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Application Form (Except for ETFs, HDFC Retirement Savings fund and HDFC Children's Gift Fund) 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.

		stors applying un	nder Direct Plan must me			, ,			FOR OFFICE	
ARN/RIA Code	ARN/RIA N	√ame	Sub Agent's ARN	Bank Bra	ranch Code	Internal Code for Sub-Agent/ Employee	Employee Identification (EUIN	Number	(TIME S	TAWP)
ARN-183038		A	RN -				E			
N Declaration (only where le hereby confirm that the l he above distributor/sub bi	EUIN box has been i	intentionally left	blank by me/us as this	s transaction is , if any, provide	s executed wit ed by the empl	hout any interaction oyee/relationship n	n or advice by the nanager/sales pe	employee/r rson of the d	elationship manag istributor/sub brok	er/sales per er.
First/ Sol ANSACTION CHARGES I	le Applicant/ Guardia				Applicant r Instruction 2	)		Thirc	d Applicant	
case the purchase/ subsc bscription amount and pay gistered Distributor) based EXISTING UNIT HOLDE	ription amount is R able to the Distribution on the investors' as	Rs. 10,000 or m utor. Units will b sessment of var	ore and your Distribut le issued against the b ious factors including t	tor has opted balance amou the service rer	in to receive int invested. U ndered by the A	Transaction Charge pfront commission IRN Holder.			as applicable fron investor to the AR	n the purcha N Holder (A
Folio No.						r records under the			gside will apply for	r this applica
MODE OF HOLDING [Ple	ease tick (√)	Single	Joint	Anyone (	or Survivor					
JNIT HOLDER INFORMA	ATION (Refer instru	uction 4)		DATE OF	BIRTH@	D D M M	Y Y Y	Y Proof	of date of birth@ P	
NAME OF FIRST / SOLE AP	PLICANT (In case of	of Minor, there	shall be no joint holde	ers) Ensure th	at name is as	per Aadhaar Card				Attached
Mr. Ms. M/s. Nationality				PAN#/ PEKI	DN#					
KYC Number						:k (√)] (Mandatory	) Proof A	ttached		
Status of First/ Sole Ap	plicant [Please t	ick (√)] □	Individual 🗌 Non -	Individual (P	lease attach i	ATCA. CRS & Ulti	mate Beneficial	Ownership	(UBO) Self Certifi	cation Forn
Resident Individual	•••		atriation Partnersh			n Form ] (Refer Inst			ory) through guardian	BOI
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IAME OF GUARDIAN (in ca	se of First / Sole Ar	pplicant is a Min	or) / NAME OF CONTA	CT PERSON -	- DESIGNATION	l (in case of non-in	dividual Investors	;)		
Mr. Ms. Nationality			Designation			Cor	itact No.			
PAN#/ PEKRN#			Designation			00	ILACE INU.			
KYC Number				KYC :	# [Please ti	ck (√)] (Mandatory	Proof A	ttached		
Relationship with Minor@ Pl	ease (✓) Father	Mother	Court appointed Legal			Proof of relationship w			ached @ Mandato	ory
MAILING ADDRESS OF FIF								( )		-
CITY Contact details of Fir				ATE			do	PIN CC	JDE	
Telephone : Off.	31 / SULE AFFLICA		Country Code Res.			STD Co	ax			
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. NAME OF THIRD APPLIC	CANT			PAN#/ PEKI		ck (√)] (Mandatory	)	uttached		
NAME OF THIRD APPLIC         Mr.       Ms.       M/s.         Nationality         KYC Number				PAN#/ PEKI	RN#	k (√)] (Mandatory				
NAME OF THIRD APPLIC           Mr.         Ms.         M/s.           Nationality	LS (Refer instructi	,		PAN#/ PEKI	RN# # [Please tion		)	ttached		
NAME OF THIRD APPLIC         Mr.       Ms.         Nationality         KYC Number         DDITIONAL KYC DETAI         Occupation details for		ion 4b)	3 <sup>rd</sup> Applicant	PAN#/ PEKI	RN#	cposed Person (PEP	)	Is a PEP	Related to PEP	
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October 2017

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	Gross Annual Income Rang	e (in R	s.) 1 <sup>:</sup>	<sup>t</sup> Applic	ant	2 <sup>nd</sup>	Applica	nt	3 <sup>rd</sup> App	licant	(	Guar	dian	l	Gro	oss A	nnu	al Inco	me	Rang	le (i	n Rs.	1 <sup>st</sup>	Appl	icant	2 <sup>r</sup>	<sup>d</sup> Ap	olicar	nt	3 <sup>rd</sup> A	pplica	nt	Guardian
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	I-5 lac 5-10 lac		_					_					_	_		lac- 1 cr	l cr									-			+			+	
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Please Note: All Purchases are subject to realisation of cheques /	demand drafts / Payment Instrument
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0 October 2017

