

Investors must read the Key Information Memorandum, the instructions and Product Labeling on the cover page before completing this form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

| 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 | ARN Name | Sub Agent's ARN | Bank Branch Code | Internal Code for Sub-Agent/ Employee | Employee Unique Identification Number (EUIN) | |
| ARN- | | | | | | |
| EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1) 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. | | | | | | Sign Here _____ First/ Sole Applicant (Donor) |
| | | | | | | Sign Here _____ Second Applicant (Donor) |

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2 and please tick (✓) any one)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted 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 BENEFICIARY CHILD INFORMATION (refer Instruction 3)

FOLIO No. _____ / _____ (Mention an existing folio, if any, with HDFC Children's Gift Fund)

2a. DONOR (APPLICANT) INFORMATION (refer Instruction 3 & 4)

Name of Donor (Applicant) Mr. / Ms. / M/s. _____

Nationality _____ PAN*/PEKRN* _____ KYC* (Mandatory) Proof Attached [Please (✓)]

Address of Donor (Applicant) _____

 _____ PIN _____

CONTACT DETAILS

STD Code _____

Tel. : Off. _____ Tel. : Res. _____ Mobile _____

Fax _____ Email _____

3. DONOR (APPLICANT) OTHER DETAILS (Mandatory) [Please (✓)]

3a. Status: Individual Non - Individual [Please attach Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 18)

Resident Individual NRI-Repatriation NRI-Non Repatriation PIO OCI Foreign National Resident in India Partnership AOP Company BOI HUF Body Corporate Society / Club LLP Sole Proprietorship Others _____ (please specify)

3b. Occupation: Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others _____ (please specify)

3c. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore
OR
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on DD ____ MM ____ YYYY (Not older than 1 year)

3d. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
 (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

3e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

Relationship with the beneficiary child _____

4. ADDITIONAL DONOR (SECOND APPLICANT) Resident Individual NRI

Mr. / Ms. _____

Nationality _____ PAN*/PEKRN* _____ KYC* (Mandatory) Proof Attached [Please (✓)]

4a. Occupation: Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others _____ (please specify)

4b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore **OR** Net worth Rs. _____

4c. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
 (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

5 POWER OF ATTORNEY (PoA) HOLDER DETAILS

Mr. / Ms./ M/s. _____

PAN*/PEKRN* _____ KYC* (Mandatory) [Please (✓)] Proof Attached

* Please attach proof. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC

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 18003010676/ 1800 419 7676 (Toll Free)]

Application No. CG _____ **HDFC MUTUAL FUND** Date : ____ / ____ / ____

Received from Mr/Ms/M/s _____ an application _____
 for Gifting of Units along with Cheque/Demand Draft/ Payment Instrument as detailed overleaf

ISC Stamp & Signature _____

6a. BENEFICIARY CHILD INFORMATION (refer Instruction 5)

Name of the Beneficiary Child Mast. / Miss. _____
 (Not exceeding 18 years of age)

Nationality _____ Date of Birth@ (Mandatory) | D | D | M | M | Y | Y | Y | Y | @ Proof attached [Please (✓)]

PAN/PEKRN (if available) _____ Address of the Beneficiary Child _____

 _____ PIN _____

6b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction 5)

Name of the Parent / Legal guardian of Beneficiary Child Mr. / Ms. _____

Status: Individual Non - Individual [Please attach Ultimate Beneficial Ownership (UBO) Declaration Form and FATCA/ Foreign Tax Laws Information Form] (Refer Instruction 5b & 18)

Tel. : STD Code _____ Country Code _____ Office _____

Residence _____ eAlerts Mobile No. _____

PAN*/PEKRN* _____ KYC* (Mandatory) [Please (✓)] Proof Attached

eDocs E-mail^ _____

I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory).

