



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

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> 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 Network in Rs. (Mandatory for Non Individual) (not older than 1 year)

as on DD MM YYYY

Mandatory

**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]			

Mandatory

#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	Mc. Ms. M/s.
PAN#/ PEKRN#	
KYC Number	KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> 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***			

Mandatory

\*\*\* 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)

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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.

**9. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS (refer instruction 11)**

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility

☐ I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account**10. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.**☐ **Regular Plan** (Purchase/ Subscription routed through Distributor)  
Mention valid ARN in Key Partner/ Agent Information☐ **Direct Plan** (Purchase/ Subscription made directly with the Fund)  
Mention **DIRECT** in Key Partner/ Agent Information

<b>Scheme/Plan/Sub Option</b>	Growth Option If Growth or Dividend Option is not selected					
<b>Mode of Payment</b>	<input type="checkbox"/> <b>Cheque</b>	<input type="checkbox"/> <b>Demand Draft</b>	<input type="checkbox"/> <b>NEFT/ RTGS/ Fund Transfer</b>	<input type="checkbox"/> <b>One Time Mandate (OTM)</b>		
<b>Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM</b>						
<b>Payment Type [Please (✓)]</b>	<input type="checkbox"/> <b>Non-Third Party Payment</b> <input type="checkbox"/> <b>Third Party Payment</b> (Please attach 'Third Party Payment Declaration Form')					
<b>Drawn on Bank / Branch</b>	<b>Pay-In Bank Account No. (For Cheque Only)</b>	<b>Cheque/ DD/ Payment Instrument/ UTR No.</b>	<b>Cheque/ DD/ Payment Instrument/ UTR Date</b>	<b>Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)</b>	<b>DD Charges, if any</b>	<b>Net Cheque/ DD Amount</b>

**11. UNIT HOLDING OPTION ☐ DEMAT MODE\* ☐ PHYSICAL MODE (Default) (refer instruction 13)**

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

<b>NSDL</b>	<b>DP Name</b> _____	<b>DP ID</b>	I	N							<b>Beneficiary Account No.</b>								
<b>CDSL</b>	<b>DP Name</b> _____	<b>Beneficiary Account No.</b>																	

\*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.

**12. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)**[Please (✓) and sign] ☐ I/We do not wish to Nominate

First / Sole Applicant		Second Applicant		Third Applicant	
<b>OR</b>					
<input type="checkbox"/> I/We wish to nominate as under:					
<b>Name and Address of Nominee(s)</b>	<b>Relationship with Applicant</b>	<b>Date of Birth</b>	<b>Name and Address of Guardian</b>	<b>Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)</b>	<b>Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)</b>
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

**13. DECLARATION & SIGNATURE/S (refer instruction 14)**

I/ We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an 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 eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgement 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) The information given by me /us in or along with this application form is true and correct and 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.
- (c) 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, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (d) 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 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.
- (e) 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.
- (f) **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 20):**

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 authentication and sharing of Aadhaar data:**

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

**For Foreign Nationals Resident in India only:**

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 only:**

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓) ☐ Yes ☐ No If Yes, (✓) ☐ Repatriation basis ☐ Non-repatriation basis**SIGN HERE**

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

First / Sole Applicant / Guardian

**SIGN**

Second Applicant

**SIGN**

Third Applicant

**SIGN****SIGNATURE(S)**

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