	<b>MENTS &amp; PAYMENT</b>	DETAILS [Plea	ase (√)] (refer instru	iction 6 & 7 for Scl	heme det	tails and i	nstructio	n 8 & 9	for Payı	ment Deta	ails) The I	name	of the first	st/ so	le appl	licant	must	be pre-	printed	on th	ie che
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October 2017

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## **APPLICATION FORM FOR SIP**

[For Investments through NACH/ ECS (Debit Clearing)/ Direct Debit Facility/ Standing Instruction] Please strike out the Section(s) that is/are not used by you to avoid any unaut



July 2017

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KEY PARTNER / AGENT INFORM	MATION (Investors	applying under Direct P	lan must mentio	n "Direct" i	n ADN	column	)			nom				SE ON	LY (TIME	STAM
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ARN-183038		ARN -						Е								
EUIN Declaration (only where E	UIN box is left bla	nk) (Refer Item No. 3	a)													
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Transaction Charges for Applicat		ributors only (Refer If				) any (	one)		Date	:	D		M M		Y	Y Y
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If the total commitment of investme Charges, the same are deductible as	ant through SIP (i.e s applicable from th	. amount per SIP instal le installment amount a	iment X no. of i nd payable to th	e Distribut	s) amo or. In si	uch cas	Rs.10, es Tran	uuu or sactior	more Charç	and y ge will	our D be re	stribut covera	or has o ble in 3-4	pted to 4 install	receive tra ments. Un	its will b
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Please ( ) any one. In the absence of<br NEW REGISTRATION		CHANGE OTM DEBIT		ofor Itom	No. 7/	(a) (iv))					CANC	FI I A1	TION (R	ofor Ito	m No. 11	)
		JHANGE OTM DEBIT			INU. 7 (	(6)(17))					UANU					)
1) INVESTOR DETAILS																
Application No. (For new investor)/ Fo First/ Sole Applicant Details	lio No. (For existing	Unitholder)														
Mobile No.		Email Id														
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		N <sup>#</sup> (Mandatory)						YC Nu	mbor						KYC Mandatory	Proof
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Second Applicant Third Applicant Guardian/POA Holder # Please attach Proof. If PAN/PEKRN/KYC									rs)							
Second Applicant Third Applicant Guardian/POA Holder # Please attach Proof. If PAN/PEKRN/KYC VAME OF THE GUARDIAN (In case o									rs)							
Second Applicant Third Applicant Guardian/POA Holder # Please attach Proof. If PAN/PEKRN/KYC VAME OF THE GUARDIAN (In case o Mr. Ms. W/s.									rs)							
Second Applicant Third Applicant Guardian/POA Holder # Please attach Proof. If PAN/PEKRN/KYC IAME OF THE GUARDIAN (In case o Mr. Ms. M/s.	f minor) / CONTACT	FPERSON - DESIGNATI	ION / PoA HOLD	ER (In cas	e of No	on-indiv	ridual li	ivesto	rs)							
Second Applicant Third Applicant Guardian/POA Holder # Please attach Proof. If PAN/PEKRN/KYC VAME OF THE GUARDIAN (In case o Mr. Ms. M/s. RELATIONSHIP WITH MINOR	f minor) / CONTACT	T PERSON - DESIGNATI R FINANCIAL GOALS	ION / PoA HOLD	ER (In cas one (~) (	e of No	on-indiv Item N	ridual li lo. 19)	ivesto				Please	Specify			
Second Applicant Third Applicant Guardian/POA Holder # Please attach Proof. If PAN/PEKRN/KYC VAME OF THE GUARDIAN (In case o Mr. Ms. M/s. RELATIONSHIP WITH MINOR I/WE WOULD LIKE TO INVEST	f minor) / CONTACT	T PERSON - DESIGNATI R FINANCIAL GOALS	ION / PoA HOLD	ER (In cas one (~) (	e of No Refer	on-indiv Item N	ridual li lo. 19)	nvestor				Please	Specify			

Application/ Folio No. Received from Mr./Ms./M/s. SIP application Scheme / Plan / Option Scheme 1 Scheme 2