On providing email id Investors shall receive HPIN to transact online as per terms& conditions displayed on website.
 ^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

Relationship with Minor@ [Please (✓)] Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (✓) Attached

Date of Birth of the parent / legal guardian of the Unit holder (Mandatory) | D | D | M | M | Y | Y | Y | Y |

* Please attach proof. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC @ Mandatory

Occupation: Service Private Sector Public Sector Government Service Student Professional Housewife
 Business Retired Agriculture Proprietorship Others _____ (please specify)

Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth Rs. _____

Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
 (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

| Mode of Holding | Status (of the Beneficiary Child) (Mandatory) [Please (✓)] | Occupation (of the Beneficiary Child) [Please (✓)] |
|-----------------|---|---|
| Single | <input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify) | <input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify) |

7. ALTERNATE CHILD INFORMATION (refer Instruction 6)

Name of the Alternate Child Mast. / Miss. _____
 (Not exceeding 18 years of age)

Nationality _____ Date of Birth@ _____ Please (✓) Proof Attached@

Name of the Parent / Legal guardian of Alternate Child@ Mr. / Ms. _____

Relationship with Alternate Child@ [Please (✓)] Father Mother Court appointed Legal Guardian Proof of relationship attached@ Please (✓) @ Mandatory

Address of the Alternate Child _____

 _____ PIN _____

| Status (of the Alternate Child) [Mandatory (Please ✓)] | Occupation (of the Alternate Child) [Mandatory (Please ✓)] |
|---|---|
| <input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify) | <input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify) |

8. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification) (Refer instruction 5b)

The below information is required for Beneficiary Child and Guardian

Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?
 Beneficiary Child Yes No Parent/ Legal Guardian Yes 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 | Beneficiary Child | Parent/ Legal Guardian |
|----------------------------|-------------------|------------------------|
| Place/ City of Birth | | |
| Country of Birth | | |
| Country of Tax Residency 1 | | |
| Tax Payer Ref. ID No. 1 | | |
| Country of Tax Residency 2 | | |
| Tax Payer Ref. ID No. 2 | | |
| Country of Tax Residency 3 | | |
| Tax Payer Ref. ID No. 3 | | |

9. BANK ACCOUNT DETAILS OF UNIT HOLDER (BENEFICIARY CHILD) (Refer Instruction 7A)

(Mandatory to attach proof, as the pay-out bank account is different from the bank account mentioned under Section 11.)

Account No. _____ Name of the Bank _____

Branch _____ Bank City _____

Account Type [Please ✓] Savings Current NRE NRO FCNR Others _____ (please specify) IFSCCode*** (Refer Instruction 7C) _____

MICR Code** _____ (The 9 digit code appears on your cheque next to the cheque number) *** (Mandatory for Credit 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 12) (Mandatory for Dividend Payout via ECS)

| Plan Name | Cheque/ DD/ Payment Instrument/ UTR No. & Date | Drawn on (Name of Bank and Branch) | Amount in figures (Rs.) |
|--------------------------------------|--|------------------------------------|-------------------------|
| HDFC Children's Gift Fund _____ Plan | | | |

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

10. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS [Please (✓)] (Refer Instruction 12)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 9) 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 child's bank account

11. INVESTMENT DETAILS (refer Instructions 8 & 9) (The name of first/ sole applicant (Donor) must be pre printed on the cheque.) (Please write Application Form No. on the reverse of the Cheque / Demand Draft/Payment Instrument.)

Plan (Please ✓) **Investment Plan (Equity Oriented)** **Savings Plan (Debt Oriented)** Units subject to Lock- in Period [Please ✓] Yes No (Default)

Regular Option (Purchase/ Subscription routed through Distributor)
Mention valid ARN in Key Partner/ Agent Information

Direct Option (Purchase/ Subscription made directly with the Fund)
Mention **DIRECT** in Key Partner/ Agent Information

For Default Option (viz. Direct / Regular Option) refer instruction 8

The Cheque/DD/Payment Instrument should be drawn favouring "HDFC Children's Gift Fund-(Plan Name) (PAN of Beneficiary Child)" or "HDFC Children's Gift Fund-(Plan Name) (Beneficiary Child Name)" and crossed "A/c Payee only" (Investors applying under Direct Option must mention "Direct" against the Plan name.)

