	Investors m	ust read the Key	y Information Memora		s and Product Lab	Fund and HDFC Childr eling on page 11 & 12 bet	en's Gift Fund) fore completing this Form.	
BHAROSA APNO KA KEY PARTNER / AGENT INF(ARN/RIA Code/Stock Broker/ Portfolio Manager Registration	ORMATION (In ARN/RIA/I Manager's/ St	ivestors applying Portfolio tock Broker's	•	0	,	nstruction 1) Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar
Number (PMRN)	Nan	ne			Employee	E092536		
EUIN Declaration (only where El	UIN box is left b!	lank) (Refer In	struction 1)					
I/We hereby confirm that the EU of the above distributor/sub bro	IIN box has been ker or notwithst	n intentionally l anding the advi	eft blank by me/us as ce of in-appropriaten	this transaction is ex ess, if any, provided b	ecuted without an y the employee/re	y interaction or advice by lationship manager/sales	the employee/relationship m person of the distributor/sub	anager/sales broker.
First/ Sole /	Applicant/ Guard	dian		Second App	licant		Third Applicant	
TRANSACTION CHARGES FO					struction 2)			
In case the purchase/ subscrip subscription amount and payab	ition amount is le to the Distribu	Rs. 10,000 or utor. Units will b	more and your Dist be issued against the l	ributor has opted in t balance amount inves	o receive Transa ted.	ction Charges, the same	are deductible as applicable	from the pur
1. EXISTING UNIT HOLDER	INFORMATIO	N (IF YOU HA	VE EXISTING FOLIO,	PLEASE FILL IN SEC	TIONS viz. 1, 5, 6	, 10 AND 13 ONLY. Refer	instruction 3).	
Folio No.				The de	tails in our record	ls under the folio number	mentioned alongside will app	ly for this app
2. MODE OF HOLDING [Plea	se tick (√)]	Single	Joint	Anyone or S	urvivor			
3. UNIT HOLDER INFORMAT				DATE OF BIR	TH@	D M M Y Y Y	Y Proof of date of birth	@ Please (√
NAME OF FIRST / SOLE APPI	LICANT (In case	e of Minor, the	re shall be no joint h	olders)				Attache
Mr. Ms. M/s. Nationality KYC Number				PAN#/ PEKRN≉	≠ [Please tick (√)]	(Mandatory) Pro	of Attached	
Status of First/ Sole Appl	licant (Diasca	tick $(\sqrt{)}$	Individual No			(wnership (UBO) Self Certificat	ion Form (Mai
	icalit [Fiease	lick (*)]		- (Refer	Instruction 4 & 19)		
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LEI No.				Expiry Date:				
(Mandatory for Non - Individ	duals transactin	g / proposing to	o transact for an amo	unt of Rs. 50 crores of	r more)			
NAME OF GUARDIAN (in case	e of First / Sole	Applicant is a N	Minor) / NAME OF CO	INTACT PERSON – DE	SIGNATION (in ca	se of non-individual Inves	tors)	
Mr. Ms. Nationality			Designation			Contact No.		
PAN#/ PEKRN#								
KYC Number				KYC #	[Please tick (√)]	(Mandatory) Pro	of Attached	
Relationship with Minor@ Please					Proof of	relationship with minor@ Ple	ease (\checkmark) Attached @ Ma	ndatory
MAILING ADDRESS OF FIRS	I / SULE APPLI	CANT (Mandat	iory) (Refer Instruction	on 4a)				
CITY				STATE			PIN CODE	
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April 2022

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Residency other t	than India?			Yes	10	Yes	No		Yes	No
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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.)

