

Application Form (Except for ETFs, HDFC Retirement Savings fund and HDFC Children's Gift Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

FOR OFFICE USE ONLY (TIME STAMP)

| | | | | | |
|--------------|--------------|-----------------|------------------|--------------------------------------|---|
| ARN/RIA Code | ARN/RIA Name | Sub Agent's ARN | Bank Branch Code | Internal Code for Sub-Agent/Employee | Employee Unique Identification Number (EUIIN) |
| ARN- 111873 | | | | | E 025671 |

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

| | | | |
|-------------|---------------------------------|------------------|-----------------|
| SIGN | First/ Sole Applicant/ Guardian | Second Applicant | Third Applicant |
| | | | |

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

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 6, 10 AND 13 ONLY. Refer instruction 3).

Folio No. _____ The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 4)

DATE OF BIRTH@

DD MM YY YY

Proof of date of birth@

Attached Not Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) Ensure that name is as per Aadhaar Card

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____

KYC Number _____ **KYC # [Please tick (✓)] (Mandatory)** Proof Attached

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form and Aadhaar Updation Form] (Refer Instruction 4, 19 & 18 c) (Mandatory)

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

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Mr. Ms. _____

Nationality _____ Designation _____ Contact No. _____

PAN#/ PEKRN# _____

KYC Number _____ **KYC # [Please tick (✓)] (Mandatory)** Proof Attached

Relationship with Minor@ Please (✓) Father Mother Court appointed Legal Guardian Other @ Mandatory

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

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code _____ STD Code _____

Telephone : Off. _____ Res. _____ Fax _____

eAlerts Mobile _____ eDocs Email ^ _____

I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

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

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____

KYC Number _____ **KYC # [Please tick (✓)] (Mandatory)** Proof Attached

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____

KYC Number _____ **KYC # [Please tick (✓)] (Mandatory)** Proof Attached

5. ADDITIONAL KYC DETAILS (Refer instruction 4b)

| Mandatory | Occupation details for | | | | Politically Exposed Person (PEP) details: | | | |
|-------------------------|---------------------------|---------------------------|---------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| | 1 st Applicant | 2 nd Applicant | 3 rd Applicant | Guardian | 1 st Applicant | Is a PEP | Related to PEP | Not Applicable |
| Private Sector Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 st Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public Sector Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 nd Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Government Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 rd Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Guardian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Authorised Signatories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agriculturist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Promoters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Partners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housewife | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Karta | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Whole-time Directors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proprietorship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trustee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Others (Please specify) | _____ | _____ | _____ | _____ | | | | |

Non-individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

ACKNOWLEDGEMENT SLIP (To be filed in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

HDFC MUTUAL FUND

Date : _____

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

ISC Stamp & Signature

Received from Mr. / Ms. / M/s. _____
an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

5. ADDITIONAL KYC DETAILS, If any (Refer instruction 4b) Contd.

| Gross Annual Income Range (in Rs.) | 1 st Applicant | 2 nd Applicant | 3 rd Applicant | Guardian | Gross Annual Income Range (in Rs.) | 1 st Applicant | 2 nd Applicant | 3 rd Applicant | Guardian |
|------------------------------------|---------------------------|---------------------------|---------------------------|--------------------------|------------------------------------|---------------------------|---------------------------|---------------------------|--------------------------|
| Below 1 lac | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10-25 lac | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-5 lac | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 lac- 1 cr | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-10 lac | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | > 1 cr | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) _____ as on DD MM YYYY

AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs (Refer instruction 18c)

| Particulars | Aadhaar Number* (Please enclose copy of front & back side) | Date of Birth | PIN Code | Mobile No. | Enrolment Proof# |
|---------------|---|-----------------|----------|------------|--------------------------|
| 1st Applicant | | D D M M Y Y Y Y | | | <input type="checkbox"/> |
| 2nd Applicant | | D D M M Y Y Y Y | | | <input type="checkbox"/> |
| 3rd Applicant | | D D M M Y Y Y Y | | | <input type="checkbox"/> |
| Guardian | | D D M M Y Y Y Y | | | <input type="checkbox"/> |
| POA | | D D M M Y Y Y Y | | | <input type="checkbox"/> |

* All the applicants whose Aadhaar Number is mentioned are required to sign the form.

If Aadhaar number is applied for, please enclose proof of enrolment.

6. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

| Category | First Applicant (including Minor) | Second Applicant/ Guardian | Third Applicant |
|--|-----------------------------------|----------------------------|-----------------|
| Place/ City of Birth | | | |
| 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] | | | |

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. /M/s. _____

PAN#/ PEKRN# _____

KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

| | | | |
|-------------------------|--|---|--|
| Bank Name | | Bank City | |
| Branch Name | | | |
| Account Number | | | |
| MICR Code | | (The 9 digit code appears on your cheque next to the cheque number) | |
| Account Type (Please ✓) | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) _____ | | |
| IFSC Code*** | | | |

*** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

| Particulars | | | |
|--|---|------------------------------------|-------------------------|
| Scheme Name / Plan / Option / Sub-option / Payout Option | Cheque / DD / Payment Instrument / UTR No. / Date | Drawn on (Name of Bank and Branch) | Amount in figures (Rs.) |
| | | | |

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

CHECKLIST

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

- 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 / DD 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/DD.

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

| | Documents | Companies / Trusts / Societies/ Partnership Firms / LLP / FIs* | FPI | NRI/ OCI/ PIO | Minor | Investments through Constituted Attorney |
|-----|--|--|-----|---------------|----------------|--|
| 1. | Board/ Committee Resolution/ Authority Letter | ✓ | | | | |
| 2. | List of Authorised Signatories with Specimen Signature(s) @ | ✓ | ✓ | | | ✓ |
| 3. | Notarised Power of Attorney | | | | | ✓ |
| 4. | Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable | | | ✓ | | |
| 5. | PAN Proof | ✓ | ✓ | ✓ | ✓ [#] | ✓ |
| 6. | KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvindia.com) | ✓ | ✓ | ✓ | ✓ [#] | ✓ |
| 7. | Proof of Date of Birth | | | | ✓ | |
| 8. | Proof of Relationship with Guardian | | | | ✓ | |
| 9. | PIO / OCI Card (as applicable) | | | ✓ | | |
| 10. | Certificate of registration granted by Designated Depository Participant on behalf of SEBI | | ✓ | | | |
| 11. | Ultimate Beneficial Owner | ✓ | ✓ | | | ✓ |
| 12. | FATCA & CRS | ✓ | ✓ | ✓ | ✓ | ✓ |
| 13. | Aadhaar updation form for non individuals | ✓ | | | | |

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

* For FIs, copy of SEBI registration certificate should be provided. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.