| 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 | Drawn on Bank / Branch | Pay-In Bank Account No. (For Cheque Only) |
|---|--|--|--------------------|-----------------------|------------------------|---|
| | | | | | | |

| Mode of Payment (Please ✓) | Third Party Mandatory Enclosure(s)* |
|---|--|
| Cheque <input type="checkbox"/> | In case the account number and account holder name of the third party (Donor) is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account. |
| Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/> | Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument. |
| RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/> | Copy of the Instruction to the Bank stating the Bank Account Number which has been debited. |

* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

12. DECLARATIONS & SIGNATURE(S) (Refer Instruction 10 and 14)

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:-

- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of HDFC Children's Gift Fund of HDFC Mutual Fund ('Fund') indicated above.
- I/We am/are eligible to invest in favour of the minor unitholder as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s).
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom.
- 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 Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ 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.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- 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 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.**

Third Party Payment Declarations applicable to Donor:

- I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.
- I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same.
- I/We hereby declare that the amount invested in the Fund is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form.

Third Party Payment Declarations applicable to Parents/ Legal Guardian:

- I/We hereby confirm that the information provided herein by the Donor is true and correct.
- I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

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 only:

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

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

Date :

| SIGN HERE ↻ (Please write Application Form No./ Folio No. on the reverse of the Cheque / Demand Draft/ Payment Instrument.) | Donor | Additional Donor | Parent / Legal Guardian |
|---|-------|------------------|-------------------------|
| | | | |

Third Party Payment Declaration Form



Third Party Payment Declaration Form should be completed in **English** and in **BLOCK LETTERS** only.
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

Declaration Form No. _____

FOR OFFICE USE ONLY

| | | |
|-----------------|-----------|-------------------|
| Date of Receipt | Folio No. | Branch Trans. No. |
| | | |

1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)

Folio No. (For existing investor) _____ Application No. _____

NAME OF FIRST/SOLE APPLICANT (BENEFICIAL INVESTOR)

Mr Ms. M/s. _____

2. THIRD PARTY INFORMATION (Refer Instruction No. 3)

NAME OF THIRD PARTY (PERSON MAKING THE PAYMENT)

Mr Ms. M/s. _____

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

#Mandatory for any amount. Please attach PAN Proof. Refer instruction No. 6. ** Refer instruction No. 8.

NAME OF CONTACT PERSON & DESIGNATION (in case of non-Individual Third Party)

Mr Ms. _____

Designation _____

MAILING ADDRESS (P.O. Box Address may not be sufficient)

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS

STD Code _____ Tel. : Off. _____ Tel. : Res. _____ Mobile _____

Fax _____ Email _____

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please tick (✓) as applicable]

| Status of the Beneficial Investor | <input type="checkbox"/> Minor | <input type="checkbox"/> FII <input type="checkbox"/> Client | <input type="checkbox"/> Employee(s) | <input type="checkbox"/> Agent/ Distributor/ Dealer |
|---|--|---|--|--|
| Relationship of Third Party with the Beneficial Investor | <input type="checkbox"/> Father/Mother/Court appointed Legal Guardian (Please attach proof of relationship, if not already submitted@) <input type="checkbox"/> Grand Parent <input type="checkbox"/> Related Person (Please specify relationship) _____ (Maximum investment - Rs. 50,000/- per transaction@) @ Not Applicable for investment in HDFC Children's Gift Fund | Custodian - SEBI Registration No. of Custodian _____ Registration Valid Till _____ D D M M Y Y Y Y | Employer | Principal |
| Declaration by Third Party | I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift. | I/We declare that the payment is made on behalf of FII/ Client and the source of this payment is from funds provided to us by FII/Client. | I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through Payroll Deductions. | I/We declare that the payment is made on behalf of Agent/ Distributor/ Dealer under Systematic Investment Plans or as lump sum/ one-time subscription, in lieu of commission or incentive payable for sale of goods/ services. |

3. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)

| Mode of Payment [Please tick (✓)] | Mandatory Enclosure(s)* |
|---|--|
| Cheque <input type="checkbox"/> | In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account. |
| Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/> | Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument. |
| RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/> | Copy of the Instruction to the Bank stating the Bank Account Number which has been debited. |

* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

Amount# _____ in figures (Rs.)
_____ in words

Cheque/DD/PO/UTR No. _____ Cheque/DD/PO/RTGS Date _____
DD MM YYYY

Pay- in Bank A/c No. _____

Name of the Bank _____

Branch _____ Bank City _____

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

including Demand Draft charges, if any.

