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First/ Sole	Applicant/ Guardiar	n		Second	Applicant			Thir	d Applicant	
ISACTION CHARGES F	OR APPLICATION	IS THROUGH	DISTRIBUTORS	ONLY (Ref	er Instruction 2	2)				
ise the purchase/ subscri cription amount and paya	ption amount is Re ble to the Distribut	s. 10,000 or m tor. Units will b	ore and your Distr e issued against tl	ibutor has opteo ne balance amo	l in to receive unt invested. U	Transaction Charg	es, the same shall be paid	are deductible directly by the	as applicable from investor to the AF	n the purc N Holder (
tered Distributor) based o	n the investors' ass	essment of vari	ious factors includi	ing the service re	endered by the	ARN Holder.				
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5. ADDITIONAL KYC DETAILS, If any	(Refer instruc	ction 4b) Conto	l.							
Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross A	nnual Income Range (in R	s.) 1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac					10-25 la	IC				
1-5 lac					25 lac-	1 cr				
5-10 lac					> 1 cr					
OR Networth in Rs. (Mandatory for Non Individual) (not older							as c	in		
than 1 year)							[	DD MM	YYYY	
6. FATCA & CRS INFORMATION (for		-	•	Self Certifi	cation) (Ref	er instruction 4)				
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Address Type: Residential o					-			-	ppearing in F	0110)
Is the applicant(s)/ guardian's Co			•	y / lax he	sidency our	er than India?	/es 🔤 I	NO		
If Yes, please provide the following										
Please indicate all countries in wh			• •	d the assoc			W.			
Category	First App	olicant (inclu	ding Minor)		Second	Applicant/ Guardian		Third	Applicant	
Place/ City of Birth										
Country of Birth										
Country of Tax Residency#										
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Identification Type										
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Tax Payer Ref. ID No. 3										
Identification Type [TIN or other, please specify]										
	individual ia	o oitizon/ arc	on oard holdo	c of LICA		v Identification Numbe	r in not available	kindly provi	do ito function	ما معينايرمام
#To also include USA, where the		•		01 USA.	III Case Ta		I IS HOL AVAIIADIE	, kinuly provi		ai equivale
. POWER OF ATTORNEY (PoA) HOL	.DER DETAIL	5								
Name of PoA Mr. Ms. M/s.										
PAN#/ PEKRN#				ease tick (v	)] (Mandator	() Proof Attached				
# Please attach Proof. Refer instruction N BANK ACCOUNT DETAILS OF THE				ntion/divid	land if any)	(refer instruction E)				
(Mandatory to attach proof, in case the	e pay-out bank	account is di	fferent from the	bank accou	nt mentioned	under Section 10 below.)	1			
For unit holders opting to hold units in d	emat form, ple	ase ensure tha	t the bank accou	int linked wit	h the demat a	ccount is mentioned here.				
Bank Name										
Branch Name						Bank City				
Account Number				(71 0 1						
MICR Code	–	<b>-</b>		·		ars on your cheque next to	•	ier)		
··· · /	Savings	Current	NR0	NRE L		Others (please spec r Instruction 5C (Mandatory)		(BTGS) (11 Cha	racter code anne:	ring on your
IFSC Code***					cheque le	r Instruction 5C (Mandatory af. If you do not find this on	your cheque leaf, pl	ease check for th	he same with you	r bank)
. MODE OF PAYMENT OF REDEMP	TION / DIVID	END PROCE	EDS (refer ins	truction 11	)					
Unitholders will receive redemption/	dividend proce	eds directly int	o their bank acc	ount (as furr	, iished in Secti	on 8) via Direct credit/ NE	FT/ECS facility			
I/We want to receive the redemption				·		*		ough ECS into m	v / our bank acc	ount
						•	-	-		
0. INVESTMENTS & PAYMENT DETAI	LS [Please (	<ul><li>(refer instruct</li></ul>	uction 6 & 7 for So	heme details	and instruction	8 & 9 for Payment Details)	The name of the first	/ sole applicant m	nust be pre-printed	on the chequ
Regular Plan (Purchase/ Su Mention valid ARN in Key Par		•	istributor)			rect Plan (Purchase/ Sul ention DIRECT in Key Par	•	-	e Fund)	
Scheme/Plan/Sub Option					I					
Payment Type [Please (✓)]	Non-T	hird Party P	ayment	Third Pa	arty Payme	<b>nt</b> (Please attach 'Third F	Party Payment De	claration Form	i')	
	Chea		-			Net Cheque/ DD			, Pay-In Bank Ac	count No
Cheque/ DD/ Payment Instrument/ UTR No.	Payment	Instrument/	Amount of Che Payment Inst RTGS/ NEFT in fi	rument / aures (Rs.)	if any	Amount Dr	awn on Bank / Bra	anch	(For Cheque	Only)
011110.		. 5410	,	3						
									·	

Particulars									
Scheme Name / Plan / Option / Sub-option /       Cheque / DD / Payment Instrument /       Drawn on (Name of Bank and Branch)       Amount in figures (Rs.)									