April 2022

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I / We ha and agr	ave read, understood the terms and ee to comply with the same as an u(s) of HDEC Mutual Fund ("Fund") a	conditions of the scheme rel Unitholder. I /We hereby apply	ated documents of y to the Trustees fo ider: ents_and not proh	f the resp or allotme ibited by	ective sch ent of Uni any orde	neme(s) is of the r/ruling/					SIGN rite Applica erse of the		- n No. /			
(n) 1/ N	any are eligible investor(s) as per iment passed by SEBI/ Statutory / a this investment as per the C eme(s) is through legitimate sourc rules, regulations, notifications or o /e will be bound by the Fund's terms	s and conditions as amended	from time to time								Payment					
(c) The suc (AN abo	information given by me /us in or h other further/additional informatic (C)/ Fund ./We undertake to prom ut any change in the information fur berehy authorize you to disclose	along with this application fo on as may be required by the ptly inform the AMC / Fund/F nished by me/us from time to share remit in any form/mai	rm is true and cor HDFC Asset Mana Registrars and Tran 5 time. 5 pner/mode the abo	rect and gement (sfer Ager	I/we shal Company nt (RTA) ir nation and	furnish Limited writing		First / Applic	ant /							
Ass inte autr	tu any criange in une mitormation fui e hereby authorize you to disclose, of it including the changes/updat et Management Company, its e mediaries for single updation/ sub ionties/agencies including but no nation/advice to me/us.	es that may be provided by mployees, agents and thirc mission, any Indian or foreign t limited to Financial Intellic	me/us to the Func I party service p n statutory, regulat jence Unit-India (l	l, its Spo roviders, pry, judic FIU-IND)	nsor/s, Ti SEBI re ial, quasi- etc with	iustees, gistered judicial out any		Guar SIGN								
(e) 1/W	sactions under Direct Plan to the I	RIA/Portfolio Managers/Stoc	k Broker registered	d in the c	concerned	folio, if										
Inte the kee acti in th	shall be liable and responsible for mediaries, arising out of any false, time or investing/redeeming the un o indemnified, save and harmless ons, proceedings, claims, losses, (is regard and in case of any dispute APN belder. (AME mediatored Dist	misleading, inaccurate and in its. I/We hereby uncondition AMC/Fund/Trustee and their Jamages, charges and exper e regarding the eligibility, valid	ncomplete informa ally and irrevocably officers, directors uses incurred or su ity and authorizatio	tion furni indemn and empl iffered /pa n of my/c	shed by n lify and at loyees ag aid by Alv our transa	ne/us at all time ainst all IC/Fund ctions.	(S)	Seco								
	ARŇ holder (AMFI registered Dist mission or any other mode), pay is from amongst which the Schern E HEREBY CONFIRM THAT I/W TFOLIO AND/ OR ANY INDIC ESTMENT.	able to him/them for the diffe	erent competing S	chemes (ii	of various	Mutual		Appli SIGN								
Conser	ESTMENT. It for Telemarketing (Refer Insti reby accord my/our consent to HI lemarketing calls etc. on the mob	ruction 20):					SIGN									
Conser I/We he https://v	t for disclosure of Personal Inf ereby confirm to have read, ur vww.hdfcfund.com) ("Policy") of h	ormation in terms of Privanderstood and agree to the HDFC AMC/ Fund.	a cy Policy ne terms of Priva	acy Polic	cy (availa	able on										
For For	reby accord my/our consent to F or disclosure of my/ our Personal te or any person acting under a law eign Nationals Resident in Indi	a only:						Thi Appli								
fully lial residen For NR	Il redeem my/our entire investme ole for all consequences (includin tial status. Is/ PIO/ OCIs/ FPIs only:	ig taxation) arising out of the	e failure to redeem	i on acco	us. I/We ount of ch	shall be ange in		SIGN								
	nfirm that my application is in c s/ PIO/OCIs Please (\checkmark) \square Rep			110115.												

April 2022

APPLICATION FORM FOR SIP & FLEX SIP [For Investments through NACH/ Direct Clearing/



Direct Debit Facility/ Standing Instruction] Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

April 2022

Please (\checkmark) as applicable:

					Enrolment Fo	rm no.		
KEY PARTNER / AGENT INF	ORMATION (Investors a	oplying under Direct Pla	an must mention "Direct" ir	ARN column.)		FOR OFFICE U	SE ONLY (TIM	E STAM
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA /Stock Broker/ Portfolio Manager's Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	-		
ARN - 92245					E092536			
EUIN Declaration (only whe I/We hereby confirm that t relationship manager/ sale manager/sales person of th	he EUIN box has been s person of the above d	intentionally left b listributor/sub broke		transaction is ex e advice of in-ap	ecuted without any propriateness, if any	interaction or a , provided by the	dvice by the e employee/rel	mployee ationshi
First/ Sole App	icant/ Guardian		Second Applicant			Third Applic	cant	
Fransaction Charges for App	•		'		Date: D	D M M	Y Y	
If the total commitment of inve Charges, the same are deducti ssued against the balance of th				ŕ. In such cases Tra	ńsaction Charge will be	recoverable in 3-2	4 installments. U	nits will b
ease (\checkmark) any one. In the absen	e of indication of the optio	n the form is liable to b	-	ATION (Refer Iter	n No. 7)			
1) INVESTOR DETAIL	S							
pplication No. (For new investor rst/ Sole Applicant Details		nitholder)						
Mobile No.		Email Id						
AME OF FIRST / SOLE APPLICA	NT Mr. Ms. M/s.							
AME OF THE SECOND APPLICA	NT Mr. Ms. M/s.							
AME OF THE THIRD APPLICANT	Mr. Ms. M/s.							
Applicant	PAN/ PEKRN#	(Mandatory)			KYC Number		KYC Mandator	Proof Attach
Sole / First Applicant								
Second Applicant								
Third Applicant								
Guardian/POA Holder								
Please attach Proof. If PAN/	PEKRN/KYC is already va	alidated please don't a	attach any proof. PEKRN	mandatory for Mic	ro SIP. Refer Item No.	11 and 12.		
AME OF THE GUARDIAN (In ca								
nr. Ms. M/s. Relationship with Minor								
/WE WOULD LIKE TO INVE	ST TO MEET MY/OUR	FINANCIAL GOALS	(choose anyone (<) (F	efer Item No. 15	i)			
Purchase of Residence	Children's Educa	ation Childrer	n's Marriage 🗌 Re	irement 🗌 0)thers	Please Specify	/	
Tanal Anna at								
Target Amount								