THIRD PARTY DECLARATION

I/ We hereby confirm and declare as under:-

I/We have read and understood the Third Party Payment rules, as given below and agree to comply and be bound by the same.

The information provided is true and correct and HDFC Mutual Fund ('Fund')/the HDFC Asset Management Company Limited ('AMC') is entitled to verify the same directly or indirectly. I/We agree to furnish such further information as Fund/AMC may require from me/us. I/We agree that if any of the declarations furnished by me/us are found to be incorrect or incomplete, the Fund/AMC shall have the absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies accordingly.

I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor(s) as detailed in the Application Form.

Applicable to NRIs/ PIO/OCIs only:

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc. of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓) Yes No

If yes, (✓) Repatriation basis

Non-repatriation basis

| DD | MM | YYYY |
|----|----|------|
| | | |

Signature of the Third Party

BENEFICIAL INVESTOR(S) DECLARATION

I/We hereby confirm that the information provided herein by the Third Party is true and correct.

Applicable to Guardian receiving funds on behalf of Minor only:

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

| DD | MM | YYYY |
|----|----|------|
| | | |

| | |
|--------------------|-----------------------------------|
| SIGNATURE/S | First / Sole Applicant / Guardian |
| | Second Applicant |
| | Third Applicant |

THIRD PARTY PAYMENT RULES

- In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions

2a. The following words and expressions shall have the meaning specified herein:

- "Beneficial Investor"** is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
- "Third Party"** means any person making payment towards subscription of Units in the name of the Beneficial Investor.
- "Third Party payment"** is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.

2b. The Fund / AMC will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:

- Payment by Parents/Grand-Parents/Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- for each regular Purchase or per SIP installment. However, this restriction of Rs. 50,000/- will not be applicable for payment made by a Guardian whose name is registered in the records of Mutual Fund in that folio (i.e. father, mother or court appointed Legal Guardian).

* *'Related Person'* means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.

(This limit of Rs. 50,000 shall not be applicable for investments in HDFC Children's Gift Fund. However, the Donors will have to comply with all the requirements specified in 2c below)

- Payment by an Employer on behalf of employees under Systematic Investment Plans (SIP) or lump sum / one-time subscription, through Payroll deductions or deductions out of expense reimbursements.
 - Custodian on behalf of an FII or a Client.
 - Payment by a Corporate to its Agent/ Distributor/ Dealer (similar arrangement with Principal agent relationship), on account of commission or incentive payable for sale of its goods/services, in the form of the Mutual Fund Units through SIP or lump sum / one-time subscription.
- 2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.
- Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
 - Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
 - Verifying the source of funds to ensure that funds have come from the drawer's account only.
- 2d. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of HDFC Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in **Rule (2b)** above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of HDFC AMC or visit our website www.hdfcfund.com for any further information or updates on the same.

Enrolment Form for SIP/ Micro SIP

[For Investments through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]



(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)
Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

SIP/ Micro SIP via **ECS (Debit Clearing)** in select cities or via **Direct Debit/Standing Instruction** in select banks / branches only.

| KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) | | | | | | FOR OFFICE USE ONLY (TIME STAMP) |
|---|----------|------------------|---|---------------------------------------|---|-------------------------------------|
| ARN | ARN Name | Sub Agent's ARN | Bank Branch Code | Internal Code for Sub-Agent/ Employee | Employee Unique Identification Number (EUIIN) | |
| ARN- | | | | | | |
| EUIIN Declaration (only where EUIIN box is left blank) (Refer Item No. 3a) 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 Here | | Sign Here | | Sign Here | | |
| First/ Sole Applicant/ Guardian | | Second Applicant | | Third Applicant | | |
| Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one) | | | | | | Date: D D M M Y Y Y Y |
| <input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) | | | <input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor) | | | |
| 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. | | | | | | |

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 ECS (Debit Clearing) / Direct Debit / Standing Instruction facilities.

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.