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

				PHYSICAL N				( refer in				
Demat Ad	ccount details are manda	atory if the inves	tor wishes to hold	I the units in Demat	t Mode							
NSDL	DP Name				DP ID	I N	1			Beneficiary Account No.		
CDSL	55 N					eneficiar						
	DP Name					ccount N						
	opting to hold units in de ATION (refer instructi											0
		ion io) (mana	atory for new h					iorunny is sing				<b>'</b>
[Please	$(\checkmark)$ and sign] $\Box$ I/W	/e do not wish to	Nominate									
				_								
	First /	Sole Applicant				econd Ap	plicant				Third Ap	plicant
] I/We	wish to nominate as un	ider:			0R							
			<b>D</b> 1 11	Data of Diath		N			_	0:	N	Proportion (%) in whi
Name	and Address of Nomine	ee(s)	Relationship with	Date of Birth		Name ai	nd Add	ress of Guardiar	1	Signature of (Optional)/ G	uardian of	the units will be shared each Nominee
			Applicant	(to be fu	rnished	in case th	he Nom	ninee is a minor)		Nominee (M	andatory)	(should aggregate to 10
	Nominee 1											
	Nominee 2											
	Nominee 3											
	ATION & SIGNATURI	<u> </u>				,						
	/are not prohibited from a	accessing capita	al markets under ar	ny order/ruling/judg	iment et					SIGN H	ERE 🜒	
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foreign la	on, including SEBI. I/We o aws. I/ We hereby confirm	confirm that my a m and declare as	under:-		licable li	ndian and				write Applicatio	n Form No. /	
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<ul> <li>foreign I:</li> <li>(1) I / V</li> <li>schei ('Fur</li> <li>(2) I/Wei mak the S</li> <li>evass India</li> <li>(3) The such Corr Ager</li> <li>(4) That misl</li> <li>(5) I/Wei and/ Func serv forei Fina</li> <li>(6) I/Wei (5) I/Wei (7) The form Schore me/t</li> <li>(7) The form Schore (8) I/WI NDI FOR</li> <li>For Fore I/We will shall be account</li> <li>For NRI:</li> <li>I/We cor</li> </ul>	aws. I / We hereby confirm Ve have read, understoo erme related documents a nd') indicated above. a an/are eligible Investoo te this investment as per Scheme(s) is through leg sion of any act, rules, regi a. information given in / win n other further/additionan pany Limited (AMC)/ FL nt (RTA) in writing about a t in the event, the above eading, I/We will be liable thereby authorize you to for any part of it includind d, its Sponsor/s, Trustees ice providers, SEBI regi ign statutory, regulatory, ncial Intelligence Unit-Ind a will indemnify the Fund irding the eligibility, validit ARN holder (AMFI regiss n of trail commission or emes of various Mutual us. E HEREBY CONFIRM THIS INVESTMENT. Eign Nationals Resident I redeem my/our entire in fully liable for all conse of change in residential s s/ PIO/OCIs only:	confirm that my a m and declare as od and hereby ag and apply for allo or(s) as per the s r the Constitutive gitimate sources a julations, notifical ith this applicatio al information as und and underta any change in the re information ar of or the conseque disclose, share, ng the changes/u (s, Asset Manage istered intermedi judical, quasi- ju dia (FIU-IND) etc d, AMC, Trustee, ty and authorizati stered Distributor r any other mod I Funds from am <b>THAT I/WE HA</b> <b>ID/OR ANY INDIG</b> <b>t in India only:</b> investment/s before equences (incluo status.	under:- gree to comply w trment of Units of ti scheme related do documents/ autho only and is not for tions or directions in form is true and s may be required ke to inform the <i>A</i> information furnis nd/or any part of remit in any form/r updates that may b iment Company, its iaries for single uj udicial authorities/ without any intimat RTA and other in ion of my/our trans ) has disclosed to le), payable to hir nongst which the <b>VE NOT BEEN (</b> <b>CATIVE YIELD BY</b> ore I/We change m ding taxation) aris with applicable Ind	ith the terms and of the Scheme(s) of H orization(s). The ar the purpose of con issued by any regul correct and furthe d by the HDFC As: AMC / Fund/Registr shed from time to tin it is/are found to l from. manner/mode the a be provided by me, s employees, agen pdation/ submissic 'agencies including termediaries in cas actions. on me/us all the com m/them for the diff Scheme is being r OFFERED/ COMM THE FUND/AMC/IT	icable II conditio DFC Mu are auth nount ir iraventii latory au r agree 1 set Mar rars and fus to th ts and th set false bove inin fus to th ts and th n, any but not s. se of an mission ferent c recomm <b>UNICAT</b> rs DISTI	ndian and ns of the tual Fund orised to wested in on and/or uthority in to furnish nagement I Transfer / untrue/ formation ne Mutual nird party Indian or limited to y dispute ns (in the ompeting uended to <b>FED ANY</b> RIBUTOR	SIGNATURE(S)	Applicant / Guardian SIGN Second Applicant SIGN Third Applicant		write Applicatio reverse of the Ch	n Form No. / leque / Demai	