Scheme 3

ISC Stamp & Signature

2) INVESTMENT DETAILS [Please tick (	√)]			
Scheme Nam	ıe (1)	Plan	Opti	on/Sub-option
		Regular Direct		
SIP Installment	Start Month/Year End	I Month/Year (Default	Dec 2036)* SIP Fre	<b>quency</b> (Please refer Instruction 6)
Amount (₹)	M M Y Y Y Y	M M Y Y	Y Y Daily <sup>++</sup>	☐ Monthly <sup>+</sup> ☐ Quarterly
SIP Date (Please (✓) one or more of the followin           □ 1st         □ 2nd         □ 3rd         □ 4th         □ 5th           □ 17th         □ 18th         □ 19th         □ 20th         □ 21st	Ing dates)         (Please refer Instruction 7)           6th         7th         8th         9th           22nd         23rd         24th         25th			
$\Box$ SIP TOP-UP ( $\checkmark$ ) Not available for Daily S	SIP SIP TO	P-UP CAP		CAP Month-Year*:
Amount (₹) ^ OR Frequency (✓): □ Half Yearly □ Yearly⁺	je (,e)	ount*: ₹ has to choose only one	option)	M M Y Y Y Y
Scheme Nam		Plan	Opti	on/Sub-option
		Regular Direct		
SIP Installment	Start Month/Year End	<b>i Month/Year</b> (Default	Dec 2036)* SIP Fre	quency (Please refer Instruction 6)
Amount (₹)	M M Y Y Y	M M Y Y	Y Y Daily**	☐ Monthly <sup>+</sup> ☐ Quarterly
SIP Date (Please ( $\checkmark$ ) one or more of the followin				
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SIP TOP-UP (✓) Not available for Daily S				CAP Month-Year <sup>#</sup> :
Amount (₹) ^ OR	Percentage <sup>s</sup> (%) CAP Am	ount*: ₹	OR	M M Y Y Y Y
Frequency (✓): Half Yearly Yearly⁺	Frequency: Yearly (Investor	has to choose only one	e option)	
Scheme Nam	1e (3)	Plan	Opti	on/Sub-option
		Regular Direct		
SIP Installment Amount (₹)	Start Month/Year         End           M         Y         Y         Y	Month/Year         (Default           M         M         Y         Y	E Dec 2036)*         SIP Free           Y         Y           Daily**	(Please refer Instruction 6)
SIP Date (Please (✓) one or more of the followin           □ 1st         □ 2nd         □ 3rd         □ 4th         □ 5th           □ 17th         □ 18th         □ 19th         □ 20th         □ 21st	Ing dates)         (Please refer Instruction 7)           6th         7th         8th         9th           22nd         23rd         24th         25th			
□ SIP TOP-UP (✓) Not available for Daily S         Amount (₹) ^         Frequency (✓):       Half Yearly         Yearly <sup>+</sup>	Percentage <sup>s</sup> (%) CAP Am	P-UP CAP ount*: ₹ r has to choose only one		CAP Month-Year*:           M         Y         Y         Y
<sup>+</sup> Default if not selected. • <sup>++</sup> Triggered and processed only on a • ^ TOP UP amount has to be in multiples of Rs.100 only. <i>Pleas</i> Investors/unitholders subscribing for this facility are required to	se see Instruction 7(c) {i}) • \$The minimum T	OP UP Percentage has to	be 10% and in multiples of 1%	thereafter, of the existing SIP installment.
*TOP-UP CAP amount: Please refer Instruction 7(c){ii}] Maximum amount of debit (SIP+Top-up) under dire	# TOP-UP CAP Month-Year: Please r ect debit facility for investors with bank	()())		ceed Rs. 5,00,000/- per installment.
First SIP Transaction via Cheque No.	Cheque Dated D	D M M Y	Y Y Y Amount@	(Rs.)
Mandatory Enclosure (if 1st Installment is not by che The name of the first/ sole applicant must be pre-prin	· · · · · · · · · · · · · · · · · · ·	Copy of c		first cheque amount should be same h/total SIP Amount.
3) BANK DETAILS				
OTM Bank Details to be debited for the SIP (OTM a	Iready Registered)			
Bank Name:	Account Number:			
NOTE: In case the OTM is not registered, please fill	in the attached OTM Debit Mandate.			

SDL	DP Name				DP ID	IN					Bene Acco	ficiary unt No.						
SL	DP Name					Beneficiary Account No.												
stor	opting to hold units in demat form, m	ay provide a	l copy of th	e DP staten				nat detai	ls as sta	ted in th	e applic	ation form					_	
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