculture	Proprietorship	Others	(p	lease specify)			
b. Gross Annual Income (Rs.) c. Politically Exposed Person (P							cable
6. FATCA INFORMATION/ FOREI					, —		
The below information is req			TTOPTICION	(Sell Gertillea)	ווטוו) (ווכוכו וווטנועטנוטוו 4)		
	al or Business	Residential 🗌 Business	_ •	•		isting address appearing in Folio) → No	
If Yes, please provide the follo	-		/ Idx IIGSI	ichcy other tha	ii iiiuia: 163	NO	
Please indicate all countries in			the associa	ited Tax Referen	ce Numbers below.		
Category		icant (including Minor)			ant/ Guardian	Third Applicant	
Place/ City of Birth							
Country of Birth							
Country of Tax Residency 1							
Tax Payer Ref. ID No. 1							
Country of Tax Residency 2							
Tax Payer Ref. ID No. 2							
Country of Tax Residency 3							
Tax Payer Ref. ID No. 3							
7. POWER OF ATTORNEY (PoA)	UNI DED DETAIL O						
	HULDEN DETAILS		1 1 1				
Name of PoA   Mr.   Ms.   M/s.   PAN#/ PEKRN#         # Please attach Proof. Refer instruc	tion No 16 for PAN/PEK	-	ase tick (√)]	(Mandatory)	Proof Attached		
B. BANK ACCOUNT DETAILS OF			tion/ divide	nd if any) (refe	r instruction 5)		
(Mandatory to attach proof, in cas	se the pay-out bank	account is different from the b	ank account	mentioned under	Section 10 below.)		
For unit holders opting to hold units	s in demat form, plea	se ensure that the bank accoun	t linked with t	he demat account	is mentioned here.		
Bank Name Branch Name					Bank City		-
Account Number					Burnt Oity		
MICR Code			(The 9 digit	code appears on	your cheque next to the cheque n	umber)	
Account Type (Please ✓)	☐ Savings ☐	Current NRO	NRE		ners (please specify)	, 	
IFSC Code***				*** Refer Instruc cheque leaf. If yo	ction 5C (Mandatory for Credit via N u do not find this on your cheque le	EFT / RTGS) (11 Character code appearing or af, please check for the same with your bank)	n your )
). MODE OF PAYMENT OF REDE	MPTION / DIVIDE	ND PROCEEDS VIA NEFT /	ECS / DIRI	ECT CREDIT (ref	er instruction 11)		
'	•	•		,	ia Direct credit/ NEFT/ECS facility redit through NEFT system / credit	/ through ECS into my / our bank account	
0. INVESTMENTS & PAYMENT D	ETAILS [Please (	)] (refer instruction 6 & 7 for Sch	eme details an	d instruction 8 & 9 f	or Payment Details) The name of the	first/ sole applicant must be pre-printed on the	e cheque.
Regular Plan (Purchase	•	,			an (Purchase/ Subscription ma	•	
Mention valid ARN in Key	y Partner/ Agent Info		, , =:		DIRECT in Key Partner/ Agent Ir	formation	
Scheme/Plan/Sub Option		For Default Plan	(viz. Direct / I	Regular Plan) refer	instruction 7.		
Payment Type [Please (	()] Non-Th	ird Party Payment	Third Par	ty Payment (Ple	ase attach 'Third Party Paymer	t Declaration Form')	
Cheque/ DD/	Cheque/ DD/ Payment Instrument/	Amount of Cheque / DD / Payment Instrument /	DD Charges	Net Cheque/ DD	Drawn on Bank / Branch	Pay-In Bank Account No	
UTR No.	UTR Date	RTGS/ NEFT in figures (Rs.)	if any	Amount	514111 011 541111, 5141101	(For Cheque Only)	
			— — -	ılars			
Scheme Name / Plan / Option / Sub-	option / Chea	ue / DD / Payment Instrument /			of Donk and December	Amount in figures (D-)	
Payout Option		No. / Date		Drawn on (Name	e of Bank and Branch)	Amount in figures (Rs.)	