	-	r Investme Direct D	nts throu )ebit Faci	ON FORM FOF gh NACH/ ECS (I ility/ Standing In:	Debit Clearing struction]	.,		GHDFC MUTUAL FUN www.hdfcfund.com
	mportant: Please	e strike out the	Section(s) t	hat is/are not used by	you to avoid any u	nauthorised use		April 30, 2016
Please tick 🗸 as applicable:	ady registered in the	folio. [No need t	o submit again	]. SIP Auto debit can start i	n 10 Days i.e. for deb	it date 15th, form can	be submitted til	I 4th of the month.
OTM Debit Mandate is attac	ched and to be regis	tered in the folio.	SIP Auto debi	t will start after mandate re	gistration which takes	10 to 30 days depend	ling on NACH or	r ECS modalities.
						Enrolment Fo		
KEY PARTNER / AGENT I ARN/ RIA Code	ARN/ RIA Nam		under Direct Pl -Agent's ARN	an must mention "Direct" in Bank Branch Code	n ARN column.)	Employee Unique	FOR OFFICI	E USE ONLY (TIME STAMF
			<u>.</u>		for Sub-Agent/ Employee	Identification Number (EUIN)	_	
ARN-								
EUIN Declaration (only w	here FIIIN hox is I	eft hlank) (Ref	er Item No. 3	 a)				
	at the EUIN box nanager/sales p	k has been in erson of the a	tentionally above distri	left blank by me/us a butor/sub broker or n	s this transaction otwithstanding the	is executed with advice of in-app	iout any inte propriateness	raction or advice by the , if any, provided by the
Si				Sign Here				
	pplicant/ Guardian			Second Applican	t	_	Third Ap	
Transaction Charges for A	pplications throug	gh Distributors	only (Refer It	em No. 17 and please t	ick (√) any one)	Date: D	D M	М Ү Ү Ү
If the total commitment of in Charges, the same are deduu issued against the balance of Upfront commission shall be the ARN Holder. Please (<) any one. In the abso	f the installment amo paid directly by the	ounts invested. e investor to the A	RN Holder (Al	NFI registered Distributor)				
NEW REGISTRATION		•		MANDATE (Refer Item	No. 7(e)(iv))		NCELLATION	I (Refer Item No. 11)
1) INVESTOR DETA	11 9							
Application No. (For new inves First/ Sole Applicant Details		existing Unitholde	r)					
Mobile No.			Email Id					
NAME OF FIRST / SOLE APPLI	CANT Mr. Ms. M/s							
NAME OF THE SECOND APPLI								
NAME OF THE THIRD APPLICA								
Applicant			PA	N/ PEKRN <sup>#</sup> (Mandatory)		KYC N	landatory	Proof Attached
Sole / First Applicant								
Second Applicant								
Third Applicant								
Guardian/POA Holder								
# Please attach Proof. If PAN/PEK	RN/KYC is already valid	lated please don't a	ttach any proof.	PEKRN mandatory for Micro S	IP. Refer Item No. 15 and	1 16.		I
NAME OF THE GUARDIAN (In	case of minor) / CO	ONTACT PERSON	I - DESIGNATI	ON / PoA HOLDER (In cas	e of Non-individual li	vestors)		
				•				

