

# HDFC Retirement Savings Fund

Application No.:

(A notified Tax Savings Cum Pension Scheme)

An open ended retirement solution oriented scheme having a lock-in of 5 years or till retirement age (whichever is earlier)

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.

**Continuous Offer of Units at NAV based prices**

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/RIA Code/Portfolio Manager's Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)	
ARN-115979					EUIN-E 172792	
<b>EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)</b> 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						
First/ Sole Applicant/ Guardian		Second Applicant		Third Applicant		

**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 (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**  
 If you have existing Folio, please fill in folio no. and date of birth in this section and proceed to section 5, 6, 10 and 13. (Refer Instruction 3).

Folio No.	/	The details in our records under the folio number mentioned alongside will apply for this application.
<b>DATE OF BIRTH@ Mandatory</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Proof of date of birth@ Mandatory Please (✓) <input type="checkbox"/> Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

**2. MODE OF HOLDING [Please tick (✓)]** ☐ Single ☐ Joint ☐ Anyone or Survivor

**3. UNIT HOLDER INFORMATION (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

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

Mr. Ms. M/s.			
Nationality	PAN#/ PEKRN#		
KYC Number	KYC # [Please tick (✓)] (Mandatory)	<input type="checkbox"/> Proof Attached	
<b>DATE OF BIRTH@ Mandatory</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Proof of date of birth@ Mandatory Please (✓) <input type="checkbox"/> Attached	

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

**Status of First/ Sole Applicant (Refer Instruction 4D)**

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ PIO ☐ OCI ☐ Foreign National Resident in India

**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 of First / Sole holder ^

I/we hereby declare that the mobile number belongs to ☐ First/Sole holder ☐ Family | I/We hereby declare that the E-mail ID belongs to ☐ First/Sole holder ☐ Family  
 (Family means spouse, dependent children or dependent parents). (Please Tick (✓) Whichever Applicable)

☐ I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: [www.hdfcfund.com](http://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.

However, if the investors wish to receive the physical copy of scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 9 & 11)

**4. JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**1. NAME OF SECOND APPLICANT**

Mr. Ms. M/s.			
Nationality	PAN#/ PEKRN#		
KYC Number	KYC # [Please tick (✓)] (Mandatory)	<input type="checkbox"/> Proof Attached	
<b>DATE OF BIRTH@ Mandatory</b>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Proof of date of birth@ Please (✓) <input type="checkbox"/> Attached	

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC. Refer instruction No 17b for KYC Identification Number issued by CKYCR.

**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		Application No:
Date :	Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	
Received from Mr./Ms./M/s. _____		ISC Stamp & Signature
an application for allotment of Units of the Plan (as mentioned overleaf) of the HDFC Retirement Savings Fund - _____		
along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.		
<b>Please Note :</b> All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.		

... continued overleaf

**4. JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Contd...) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**2. NAME OF THIRD APPLICANT**

Mr. Ms. M/s.			
Nationality	PAN# / PEKRN#		
KYC Number	KYC # [Please tick (✓)] (Mandatory)	<input type="checkbox"/> Proof Attached	
DATE OF BIRTH@ Mandatory	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		
Proof of date of birth@ Please (✓) <input type="checkbox"/> Attached			

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC. Refer instruction No 17b for KYC Identification Number issued by CKYCR.

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

**5. ADDITIONAL KYC DETAILS Mandatory (Refer instruction 4b)**

Mandatory

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)							

  

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

OR Networth in Rs. (not older than 1 year)	<div>as on</div> <div> <div>DD</div> <div>MM</div> <div>YYYY</div> </div>
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**6. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer Instruction 4D)**

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)

	First Applicant	Second Applicant/ Guardian	Third Applicant
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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Particulars		HDFC Retirement Savings Fund (A notified Tax Savings Cum Pension Scheme)	
<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
Cheque / DD / Payment Instrument No.		Cheque / DD / Payment Instrument Date	
Drawn on (Name of Bank and Branch)			

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

... continued overleaf

## 7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA	Mr. Ms. M/s.
Nationality	PAN#/ PEKRN#
KYC Number	KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC. Refer instruction No 17b for KYC Identification Number issued by CKYCR.

## 8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (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		Bank City	
Branch Name			
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 PROCEEDS (refer instruction 10)

Unitholders will receive redemption proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility

☐ I/We want to receive the redemption 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 for Scheme details and Instruction 7 & 8 for Payment and Third Party Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.

HDFC Retirement Savings Fund (A notified Tax Savings Cum Pension Scheme)			For Default Plan (viz. Direct / Regular Plan) refer instruction 6.
<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

Payment For [Please (✓)]	<input type="checkbox"/> Lump sum Investment <input type="checkbox"/> Systematic Investment Plan (SIP) Please attach duly filled and signed SIP Enrolment Form
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> NEFT/ RTGS/ Fund Transfer <input type="checkbox"/> One Time Mandate (OTM)
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM	
Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)
	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

## 11. UNIT HOLDING OPTION ☐ DEMAT MODE\* ☐ PHYSICAL MODE (Default) (Refer Instruction 12)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the name as mentioned in the application form matches with that of the demat account. 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.

NSDL	DP Name	DP ID	I N	Beneficiary Account No.
CDSL	DP Name	Beneficiary Account No.		