	OLDING OPTION DEMAT MODE* account details are mandatory if the investor wishes to hold	PHYSICAL M	•	)efau	ılt)		(	refer	r in	struc	tion	13)											
NSDL	DP Name		OP ID	ı	N							Be	eneficiary	<u>.</u> [							T		
CDSL	DP Name		Be	nefici count	iary		T	T	_		_			<u> </u>	T				T	İ	T		Ē
*Investor	opting to hold units in demat form, may provide a copy of the					e dem	nat de	etails a	as	stated	in th	ne app	lication fo	rm.								!	
	ATION (refer instruction 15) (Mandatory for new fo														at	Form	1)						
[Please	$e~(\checkmark)$ and sign] $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$																						
	First / Sole Applicant	_	Se	cond	Applic	ant							_		Thi	rd Ap	plica	ant		_			
□ I/We	e wish to nominate as under:		0R																				
		Date of Birth		Name	e and A	Adros	ee of	Guard	diar		T							Pro	port	ion (	%) ir	ı whi	ic
Name	e and Address of Nominee(s)	(to be furi							_				ure of Nor an of Nom				)	the u	ea	ch No	min	iee	
		(to be full	IIISIICU II		o uio iv	OTTILL		α ππ			+						+	(should aggregate to 100					
	Nominee 1																						
	Nominee 2																						
	Nominee 3																						_
	RATION & SIGNATURE/S (refer instruction 14)										_						_						_
schu ('Fu (2) I/We mak the sevas India (3) The sucl Com Age (4) That misl (5) I/We and, Fund serv fore Fina (6) I/We rega (7) The	e information given in / with this application form is true and of the other further/additional information as may be required mpany Limited (AMC)/ Fund and undertake to inform the Alent (RTA) in writing about any change in the information furnish at in the event, the above information and/or any part of it leading, I/We will be liable for the consequences arising therefie hereby authorize you to disclose, share, remit in any form/or any part of it including the changes/updates that may be did, its Sponsor/s, Trustees, Asset Management Company, its vice providers, SEBI registered intermediaries for single up aign statutory, regulatory, judicial, quasi-judicial authorities/a ancial Intelligence Unit-India (FIU-IND) etc without any intimative will indemnify the Fund, AMC, Trustee, RTA and other interarding the eligibility, validity and authorization of my/our transate ARN holder (AMFI registered Distributor) has disclosed to	e Scheme(s) of HD cuments and am/ar rization(s). The am ne purpose of contr ssued by any regula correct and further by the HDFC Ass MC / Fund/Registra ed from time to time t is/are found to b rom. nanner/mode the ab the provided by me/ employees, agente dation/ submission gencies including to on/advice to me/us ermediaries in case ctions. me/us all the comi	FC Mutti re autho ount inv ravention tory aut agree to et Mana e.e. e false/ ove info is to the s and thi unut not li	ual Fu  rised ested n and, hority furni geme Trans  untru  rmati e Mutt rd pan dian mited  dispu s (in t	nd to to in in //or rin sish ent feer on ual rty or to	oldinal une(a)	App Gu	t / Sole licant , ardian		on t	the r		e of the C				nd [	Oraft /					
<ul> <li>(7) 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.</li> <li>(8) 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.</li> </ul>																							
	reign Nationals Resident in India only:	y/avarlar !!			A/-																		
shall be	ill redeem my/our entire investment/s before I/We change my e fully liable for all consequences (including taxation) arisir It of change in residential status.						-	hird															
	Is/ PIO/OCIs only:							hird olicant	t														