2A) INVESTMENT DETAILS FOR SIP [PI	ease tick (√)]			
Scheme Nat	ne (1)	Plan		tion/Sub-option
		Regular 🗙 🛛		
SIP Installment Amount (₹)	M M Y Y Y Y	h/Year (Default D	Y Monthly ⁺ Qua	lease refer Item iii) Daily ⁺⁺ Weekly ^{##} Irterly Half-Yearly Yearly
SIP Date (Please (✓) one or more of the followi 1st 2nd 3rd 4th 5th 17th 18th 19th 20th 21st SIP TOP-UP (✓) Not available for Daily	6th 7th 8th 9th 22nd 23rd 24th 25	10th+	ase (✓)	h 🗌 14th 🗌 15th 🗌 16th
Amount (₹) ^ OR	Percentage ^s (%) CAP Ar	nount*:₹	OF	
Frequency (✓): Half Yearly Yearly ⁺	(country)	r has to choose on		tion / Cuch ontion
Scheme Nat	ne (2)	Plan ✓ Regular ▼		tion/Sub-option
SIP Installment	Start Month/Year End Mont	h/Year (Default D		lease refer Item iii) Daily ⁺⁺ Weekly ^{##}
Amount (₹)	M M Y Y Y Y	M Y Y Y		rterly Half-Yearly Yearly
SIP Date (Please (✓) one or more of the followi □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 17th □ 18th □ 19th □ 20th □ 21st □ SIP TOP-UP (✓) Not available for Daily	☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 22nd ☐ 23rd ☐ 24th ☐ 25	n ☐ 10th ⁺ th ☐ 26th	ase (✓) ☐ Monday ☐ Tuesday ☐ 11th ☐ 12th ☐ 13 ☐ 27th ☐ 28th ☐ 29t	h 14th 15th 16th h 30th 31st
Amount (₹) ^ OR Frequency (✓): ☐ Half Yearly ☐ Yearly ⁺	Percentage ^s (%) CAP Ar	P-UP CAP nount*: ₹ r has to choose on	OF ly one option)	CAP Month-Year*: M Y Y Y
Scheme Nat		Plan		tion/Sub-option
		Regular 🗙 🛛	Direct	
SIP Installment Amount (₹)	Start Month/Year End Mont	h/Year (Default D		lease refer Item iii) 🗌 Daily ⁺⁺ 🗌 Weekly ^{##} Irterly 🔄 Half-Yearly 🗌 Yearly
SIP Date (Please (✓) one or more of the followi □ 1st □ 2nd □ 3rd □ 4th □ 5th	ng dates) (Please refer Item 5) For V		ase (✓)	v _ Wednesday⁺ _ Thursday _ Friday h _ 14th _ 15th _ 16th
☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ SIP TOP-UP (✓) Not available for Daily	22nd 23rd 24th 25		27th 28th 29	
Amount (₹) ^ OR Frequency (✓): Half Yearly Yearly ⁺	Percentage ^s (%) CAP Ar	nount*: ₹ r has to choose on	// OF	
*Default, if not selected. • ***Triggered and processed only of falls on non-business day, it will be triggered and processed of frequency. • ^ TOP UP amount has to be in multiples of Rs.10 Investors/unit holders subscribing for this facility are required *TOP-UP CAP amount: Please refer Item v (b) {1}] Maximum amount of debit (SIP+Top-up) under direction First SIP Transaction via Cheque No.	on the next business day and SIP TOP up facil 10 only. <i>Please see Item v</i> (a)) • \$The minimu to submit the request at least 30 days prior to th # TOP-UP CAP Month-Year: Please	ity shall not be avail m TOP UP Percentag ne SIP date. Top-up refer Item v (b){2}	able. • In case of Quarterly SIP, on ge has to be 10% and in multiples o will be applicable from next effectiv]	y the Yearly option is available as SIP Top-Up 1% thereafter, of the existing SIP installment. SIP installment. Cceed Rs. 5,00,000/- per installment.
Mandatory Enclosure (if 1st Installment is not by ch The name of the first/ sole applicant must be pre-prin	ited on the cheque.	е Сору		e first cheque amount should be same ch/total SIP Amount.
2B) INVESTMENT DETAILS FOR FLEX S			Disc	Ontion /Cub ontion
Scheme Name (.1)		Plan ✓ Regular ✓ Direct	Option/Sub-option Growth
SIP Installment		SIP Fr	requency [Please refer Item No.	
	n Rs. 1,00,000		Monthly ⁺ Quarterly	M M Y Y Y Y
SIP Date (Please (~) one or more of the followin 1st 2nd 3rd 4th 5th 17th 18th 19th 20th 21st	ng dates) (Please refer Item No. 5) 6th 7th 8th 9th 22nd 23rd 24th 25		□ 11th □ 12th □ 13i □ 27th □ 28th □ 29t	
Tenure of SIP - Please (✓) (Please refer Item No. D)	3 Years 5 Years⁺	10 Years	15 Years 20 Years	
Scheme Name	2)		Plan	Option/Sub-option
			Regular Direct	Growth
SIP Installment Amount (₹) Maximur			requency [Please refer Item No. Monthly ⁺ Quarterly	E] Start Month/Year
SiP Date (Please (~) one or more of the followin 1st 2nd 3rd 4th 5th 17th 18th 19th 20th 21st Tenure of SIP - Please (~) (Please refer Item No. D)	ng dates) (Please refer Item No. 5) 6th 7th 8th 9tt 22nd 23rd 24th 25	i 10th⁺ th 26th	□ 11th □ 12th □ 13t □ 27th □ 28th □ 29t □ 15 Years □ 20 Years	
*Default, if not selected. • Investors/unit holders subscribing				
				(Do)
First SIP Transaction via Cheque No. Mandatory Enclosure (if 1st Installment is not by ch The name of the first/ sole applicant must be pre-prir		Сору	Y Y Y Y Amount y of cheque	(ns.)

