

MUTUAL FUND
BHAROSA APNO KA

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.

EY PARTNER / AGENT I	NEURIVIATIUN (Inve	estors applying und	ier Direct Plan musi	mention "Direct"	in AKN column.) (Refer Instruction 1) Internal Code	Employee	Unique	FOR OFFICE (TIME S	
ARN/RIA Code	ARN/RIA N	Name	Sub Agent's ARN	Bank I	Branch Code	for Sub-Agent/ Employee	Identification (EUI	n Number		
RN: 54854	South Guj	jarat								
UIN Declaration (only when We hereby confirm that the				this transaction	ı is everuted wi	thout any interaction	or advice by th	e emnlovee/re	elationshin manao	er/sales nerso
the abové distributor/sub	broker or notwithstan	nding the advice o	f in-appropriaten	ess, if any, provi	ded by the emp	loyee/relationship n	nanager/salés p	erson of the di	stributor/sub brok	er.
ANSACTION CHARGES					er Instruction 2					
n case the purchase/ subs ubscription amount and pa egistered Distributor) base EXISTING UNIT HOLD									as applicable from investor to the AR	n the purchase N Holder (AMF
Folio No.			7/	1	he details in ou	r records under the	folio number m	entioned along	gside will apply fo	r this applicatio
MODE OF HOLDING [P	lease tick (√)	Single	Joint	Anyon	e or Survivor					
UNIT HOLDER INFORM	IATION (Refer instru	uction 4)		DATE O	F BIRTH@	D D M M	Y Y Y	Y Proof	of date of birth@	Please (√)
Mr. Ms. M/s.	PPLICANT (In case of	of Minor, there s	hall be no joint h	olders) Ensure	that name is as	per Aadhaar Card				Attached
Nationality				PAN#/ PE						
KYC Number	nulicant (Diseas ti	iak (<)1 In	idividual No			ck (√)] (Mandatory FATCA, CRS & Ulti			IIDO) Colf Cortifi	nation Form a
Status of First/ Sole A		(/1 —		A	ladhaar Updatio	on Form] (Refer Inst	ruction 4, 19 & 1	8 c) (Mandato	iry) ´	
Resident Individual Body Corporate NAME OF GUARDIAN (in o	LP Society / Cl	ub Foreign N	lational Resident i	n India 🔃 FF	Pl Sole Pro	AOP PIO No Prietorship No No N (in case of non-inc	n Profit Organis	ation 0t		BOI C
Mr. Ms.						`		<u>Ľ</u>		
Nationality			Designation			Cor	ntact No.			
PAN#/ PEKRN#				10/						
KYC Number Relationship with Minor@ I	Places (-/) Esther	Mother C	Court appointed Le	MY(ck (√)] (Mandatory Proof of relationship w			ahad @ Mandat	an.
MAILING ADDRESS OF F	. ,			-		Frooi of relationship w	illi Illillol@ Fleas	Alla	ched @ Mandate	лу
CITY				STATE				PIN CO	DE	
CONTACT DETAILS OF FI	RST / SOLE APPLICA	ANT	Country Code			STD Co				
Telephone : Off.			Res.	il A		h	ax			
I/ We would like to re	gister for my/our HDF	CMF Personal Ide			act online as per	the terms & condition	ns displayed on	website:www.	hdfcfund.com (Em	ail id mandator
^ On providing email-id					-		atutory and othe	r documents b	y email. (Refer Ins	struction 10 & 1
1. NAME OF SECOND AP	, , ,	r instruction 4) (li	n case of Minor,	there shall be n	o joint holders)					
Mr. Ms. M/s.	LICANI									
Nationality				PAN#/ PE	KRN#					
KYC Number				KYO	C# [Please ti	ck (√)] (Mandatory) Proof	Attached		
2. NAME OF THIRD APPL	ICANT									
Mr. Ms. M/s. Nationality				PAN#/ PE	KRN#					
KYC Number						ck (√)] (Mandatory	n Proof	Attached		
ADDITIONAL KYC DETA	ILS (Refer instructi	ion 4b)				(), (,	, –			
Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically E	xposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service					1 st Applican	t	,			
Public Sector Service Government Service					2 nd Applicar					
Business					3rd Applican	T				
Professional					Guardian Authorised	Signatorios				
Agriculturist					Promoters	οιχιιαιστισδ				
Retired Housewife					Partners					
Student					Karta					
Proprietorship					Whole-time	Directors				
Others (Please specify)		diam out of the			Trustee	/ 1.4 21	0		0	
Non-Individual Investor # Please attach Proof. Refer	•	•			Money Lendi			Gaming / None of the	Gambling / Lottery ne above	/ Casino Servi
CKNOWLEDGEMENT SL								Number 1800 3		7676 (Tall Free)
WHO IN LEDGE WIEW I ST	11 (10 50 mod m by the	(I or ally	Taorios biogse coll	HDFC MUT		o or Jun as at val (1 1	0.00131/1000413	(1011 1106)
			Head Office :	HDFC House, 2r		rekh Marn		Date :		
		1	165-166, Backbay							
									ISC Stamp 8	Signature
