



Application Form (Except for HDFC Gold Exchange Traded 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.

www.hdfcfund.com

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	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)
ARN- 93373					E025888

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 Here First/ Sole Applicant/ Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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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, 4, 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 YYYY

Proof of date of birth@ Attached Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

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

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# [Please tick (✓)] (Mandatory) Proof Attached

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

Proof of relationship with minor@ Attached @ 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. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 4)

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

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

4b. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify)

4c. Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore

OR

c. Net-worth (Mandatory for Non-Individuals) Rs. _____ as on DD MM YYYY (Not older than 1 year)

4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

4e. 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

5. 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# [Please tick (✓)] Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify)

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

ACKNOWLEDGEMENT SLIP (To be filled 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.

... continued overleaf

5. JOINT APPLICANT DETAILS, If any (contd...) (Refer 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 (Mandatory)

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify)

b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

6. FATCA & 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# [Please tick (✓)] (Mandatory) Proof Attached

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

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		
Branch Name	Bank City	
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)	

9. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS VIA NEFT / ECS / DIRECT CREDIT (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

For Default Plan (viz. Direct / Regular Plan) refer instruction 7.

Scheme/Plan/Sub Option

Payment Type [Please (✓)]

 Non-Third Party Payment **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)

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.

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

NSDL	DP Name _____	DP ID	I	N	Beneficiary 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.

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

OR

I/We wish to nominate as under:

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(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 am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ("Fund") indicated above.
- I/We am/are eligible Investor(s) as per the scheme related documents and am/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.
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- That in the event, the above information and/or any part of it is/are found to be false/ untrue/ misleading, I/We will be liable for the consequences arising therefrom.
- 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 Mutual 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.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- 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.
- 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.**

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.)

SIGNATURE(S)

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date

D	D	M	M	Y	Y	Y	Y
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[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick ✓)
 CREATE
 MODIFY
 CANCEL

UMRN

Sponsor Bank Code Utility Code

I/We hereby authorize: to debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: IFSC OR MICR

an amount of Rupees

FREQUENCY Monthly Quarterly 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 agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD-
 From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 to

3	1	1	2	2	0	3	2
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 or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ 2. _____ 3. _____
 Name as in Bank Records Name as in Bank Records Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

SIP Registration/Renewal Form (for OTM registered investors only)

Please tick ✓ as applicable:
 OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in TEN Days i.e. for debit date 15th, form can be submitted till 4th of the month.
 OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities.
 The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)	
ARN-93373					E025888	

EUIIN Declaration (only where EUIIN box is left blank)
 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 Here _____ Sign Here _____ Sign Here _____
 First/ Sole Applicant/ Guardian Second Applicant Third Applicant

Transaction Charges for Applications through Distributors only (Please tick (✓) any one) Date:

D	D	M	M	Y	Y	Y	Y
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I confirm that I am a **First time** investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
 I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts 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.

Investor Name:

Existing Investor Folio No. OR New Investor Application no.

PAN/PEKRN & KYC# (Mandatory)

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof.

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2032)*												
1.			<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y													
M	M	Y	Y	Y	Y													

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only)
 (Refer Item No. 7 e) SIP Top-up Frequency: Half-yearly Yearly (Quarterly SIP offers top-up frequency at yearly intervals only)

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.

UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 10)

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

NSDL DP Name DP ID

I	N
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 Beneficiary 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.

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))
 Marriage Dream Home Dream Car Children's Education Children's Marriage World Tour Retirement | Target Amount

I/We hereby confirm and declare as under:-
 I/We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP). **The ARN holder 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.**

First Unit Holder's Signature _____ Second Unit Holder's Signature _____ Third Unit Holder's Signature _____

ACKNOWLEDGEMENT SLIP (To be filled in by the Distributor (ARN Holder))

HDFC MUTUAL FUND

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

Date : _____ Folio No. _____ Received from: _____

OTM DEBIT MANADATE FORM SIP FORM

ISC Stamp & Signature

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

Mandatory for all Applicant(s) including Joint-holder(s), Guardian (if applicable) and Power of Attorney (if any).
[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)

PAN			Folio No.		
Name					
Type of Address given at KRA	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Registered Office	
Nationality		Gender		Date of birth	D D M M Y Y Y Y
Mobile		Place of Birth		Country of Birth	
Father's name					
Spouse's name					
Documents required (if PAN not provided)	<input type="checkbox"/> Passport	<input type="checkbox"/> Election ID Card	<input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others
Identification number of the document provided					

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

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S No	Country of Tax Residency#	Tax Payer Identification Number ^	Identification Type [TIN or other, please specify]
1			
2			
3			

#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.

B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick (✓)]	<input type="checkbox"/> Service	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others _____ (please specify)		

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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OR

Net-worth (Mandatory for Non-Individuals)	Rs. _____ as on	DD	MM	YYYY	(Not older than 1 year)
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Politically Exposed Person (PEP) Status*	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable
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*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

C. Declaration:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform HDFC Asset Management Company Limited/HDFC Mutual Fund/ Trustees for any modification to this information promptly. I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

I 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 to the Mutual 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.

Date:

Place:

First Applicant / Guardian