



Application Form for Equity, Balanced, MIP and ELSS Schemes

HDFC GROWTH FUND • HDFC EQUITY FUND • HDFC TOP 200 FUND • HDFC CAPITAL BUILDER FUND • HDFC BALANCED FUND • HDFC PRUDENCE FUND • HDFC LONG TERM ADVANTAGE FUND* • HDFC TAXSAVER* • HDFC INDEX FUND • HDFC CORE & SATELLITE FUND • HDFC ARBITRAGE FUND • HDFC PREMIER MULTI-CAP FUND • HDFC MID-CAP OPPORTUNITIES FUND • HDFC MF MONTHLY INCOME PLAN
(an open-ended income scheme. Monthly income is not assured and is subject to availability of distributable surplus)
** (an 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

CEQ

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- 70688		

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 your folio number 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"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Company	<input type="checkbox"/> FIs
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> BOI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> LLP	
<input type="checkbox"/> Society / Club	<input type="checkbox"/> Others _____	(please specify)		

MODE OF HOLDING [Please tick (✓)]

<input type="checkbox"/> Single
<input type="checkbox"/> Joint
<input type="checkbox"/> Anyone or Survivor

OCCUPATION (of First/Sole Applicant) [Please tick (✓)]

<input type="checkbox"/> 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)	

3a. UNIT HOLDER INFORMATION (refer instruction 4)

DATE OF BIRTH

(Mandatory in case of Minor) DD MM YYYY

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.	Nationality	PAN#	KYC Compliance Status** <input type="checkbox"/> YES <input type="checkbox"/> NO
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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.	KYC Compliance Status** <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF THE SECOND APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]

Mr. Ms. M/s.	Nationality	PAN#	KYC Compliance Status** <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF THE THIRD APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]

Mr. Ms. M/s.	Nationality	PAN#	KYC Compliance Status** <input type="checkbox"/> YES <input type="checkbox"/> NO
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MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address may not be sufficient)

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

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CONTACT DETAILS OF FIRST / SOLE APPLICANT

Telephone : Off.	Res.	Mobile
Fax	E-mail	

Please attach PAN Proof. If PAN is already validated please don't attach any proof. Refer instruction No 14. **Mandatory. If YES, attach proof. Refer instruction No 16.

3b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

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

PAN# _____ [Please tick (✓)] KYC Compliance Status** YES NO # 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 (✓)] <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)	
IFSC Code***	The 9 digit MICR Code number of my/our Bank & Branch is**

*** Refer Instruction 5D (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)

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

i) **Mandatory information to be provided:**

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 Name _____

Plan/ 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				
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)

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 Guardian	Proportion* (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

10. DOCUMENTS ENCLOSED (Please ✓)

APPLICATIONS ENCLOSED (Please ✓)

- | | | | |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> Bye-Laws | <input type="checkbox"/> SIP Enrolment Form (For Investments through Post Dated Cheques) |
| <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> Resolution / Authorisation to invest | | <input type="checkbox"/> SIP Enrolment Form (For Investments through ECS / Direct Debit Facility / Standing Instruction) |
| <input type="checkbox"/> PAN Proof | <input type="checkbox"/> KYC Compliance Status Proof | | <input type="checkbox"/> STP Enrolment Form |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certificate of Incorporation | | <input type="checkbox"/> Third Party Payment Declaration Form |
| <input type="checkbox"/> LLP Agreement | <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | | <input type="checkbox"/> 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

DD	MM	YYYY

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 (₹)			