I I

,	INK DETAILS	des ede Decisione d)
Bank Na	ink Details to be debited for the SIP (OTM a	Account Number:
	n case the OTM is not registered, please fi	
	NIT HOLDING OPTION DEMAT	
*Demat A	Account details are mandatory for (i) FPIs and (ii) in	vestors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL
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 for us to match the demat details as stated in the application form.
5) DE	ECLARATION AND SIGNATURE(S)	
I/ We have and of NA(The ARN I from amo	eby confirm and declare as under:- a read, understood and agree to comply with the terr CH/ Debit Clearing / Direct Debit / Standing Instruction holder has disclosed to me/us all the commission ingst which the Scheme is being recommended to	ns and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP on facilities. I/ We hereby apply to the Trustees for enrolment under the SIP. ns (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Fund me/us.
ie (S)		
SIGNATURE	First/ Sole Unit holder/ Guardian/ POA Hole	der Second Unit holder Third Unit holder
GN	Please note: Sig	nature(s) should be as it appears in the folio/ on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.
		TM Debit Mandate Form NACH/DIRECT DEBIT/SI
F		
MUT	UAL FUND Utility Code	
		Create Modify Cancel
•	sor Bank Code OFFICE USE ONLY	I/We authorize HDFC Mutual Fund
To de	ebit (tick) SB/CA/CC/SB-NRE/SB-N	RO/OTHER Bank A/c number
With E	Bank	IFSC/MICR
VVIUIT	Dalik	
	nount of Rupees	
	nount of Rupees	₹
an am Debit PAN/F 1. I agre declara 3. I hav	Type Fixed Amount I Maximum PEKRN ee for the debit of mandate processing charges b titon has been carefully read, understood & made	
an am Debit PAN/F 1. I agre declara 3. I hav	Type Fixed Amount I Maximum PEKRN ee for the debit of mandate processing charges t tion has been carefully read, understood & made understood that I am authorised to cancel/amo	Amount Frequency Monthly Quarterly Half Yearly As & when presented Reference 2 yy the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me.
an am <u>Debit</u> PAN/F 1.1 agre declara 3.1 hav where 1 From To	nount of Rupees Type ☐ Fixed Amount ☑ Maximum PEKRN ee for the debit of mandate processing charges t tition has been carefully read, understood & made e understood that I am authorised to cancel/amo have authorized the debit.	Amount Frequency Monthly Quarterly Half Yearly Yearly As & when presented Reference 2 yoy the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the e by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. end this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank