



Application Form for Equity, Balanced, MIP and ELSS Schemes

HDFC GROWTH FUND • HDFC EQUITY FUND • HDFC TOP 200 FUND • HDFC CAPITAL BUILDER FUND • HDFC CORE & SATELLITE FUND • HDFC PREMIER MULTI-CAP FUND
 • HDFC MID-CAP OPPORTUNITIES FUND • HDFC LONG TERM EQUITY FUND • HDFC INFRASTRUCTURE FUND • HDFC ARBITRAGE FUND • HDFC BALANCED FUND
 • HDFC PRUDENCE FUND • HDFC LONG TERM ADVANTAGE FUND* • HDFC TAXSAVER* • HDFC INDEX FUND • HDFC MF MONTHLY INCOME PLAN#
 # (open-ended income scheme. Monthly income is not assured and is subject to availability of distributable surplus)
 * (open-ended equity linked savings scheme with a lock-in period of 3 years)

Continuing a tradition of trust.

Offer of Units At Applicable NAV

CEO

Investors must read the Key Information Memorandum and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / AGENT INFORMATION

| | | |
|------------------------------|--|----------|
| Name and AMFI Reg. No. (ARN) | Sub Agent's name and Code/ Bank Branch Code | M O Code |
| ARN- 2405 | | |

FOR OFFICE USE ONLY

| | | | |
|-----------------|-----------|-------------------|------------------|
| Date of Receipt | Folio No. | Branch Trans. No. | ISC Name & Stamp |
| | | | |

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 section 1 and proceed to section 5. Refer instruction 3).

Folio No. _____ / _____ The details in our records under the folio number mentioned alongside will apply for this application.

2. STATUS (of First/Sole Applicant) [Please tick (✓)]

| | | | | | | | | |
|--|---|--|--|--|--|--|--|---|
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Society / Club | <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> AOP <input type="checkbox"/> BOI <input type="checkbox"/> Others _____ (please specify) | <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> LLP | <input type="checkbox"/> Trust <input type="checkbox"/> FIs | <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor | <input type="checkbox"/> Service <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (please specify) | <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Professional <input type="checkbox"/> Retired |
|--|---|--|--|--|--|--|--|---|

3a. UNIT HOLDER INFORMATION (refer instruction 4)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) Mr. Ms. M/s. _____

DATE OF BIRTH@ DD MM YYYY _____

Proof of Date of Birth@ [Please tick (✓)] Attached

Nationality _____ **PAN#** _____ **KYC#** [Please tick (✓)] Proof Attached (Mandatory for any amount)

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# _____ **KYC** [Please tick (✓)] Proof Attached (Mandatory for any amount)

Relationship with Minor@ [Please tick (✓)]: Father Mother Court appointed Legal Guardian **Proof of Relationship with Minor@** [Please tick (✓)] Attached

NAME OF THE SECOND APPLICANT [Mandatory Please tick (✓)] Resident Individual NRI (Second Applicant not allowed in case of minor as first/sole applicant)

Mr. Ms. M/s. _____

Nationality _____ **PAN#** _____ **KYC#** [Please tick (✓)] Proof Attached (Mandatory for any amount)

NAME OF THE THIRD APPLICANT [Mandatory Please tick (✓)] Resident Individual NRI (Third Applicant not allowed in case of minor as first/sole applicant)

Mr. Ms. M/s. _____

Nationality _____ **PAN#** _____ **KYC#** [Please tick (✓)] Proof Attached (Mandatory for any amount)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address may not be sufficient)

CITY _____ **STATE** _____ **PIN CODE** _____

OVERSEAS ADDRESS (Mandatory in case of NRIs/FIs/PIOs) (P. O. Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Telephone: Off. _____ Res. _____ Mobile _____

Fax _____ **E-mail** _____

Please attach Proof. If PAN/KYC is already validated please don't attach any proof. Refer instruction No 14 for PAN and No 16 for KYC. @Mandatory in case of Minor.

3b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

NAME OF PoA Mr. Ms. M/s. _____

PAN# _____ **KYC**** [Please tick (✓)] Proof Attached (Mandatory for any amount) # Refer instruction no. 14. ** Refer instruction No 16.

4. BANK ACCOUNT (PAY – OUT) DETAILS OF THE FIRST/ SOLE APPLICANT (refer instruction 5) Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

Account No. _____ **Name of the Bank** _____

Branch _____ **Bank City** _____

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS _____ (please specify)

IFSC Code*** _____ **The 9 digit MICR Code number of my/our Bank & Branch is**** _____

*** 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) (** Refer Instruction 10) (Mandatory for Dividend Payout via ECS) (The 9 digit code appears on your cheque next to the cheque number)

5. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS VIA DIRECT CREDIT / NEFT / ECS (refer instruction 10) [Please tick (✓)]

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 4) via Direct credit/ NEFT/ECS facility. I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque/demand draft instead of direct credit/credit through NEFT system/credit through ECS into my/our bank account

6. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 11)

HDFCFMOnline & HDFCFMMobile - I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online

Mandatory information to be provided:

i) a) Email address: _____ (if the address given herein is different from the email address under section 3(a), the email address under section 6(i) will be considered during registration for HPIN).

b) Mother's maiden name: _____ I/We have read and understood the terms and conditions and confirm that I/we shall be bound by them (Terms & Conditions available in the eServices booklet as well as on our website)

ii) Docs: I/ We wish to receive account statements, newsletters, annual reports and other statutory information documents by email in lieu of physical documents (Email address is mandatory).

iii) Alerts: I/ We would like to receive SMS updates (Mobile number in section 3(a) is mandatory). ... continued overleaf

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 60006767 or 18002336767 (Toll Free)]

HDFC MUTUAL FUND Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020

Date : _____ Received from Mr. / Ms. / M/s. _____ an application for Purchase of Units of Scheme/Plan Name _____ Option / Sub-option: _____ Payout Option: _____ alongwith Cheque / DD as detailed overleaf. **Please Note:** All Purchases are subject to realisation of cheques / demand drafts.

ISC Stamp & Signature

7. INVESTMENT DETAILS (refer instruction 2 & 6)

| | SCHEME 1 | SCHEME 2 | SCHEME 3 |
|---------------------------|----------|----------|----------|
| Name of the Scheme / Plan | | | |
| Option / Sub-option | | | |
| Payout Option | | | |

Refer Instruction No. 2

8. PAYMENT DETAILS (refer instruction 7 & 8) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.) Please attach a separate Cheque/ Demand Draft for each Scheme. Please write Cheque/DD in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name'.

| | | |
|---|---|---|
| Payment Type [Please (✓)] | <input type="checkbox"/> NON- THIRD PARTY PAYMENT | <input type="checkbox"/> THIRD PARTY PAYMENT (Please attach 'Third Party Payment Declaration Form') |
| | SCHEME 1 | SCHEME 2 |
| Cheque / DD No. | | |
| Cheque / DD Date | | |
| Amount of Cheque/DD/RTGS in figures (₹) (i) | | |
| DD charges, if any, in figures (₹) (ii) | | |
| Total Amount (i) + (ii) | in figures (₹) | |
| | in words | |
| Drawn on Bank /Branch Name | | |
| Pay - In Bank Account No. (For Cheque Only) | | |
| Account Type [Please (✓)] | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____(please specify) | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____(please specify) |

9. NOMINATION (refer instruction 13) (Mandatory for new folios of Individuals where mode of holding is single)

I/We _____ (Unit holder 1) _____ (Unit holder 2) _____ and _____ (Unit holder 3) *do hereby nominate the person(s) more particularly described hereunder/ and*/ cancel the nomination made by me/ us on the _____ day of _____ in respect of the Units under Folio No. _____ (* strike out which is not applicable)

| Name and Address of Nominee(s) | Date of Birth | Name and Address of Guardian (to be furnished in case the Nominee is a minor) | Signature of Nominee/ Guardian of Nominee (Optional) | Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) |
|--------------------------------|---------------|--|--|---|
| Nominee 1 | | | | |
| Nominee 2 | | | | |
| Nominee 3 | | | | |

OR

NON-INTENTION TO NOMINATE: (Mandatory for new folios of Individuals where mode of holding is single and who do not wish to nominate)

SIGNATURE(S) [Please (✓)] I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

_____ First /Sole Applicant _____ Second Applicant _____ Third Applicant

10. DOCUMENTS ENCLOSED (Please ✓)

- Memorandum & Articles of Association
- Partnership Deed
- PAN Proof
- Power of Attorney
- LLP Agreement
- Trust Deed
- Resolution / Authorisation to invest
- Bye-Laws
- Certificate of Incorporation
- List of Authorised Signatories with Specimen Signature(s)

APPLICATIONS ENCLOSED (Please ✓)

- SIP Enrolment Form (For Investments through Post Dated Cheques)
- SIP Enrolment Form (For Investments through Auto Debit/ECS/Standing Instruction)
- STP Enrolment Form
- Third Party Payment Declaration Form
- Multiple Bank Account Registration Form

11. DECLARATION & SIGNATURE/S (refer instruction 12)

I / We have read and understood the terms and contents of the Document(s) of the respective Scheme(s) and Statement of Additional Information of HDFC Mutual Fund. I / We hereby apply to the Trustee of HDFC Mutual Fund for allotment of Units of the Scheme(s) of HDFC Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I / We have understood the details of the Scheme(s) and I / we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. **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 declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We declare that the information given in this application form is correct, complete and truly stated.

Applicable to NRIs only :

I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

- Please (✓) Yes No
 If Yes, (✓) Repatriation basis Non-repatriation basis

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

| | | |
|---------------------|---------------------------------|--|
| SIGNATURE(S) | First/Sole Applicant / Guardian | Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft. |
| | Second Applicant | |
| | Third Applicant | |

| Particulars | SCHEME 1 | SCHEME 2 | SCHEME 3 |
|--|----------|----------|----------|
| Scheme Name / Plan / Option / Sub-option / Payout Option | | | |
| Cheque / DD No. / Date | | | |
| Drawn on (Name of Bank and Branch) | | | |
| Amount in figures (₹) | | | |