I/We cor	infirm that my application is in compliance with applicable India $e(\checkmark)$ Yes $\Box$ No If Yes, $(\checkmark)$ $\Box$ Repatriation by	-		asis																			

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## **APPLICATION FORM FOR SIP & FLEX SIP**

[For Investments through NACH/ ECS (Debit 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



May 2018

VDVI/ DIV Codo	NT IN				apply	_	nder Direct P	lan					ct" ir				1.	-	meli	a Her		F0	R 0	FFIC	E U	SE O	NLY (	TIME	STAM
ARN/ RIA Code		AH	N/ RIA Nar	ne		Sub-/	Agent's ARN			Bank	Branch	Code		fo	r Sut	al Cod -Agei loyee	nt/	lde	ntificati	e Uniq on Nur JIN)	ue nber								
ARN																													
EUIN Declaration (or I/We hereby confirm relationship manage manager/sales pers	n that er/ sal	the EU	N box h	as bee	en int distr	tenti	onally left l	blaı	nk b	y m otwi	e/us thsta	as t ndin	his ig th	ransa e adv	ictic	on is of in	exe appr	cute opri	d wit aten	hout ess, i	any i any	nter pro	acti vide	on o	or ad y the	lvice emp	by th loyee	e em /rela	iploye tionsh
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Transaction Charges	-	-		_			- '													ate:	D	D		M	M	)		<u> </u>	Υ
If the total commitmen Charges, the same are issued against the bala Upfront commission sh the ARN Holder.																													
lease (√) any one. In th	e absei	nce of inc	ication o						•																				
NEW REGISTRA					CHAN	NGE	OTM DEBIT	M	AND	ATE	(Ref	er Ite	em ľ	lo. 3)							CAI	NCEI	.LA	LION	l (Re	fer It	em N	0. 7)	
1) INVESTOR D			N																										
Application No. (For new First/ Sole Applicant Deta		or)/ Folio	No. (For	existing	Unith	older)	)																						
Mobile No.							Email Id																						
NAME OF FIRST / SOLE	APPLIC	TNA	Mr. Ms. N	Ŋs.																									
NAME OF THE SECOND A	APPLIC	ANT I	Mr. Ms. N	Ns.																									
IAME OF THE THIRD AP	PLICAN	IT I	∕lr. Ms. N	Ns.																									
Applicant			PAN	/ PEKRI	<b>1</b> # (Ma	andato	ory)										K	(YC I	lumbe	er								Y <b>C</b> datory	Proc Attach
Sole / First Applicant																													
Second Applicant																											1		
										$\neg$			1		T														
Third Applicant																			1								- 1		I
Third Applicant  Guardian/POA Holder										+																			
	N/PEKR	N/KYC is a	lready vali	dated ple	ase do	on't att	tach any proof.	PER	KRN n	nanda	atory f	or Mic	ero SI	? Refer	Item	No.	11 and	12.											
Guardian/POA Holder  # Please attach Proof. If PA																			DER										
Guardian/POA Holder  # Please attach Proof. If PA	M (In c																		DER										
Guardian/POA Holder  # Please attach Proof. If PA IAME OF THE GUARDIA Mr. Ms. M/s.	N (In o	ase of m	inor) / C	ONTAC	r PER	SON	- DESIGNAT	ION	(In c	ase	of No	n-ind	divid	ual Inv	resto	ors)/	PoA I	10LE		ory fo	r NR	ls [R	efer	Item	No.	12 (c)			
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Guardian/POA Holder  F Please attach Proof. If PA AME OF THE GUARDIA  Wr. Ms. M/s.  RELATIONSHIP WITH M AADHAAR DETAILS  Particulars  1st Applicant  2nd Applicant  Guardian  POA  All the applicants whos  I/WE WOULD LIKE 1	N (In c	re all do Aase enclos	etails ardhaar Nie copy o	e as peumber* f front &	are re R FIN	dhaa k sidd	e) d to sign the CIAL GOALS	form's	I (In c	ddua	of No	udin of Bir  Y  Y  haar ee (  O be	ag Setth  Y  Y  num  Ret	ole Pr  y y y yy y yy y yy y efer I	opri	etor	PoA I	ma ode	ndatd				Mob			112 (c)		En	rolmen Proof#