## 12. NOMINATION (Refer Instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

☐ I/We wish to nominate as under: **OR** ☐ I/We do not wish to Nominate ..... (Sole applicant's signature mandatory)

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					

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All holders must sign here if the application form is signed by POA

First / Sole Applicant

Second Applicant

Third Applicant

... continued overleaf

### 13. DECLARATION & SIGNATURE/S (refer instruction 14)

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgement passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We 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.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) 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 Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single update/ 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.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered/paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) 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.
- (h) **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.**

#### Consent for Telemarketing (Refer Instruction 20):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

#### Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/ Fund.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

#### 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/ FPIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

For NRIs/ PIO/OCIs Please (✓) ☐ 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

SIGN

Second Applicant

SIGN

Third Applicant

SIGN

# 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

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Please (✓) as applicable:

- ☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 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 10 to 30 days depending on NACH or ECS modalities.

## Enrolment Form no.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/ RIA Code	ARN/ RIA Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-						
<b>EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 2(I)a)</b> I/We hereby confirm that the EUIN 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		
Transaction Charges for Applications through Distributors only (Refer Item No. 13)					Date:	D D M M Y Y Y Y
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.						

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

- ☐ NEW REGISTRATION ☐ CANCELLATION (Refer Item No. 7)

## 1) INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder)

First/ Sole Applicant Details

Mobile No.	<input type="text"/>	Email Id	<input type="text"/>
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NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number	KYC Mandatory	Proof Attached
Sole / First Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA Holder	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP Refer Item No. 11 and 12.

## NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-individual Investors)/ PoA HOLDER

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR

## I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 15)

☐ Purchase of Residence ☐ Children's Education ☐ Children's Marriage ☐ Retirement ☐ Others

Target Amount

## ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

HDFC MUTUAL FUND	
Date: <input type="text"/>	Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.
Application/ Folio No. <input type="text"/>	ISC Stamp & Signature <input type="text"/>
Received from Mr./Ms./M/s. <input type="text"/> SIP application	
Scheme / Plan / Option <input type="text"/>	

## 2A) INVESTMENT DETAILS FOR SIP [Please tick (✓)]

Scheme Name (1)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
SIP Installment Amount (₹)	Start Month/Year M M Y Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		For Weekly SIP (Please (✓) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP Amount (₹) ^ _____ OR Percentage* (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y Y	
Scheme Name (2)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
SIP Installment Amount (₹)	Start Month/Year M M Y Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		For Weekly SIP (Please (✓) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP Amount (₹) ^ _____ OR Percentage* (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y Y	
Scheme Name (3)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
SIP Installment Amount (₹)	Start Month/Year M M Y Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		For Weekly SIP (Please (✓) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP Amount (₹) ^ _____ OR Percentage* (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y Y	

\* Default, if not selected. • \*\* Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. • ## Triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day and SIP TOP up facility shall not be available. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-up frequency. • ^ TOP UP amount has to be in multiples of Rs.100 only. Please see Item v (a). • \$ The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. Top-up will be applicable from next effective SIP installment.

\*TOP-UP CAP amount: Please refer Item v (b){1}}

# TOP-UP CAP Month-Year: Please refer Item v (b){2}}

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.

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated D D M M Y Y Y Y Y Amount@ (Rs.) \_\_\_\_\_

Mandatory Enclosure (if 1st Installment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque @The first cheque amount should be same as each/total SIP Amount.  
The name of the first/ sole applicant must be pre-printed on the cheque.

## 2B) INVESTMENT DETAILS FOR FLEX SIP [Please tick (✓)]

Scheme Name (1)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Growth
SIP Installment Amount (₹)	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year M M Y Y Y Y Y	
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			
Scheme Name (2)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Growth
SIP Installment Amount (₹)	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start Month/Year M M Y Y Y Y Y	
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			

\* Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date.

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated D D M M Y Y Y Y Y Amount (Rs.) \_\_\_\_\_

Mandatory Enclosure (if 1st Installment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.



### 3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name:  Account Number:

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

### 4) UNIT HOLDING OPTION

☐ DEMAT MODE\*

☐ PHYSICAL MODE (Default)

(refer instruction 6)

\*Demat Account details are mandatory for (i) FPIs and (ii) investors 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 <input type="text"/>	DP ID	<input type="text"/> I <input type="text"/> N <input type="text"/>	Beneficiary Account No.	<input type="text"/>
CDSL	DP Name <input type="text"/>	Beneficiary Account No.	<input type="text"/>		

\*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) DECLARATION AND SIGNATURE(S)

I/ We hereby confirm and declare as under:-

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ ECS (Debit Clearing)/ Direct Debit/ Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the 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.

SIGNATURE (S)	First/ Sole Unit holder/ Guardian/ POA Holder	Second Unit holder	Third Unit holder
	Please note: Signature(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.		

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

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes]



UMRN	<input type="text"/>	Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Utility Code	<input type="text"/>	<input type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel	

Sponsor Bank Code  I/We authorize  HDFC Mutual Fund

To debit (tick✓) ☒ SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number

With Bank  IFSC/MICR

an amount of Rupees  ₹

Debit Type ☒ Fixed Amount ☐ Maximum Amount Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As & when presented

PAN/PEKRN  Reference 2

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
To	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

Or ☐ Until Cancelled

Signature of Primary Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No.

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