Received from Mr. / Ms. / M	/s									
an application for Purchase	of Units of the Scheme	(s) alongwith Cheq	ue / DD / Payment	Instrument as de	tailed 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	Incom	e Range (in R	s.) 1st Applican	t 2 nd Applicant	3 rd Applicant	Guardian		
	Below 1 lac													
	1-5 lac													
	5-10 lac				□ > 1 cr									
Mandatory	OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) as on													
and	AADHAAR DETAILS (Ensure all	HAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs (Refer instruction 18c)												
Σ		Aadhaar Num lose copy of f	ber* ront & back side	e)	Dat	te of Birth		PIN Code		Mobile No.				
	1st Applicant				D D M	M Y Y Y	′							
	2nd Applicant				D D M	M Y Y Y	/							
	3rd Applicant				D D M	MYYYY	,							
	Guardian				D D M	MVVVV	,							
					$\overline{}$	101 1 1 1 1	+							
	POA				D D M	MYYYY								
0.1	* 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)													
	•		•	•	r) (Self Cert	iitication) (Refer	instruc	ction 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 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.											olio)		
	Category	First Ap	plicant (includ	ding Minor)		Second Appl	icant/	Guardian		Third	l Applicant			
	Place/ City of Birth													
	Country of Birth													
>	Country of Tax Residency#													
Mandatory	Tax Payer Ref. ID No ^													
Mis	[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]													
7. I	#To also include USA, where the POWER OF ATTORNEY (POA) HOL			en card holde	er of USA.	^ In case Tax Ide	ntifica	ation Number	is not availab	le, kindly prov	ide its function	al equivalen		
	Name of PoA Mr. Ms. M/s. PAN#/ PEKRN#													
	KYC Number # Please attach Proof. Refer instruction N	lo 16 for PAN/P	EKRN and No 18a	for KYC (KRA).		C # [Please tick on No 18b for KYC Id	. /	,	Proof At	tached				
8. I	BANK ACCOUNT DETAILS OF THE Mandatory to attach proof, in case the	FIRST / SO e pay-out ban	LE APPLICAN k account is diff	T (For redem ferent from the	ption/ divid bank accoun	lend if any) (re nt mentioned unde	er inst r Secti	truction 5) ion 10 below.)						
	For unit holders opting to hold units in	demat form, p	lease ensure th	at the bank acc	ount linked wi	ith the demat acco	unt is n	mentioned here						
>	Bank Name				P. LOY									
ator	Branch Name Account Number				Bank City									
Mandatory	MICR Code				(The 9 did	git code appears or	your c	cheque next to	the cheque nun	nber)				
2		Savings [Current [□ NRO □		TFCNR □ 0	thers ((please speci	(v)					
	IFSC Code***					*** Refer Instr cheque leaf. If y	uction 5 ou do n	C (Mandatory for the find this on the find the f	or Credit via NEF our cheque leaf,	r / RTGS) (11 Cha please check for t	racter code appe he same with you	aring on your Ir bank)		
_					Partic									
	heme Name / Plan / Option / Sub-optio		eque / DD / Payn	ment Instrumen		Drawn on (Nan	ne of B	ank and Brand	h)	Amount in figu	ures (Rs.)			
Pa	yout Option	UII	R No. / Date			7. (. 34.)		2.270			. ,			

October 2017

October 2017

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.
 - $\bullet \ \mathsf{Please} \ \mathsf{attach} \ \mathsf{proof} \ \mathsf{of} \ \mathsf{KYC} \ \mathsf{Compliance} \ \mathsf{status} \ \mathsf{if} \ \mathsf{not} \ \mathsf{already} \ \mathsf{validated}. \ \bullet \ \mathsf{Appropriate} \ \mathsf{Plan} \ \mathsf{/} \ \mathsf{Option} \ \mathsf{is} \ \mathsf{selected}. \\$
 - 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 / FlIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	1			1
3.	Notarised Power of Attorney					1
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			1		
5.	PAN Proof	✓	/	1	J "	1
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	✓	1	/	J*	1
7.	Proof of Date of Birth				1	
8.	Proof of Relationship with Guardian				1	
9.	PIO / OCI Card (as applicable)			1		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		1			
11.	Ultimate Beneficial Owner	✓	/			1
12.	FATCA & CRS	✓	1	1	1	1
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 FIIs, 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.