Guardian/POA Holder  F Please attach Proof. If PA AME OF THE GUARDIA Mr. Ms. M/s. RELATIONSHIP WITH M AADHAAR DETAILS Particulars  1st Applicant 2nd Applicant 3rd Applicant Guardian POA All the applicants whos I/WE WOULD LIKE 1	N (In c	aar Num	etails ar Nie copy o	e as per e a	are re	dhaa dhaa k side n	e) d to sign the CIAL GOALS	form (c)	I (In c	## SLI	I incl Date of Months of M	udin of Bir  Y Y Y Haar le ( V UAI	num Y Y Y Y Ref	y y y y y y y y y y y y y y y y y y y	opri appli tem	etor eed fo	PoA I	ma ode	nclose	proof	i of er	nrolm	ent.					En	rolmen
Guardian/POA Holder  # Please attach Proof. If PA AME OF THE GUARDIA Mr. Ms. M/s. RELATIONSHIP WITH IN AADHAAR DETAILS Particulars  1st Applicant 2nd Applicant 3rd Applicant Guardian POA All the applicants whos I/WE WOULD LIKE T  Purchase of Resi Target Amount	MINOR (Ensu (Pleas	aar Num	etails ar Nie copy o	e as per e a	are re	dhaa dhaa k side n	ar Card) (for e)  d to sign the CIAL GOALS  Childre	form (c)	I (In c	## SLI	I incl Date of Months of M	udin of Bir  Y Y Y Haar le ( V UAI	num Y Y Y Y Ref	y y y y y y y y y y y y y y y y y y y	opri appli tem	etor eed fo	PoA I	ma ode	nclose	proof	i of er	nrolm	ent.					En	rolmen rroot#
Guardian/POA Holder  F Please attach Proof. If PA AME OF THE GUARDIA Mr. Ms. M/s.  RELATIONSHIP WITH M AADHAAR DETAILS  Particulars  1st Applicant  2nd Applicant  Guardian  POA  All the applicants whos  I/WE WOULD LIKE 1  Purchase of Resi  Target Amount  Date:	MINOR (Ensu (Pleas) e Aadh	aar Num EST TO	etails ar Nie copy o	e as per e a	are re	dhaa dhaa k side n	ar Card) (for e)  d to sign the CIAL GOALS  Childre	form (c)	I (In c	## SLI	I incl Date of Months of M	udin of Bir  Y Y Y Haar le ( V UAI	num Y Y Y Y Ref	y y y y y y y y y y y y y y y y y y y	opri appli tem	etor  etor  notation	PoA I	ma ode	nclose	proof	i of er	nrolm	ent.					En	rolmen rroot#

2A) INVESTMENT DETAILS FOR SIP [Please				
Scheme Name (1)		Plan  Regular Direct	Opti	on/Sub-option
SIP Installment Amount (₹)	Start Month/Year End	I Month/Year (Default	Dec 2040)*   SIP Fre	<b>quency</b> (Please refer Item iii)  Monthly <sup>+</sup> Quarterly
SIP Date (Please (✓) one or more of the following da         □ 1st       □ 2nd       □ 3rd       □ 4th       □ 5th       □         □ 17th       □ 18th       □ 19th       □ 20th       □ 21st       □         □ SIP TOP-UP (✓) Not available for Daily SIP	6th	10th <sup>+</sup>		14th15th16th30th31st
Amount (₹) ^ OR Frequency (✓): ☐ Half Yearly ☐ Yearly	centage <sup>s</sup> (%) CAP Am uency: Yearly (Investor	ount*: ₹ has to choose only one	· · ·	M M Y Y Y
Scheme Name (2)		Plan  Regular Direct	Opti	on/Sub-option
SIP Installment Amount (₹)	Start Month/Year End	Month/Year (Default	Dec 2040)*   SIP Fre	<b>quency</b> (Please refer Item iii)  ☐ Monthly <sup>+</sup> ☐ Quarterly
SIP Date (Please (√) one or more of the following da           □ 1st         □ 2nd         □ 3rd         □ 4th         □ 5th         □           □ 17th         □ 18th         □ 19th         □ 20th         □ 21st         □		10th <sup>+</sup> 11 h		☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
$\Box$ SIP TOP-UP (✓) Not available for Daily SIP Amount (₹) $^{\land}$ OR Per	centage <sup>s</sup> (%)	P-UP CAP ount*: ₹ has to choose only one	OR	CAP Month-Year*:
*Default, if not selected. • ***Triggered and processed only on all frequency. • ^ TOP UP amount has to be in multiples of Rs. 100 only Investors/unitholders subscribing for this facility are required to subnet of the control of th	Please see Item v (a)) • \$The minimum it the request at least 30 days prior to the # TOP-UP CAP Month-Year: Please r	n TOP UP Percentage has SIP date. Top-up will be a efer Item v (b){2}]	to be 10% and in multiples of 1 oplicable from next effective SI	% thereafter, of the existing SIP installment. P installment.
First SIP Transaction via Cheque No.	Cheque Dated	D M M Y	Y Y Y Amount@	
Mandatory Enclosure (if 1st Installment is not by cheque) The name of the first/ sole applicant must be pre-printed o	·	e Copy of cl	- 1	first cheque amount should be sam h/total SIP Amount.
2B) INVESTMENT DETAILS FOR FLEX SIP [F Scheme Name (1)	Please tick (✓)]		Plan	Option/Sub-option
Solicino Hamo (1)			Regular Direct	Growth
SIP Installment Amount (₹) Maximum Rs.		SIP Freque	<b>ncy</b> [Please refer Item No. E hthly⁺ ☐ Quarterly	Start Month/Year
SIP Date (Please (✓) one or more of the following da           □1st         □2nd         □3rd         □4th         □5th         □           □17th         □18th         □19th         □20th         □21st         □	· · · -	☐ 10th <sup>+</sup> ☐ 11	= =	14th15th16th30th31st
Tenure of SIP - Please (✓) (Please refer Item No. D)	☐3 Years ☐5 Years <sup>+</sup> ☐	10 Years □ 15 Ye		
Scheme Name (2)			Plan  Regular Direct	Option/Sub-option Growth
SIP Installment Amount (₹)	1,00,000		ncy [Please refer Item No. E	
SIP Date (Please (✓) one or more of the following da   1st	6th	☐ 10th <sup>+</sup> ☐ 11 h ☐ 26th ☐ 27 ] 10 Years ☐ 15 Ye	th 28th 29th	☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
<sup>+</sup> Default, if not selected. • Investors/unitholders subscribing for thi	s facility are required to submit the reque	st at least 30 days prior to	the SIP date.	
First SIP Transaction via Cheque No.  Mandatory Enclosure (if 1st Installment is not by cheque)	Cheque Dated  Blank cancelled cheque	Copy of ch	Amount (	Rs.)
The name of the first/ sole applicant must be pre-printed o	Tale onoque.			
BANK DETAILS				
3) BANK DETAILS				

•	NIT HOLDING OPTION DEMAT MODE*  Account details are mandatory if the investor wishes to hold the	PHYSICAL MODE (Default)	(refer instruction 6)
	,		Beneficiary
NSDL	DP Name	DP ID I N	Account No.
CDSL	DP Name	Beneficiary Account No.	
*Investor	opting to hold units in demat form, may provide a copy of the	DP statement enable us to match the demat details	as stated in the application form.
5) DE	ECLARATION AND SIGNATURE(S)		
	CH/ECS (Debit Clearing) / Direct Debit / Standing Instruction fac	cilities.	ne and the terms & conditions of enrolment for Systematic Investment Plan (SIP)
The ARN from amo	CH/ECS (Debit Clearing) / Direct Debit / Standing Instruction fac holder has disclosed to me/us all the commissions (in the foingst which the Scheme is being recommended to me/us.	illties. rm of trail commission or any other mode), payabl	e to him/them for the different competing Schemes of various mutual Funds
The ARN from amo	CH/ECS (Debit Clearing) / Direct Debit / Standing Instruction fac holder has disclosed to me/us all the commissions (in the foingst which the Scheme is being recommended to me/us.  First/ Sole Unit holder/ Guardian/ POA Holder	cilities.	e to him/them for the different competing Schemes of various mutual Funds  Third Unit holder
The ARN from amo	CH/ECS (Debit Clearing) / Direct Debit / Standing Instruction fac holder has disclosed to me/us all the commissions (in the foingst which the Scheme is being recommended to me/us.  First/ Sole Unit holder/ Guardian/ POA Holder  Please note: Signature(s):	ilities. Irm of trail commission or any other mode), payabl Second Unit holder	e to him/them for the different competing Schemes of various mutual Funds  Third Unit holder  pplication Form and in the same order.
The ARN	CH/ECS (Debit Clearing) / Direct Debit / Standing Instruction fac holder has disclosed to me/us all the commissions (in the foingst which the Scheme is being recommended to me/us.  First/ Sole Unit holder/ Guardian/ POA Holder  Please note: Signature(s):	ilities.  In of trail commission or any other mode), payabl  Second Unit holder  Should be as it appears in the folio/ on the A	e to him/them for the different competing Schemes of various mutual Funds  Third Unit holder  pplication Form and in the same order.
The ARN from amo	CH/ECS (Debit Clearing) / Direct Debit / Standing Instruction fac holder has disclosed to me/us all the commissions (in the foingst which the Scheme is being recommended to me/us.  First/ Sole Unit holder/ Guardian/ POA Holder  Please note: Signature(s):	ilities.  In of trail commission or any other mode), payabl  Second Unit holder  Should be as it appears in the folio/ on the A	e to him/them for the different competing Schemes of various mutual Funds  Third Unit holder  pplication Form and in the same order.
The ARN from amo	CH/ECS (Debit Clearing) / Direct Debit / Standing Instruction fac holder has disclosed to me/us all the commissions (in the foingst which the Scheme is being recommended to me/us.  First/ Sole Unit holder/ Guardian/ POA Holder  Please note: Signature(s):	ilities.  In of trail commission or any other mode), payabl  Second Unit holder  Should be as it appears in the folio/ on the A	e to him/them for the different competing Schemes of various mutual Funds  Third Unit holder  pplication Form and in the same order.

	*			
MUTUAL  BHAROSA A  (tick/)	FUND PNO KA	OTM Debit Mandate Form [Applicable for Lumpsum Additional UMRN	Purchases as well as SIP	Registrations]
□ MODIFY	Sponsor Bank Code	OFFICE USE ONLY	Utility Cod	de OFFICE USE ONLY
□ CANCEL	I/We hereby authorize:	HDFC Mutual Fund		to debit (tick ) SB / CA / CC / SB-NRE / SB-NRO / Other
Bank A/c No.	.:			
With Bank:			IFSC	OR MICR
an amount of	f Rupees			₹
FREQUENCY	☐ Monthly ☐ Quarter	rly 🗌 Half Yearly 🗎 Yearly 🗎 As &	when presented	DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount
Reference 1	Folio No:		Phone No:	
Reference 2	Appln No:		Email ID:	
I agre	ee for the debit of mandate	e processing charges by the bank whom	I am authorizing to de	ebit my account as per latest schedule of charges of the bank.
From D D	M M Y Y Y	Signature of Primary Account Holder	Signature of A	Account Holder Signature of Account Holder
to D	M M Y Y Y		_	_
or <del>□ Uni</del>	til Cancelled	1. Name as in Bank Records	2. Name as in F	Bank Records Same as in Bank Records
This is to confirm I have understood	n that the declaration has been can d that I am authorized to cancel/ a			ballin records at the control of the