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

| | | |
|--|--|--|
| <input type="checkbox"/> NEW REGISTRATION | <input type="checkbox"/> CHANGE IN BANK ACCOUNT | <input type="checkbox"/> CANCELLATION (Refer Item No. 11) |
|--|--|--|

INVESTOR & INVESTMENT DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder) SIGNATURE (Refer Item No. 3(c))

| | | |
|---|------------------------------------|---|
| Sole/1st applicant | | |
| PAN# or PEKRN# | KYC# (Mandatory) [Please tick (✓)] | <input type="checkbox"/> Proof Attached |
| Name of Guardian (In case Applicant is minor) | | |
| PAN# or PEKRN# | KYC# (Mandatory) [Please tick (✓)] | <input type="checkbox"/> Proof Attached |
| Second Applicant | | |
| PAN# or PEKRN# | KYC# (Mandatory) [Please tick (✓)] | <input type="checkbox"/> Proof Attached |
| Third Applicant | | |
| PAN# or PEKRN# | KYC# (Mandatory) [Please tick (✓)] | <input type="checkbox"/> Proof Attached |

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

| | |
|---|---|
| <input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information | <input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information |
| For Default Plan (viz. Direct / Regular Plan) refer instruction 4. | |
| Scheme/Plan Option | |
| Lock-in Period (Applicable to HDFC Children's Gift Fund) | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (Default) |

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

| | |
|----------------------------|---|
| HDFC MUTUAL FUND | |
| Date: | Head Office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. |
| Application/ Folio No. | ISC Stamp & Signature |
| Received from Mr./Ms./M/s. | 'SIP/ Micro SIP' application for |
| Scheme / Plan / Option | |
| instalment Amount (Rs.) | Please Note: All purchases are subject to realisation of cheques |

I/WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 20)

Marriage
 Dream Home
 Dream Car
 Children's Education
 Children's Marriage
 World Tour
 Retirement

Target Amount

SIP & DEBIT DETAILS (Please note that a minimum of 30 days is required to set up the ECS/ Direct Debit)

Each SIP/ Micro SIP Amount (Rs.) Frequency Monthly* Quarterly (*Default Frequency) [Refer Item No. 6(iv)]

SIP/ Micro SIP Date 1st 5th 10th* 15th 20th 25th (*Default Date) [Refer Item No. 6(iv)]

SIP/ Micro SIP Period Start From End On** OR Default Date (December 2032) **Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro SIP Transaction via Cheque No. Cheque Dated 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 SIP Amount.

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

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only)

(Refer Item No. 7 e) SIP Top-up Frequency: Half-yearly Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

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.

UNIT HOLDING OPTION **DEMAT MODE*** **PHYSICAL MODE (Default)** (refer instruction 10)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

| | | | | | | | |
|-------------|------------------------------|-------------------------|----------------------|---|----------------------|-------------------------|----------------------|
| NSDL | DP Name <input type="text"/> | DP ID | I | 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 enable us to match the demat details as stated in the application form.

I/we hereby authorise **HDFC Mutual Fund/HDFC Asset Management Company Limited** and their authorised service providers, to debit my/our following bank account by **ECS (Debit Clearing) / Direct Debit / Standing Instruction** for collection of SIP/ Micro SIP payments.

BANK DETAILS

Bank Name

Branch Name Bank City

Account Number

9 Digit MICR Code ◀ (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify)

Accountholder Name as in Bank Account

Authorisation of the Bank Account Holder (to be signed by the Investor)**

** To, The Branch Manager, (Name of the Bank)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my/our payment towards my/our investment in the Scheme of HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We hereby authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

Bank Account Number

I/We have read and agree to comply with the terms and conditions mentioned overleaf and be bound by the same. I/We hereby declare that the particulars given above are true and correct and agree to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction.. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account.

Applicable to SIP Top-up facility (not available under Micro SIP):

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

Please write Folio no. on the reverse of the cheque. (MANDATORY)

| | | |
|---|---|---|
| 1st Account Holder's Signature (As in Bank Records) | 2nd Account Holder's Signature (As in Bank Records) | 3rd Account Holder's Signature (As in Bank Records) |
|---|---|---|

BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account Number

For Office Use only (Not to be filled in by Investor)

Recorded on Scheme Code

Recorded by Credit Account Number