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 19)											
Marriage	Dream Home	Dream Car	Children's Education	Children's Marriage	World Tour	Retirement					
Target Amount											

	ACKNOWLEDGEME	NT SLIP (To be filled in by the Unit holder)	
Date:		HDFC MUTUAL FUND ekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	
Application/ Folio No.			ISC Stamp & Signature
Received from Mr./Ms./M/s.		SIP application	
Scheme / Plan / Option		Scheme 1	]
	Scheme 2	Scheme 3	
Total Instalment Amount (Rs.)		Please Note: All purchases are subject to realisation of cheques	

2) IN	/ESTMENT DETAILS [Ple	ase tick (✓)]							
		Scheme Name (1)			Plan		Optio	n/Sub-option	
					Regular Direct				
SIP Inst Amount			Start Month/Year           M         Y         Y		Month/Year (Default Der M M Y Y Y		SIP 1st 5tl Date 20th 25	h □ 10th <sup>+</sup> □ 15th oth □ All 6 Dates	SIP Frequency Monthly <sup>+</sup> Quarterly
Amour	- /	TOP-UP Frequency		CAP Am	<b>P-UP CAP</b> punt*: ₹		OR	CAP Month-Year*:	ΥΥ
(TOP UP	amount has to be in multiples of Rs			(Investor	has to choose only one o	option)		(* * * *	
		Scheme Name (2)			Plan     Regular		Optio	n/Sub-option	
SIP Inst Amoun			Start Month/Year           M         Y         Y		Month/Year (Default Default De	′ 」 U	SIP 1st 5tl Date 20th 25	h10th⁺15th ithAll 6 Dates	SIP Frequency Monthly <sup>+</sup> Quarterly
Amour	P TOP-UP (✓) it (₹) amount has to be in multiples of Rs	TOP-UP Frequency .100 only. Please se		CAP Am	P-UP CAP punt*: ₹ has to choose only one of	ontion)	OR	CAP Month-Year*:	ΥΥ
		Scheme Name (3)	()())		Plan		Optio	n/Sub-option	
					Regular Direct				
SIP Inst Amoun			Start Month/Year           M         Y         Y		Month/Year (Default Default De		SIP 1st 5tl Date 20th 25		SIP Frequency Monthly <sup>+</sup> Quarterly
Amour	P TOP-UP (✓) it (₹) amount has to be in multiples of Rs	TOP-UP Frequency		CAP Am	<b>P-UP CAP</b> Dunt*: ₹		OR	CAP Month-Year*:	ΥΥ
<sup>+</sup> Default if	not selected. • In case of Quarterly CAP amount: Please refer Instructio	/ SIP, only the Yearly	()())	p-Up freque		option)			
	im amount of debit (SIP+Top-u					Bank of In	dia shall not exc	ceed Rs. 5,00,000/-	per installment.
First SIP	Transaction via Cheque No.		Cheque Da	ted D	D M M Y Y	Y Y Y	Amount@ (	Rs.)	
	<b>ry Enclosure</b> (if 1st Installment e of the first/ sole applicant mus			ed cheque	Copy of ch	neque		irst cheque amount /total SIP Amount.	should be same
3) BA	NK DETAILS								
OTM Ba	nk Details to be debited for the	SIP (OTM alread	ly Registered)						
Bank Na	me:		Account Nu	mber:					
NOTE: Ir	n case the OTM is not registere	ed, please fill in th	ne attached OTM Debit I	Mandate.					
4) UN	IT HOLDING OPTION	DEMAT MODE	* PHYSICAL	MODE (D	efault)	(refer inst	truction 10)		
*Demat A	ccount details are mandatory if the i	nvestor wishes to ho	ld the units in Demat Mode						
NSDL	DP Name			I N			Beneficiary Account No.		
CDSL	DP Name		B	eneficiary ccount No.					
*Investor	opting to hold units in demat form, r	nay provide a copy c	of the DP statement enable u	s to match	the demat details as state	ed in the ap	plication form.		
5) DE	CLARATION AND SIGNAT	(URE(S)							
I/ We have and of NAC <b>The ARN h</b>	by confirm and declare as under:- read, understood and agree to comp CH/ECS (Debit Clearing) / Direct Debit nolder has disclosed to me/us all th ngst which the Scheme is being reco	e commissions (in tl	he form of trail commission						
E (S)									
TUR	First/ Sole Unit holder/ Guardia	n/ POA Holder	S	econd Un	it holder			Third Unit holder	
SIGNATURE (S)			nature(s) should be as i ase the mode of holding					r.	

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