

Plan/ Option: _

alongwith Cheque / DD as detailed overleaf.

Application Form for Equity, Balanced, MIP and ELSS Schemes • HOFC 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

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	Mr. Ms. M/s.																												
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	Mr. Ms. M/s.			<u> </u>	Ļ				Ш																				
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3b.	POWER OF ATTORNEY (PoA)	HOLDE	R DE	TAIL	.S																							
	NAME OF PoA Mr. Ms.	M/s.																											
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	Date : Received from Mr. / Ms. /	M/c																											
	an application for Purchase			Sche	eme l	Name	e																						

_ Payout Option: _

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

INVESTMENT DE	TAILS (refer instruction 2 & 6)	S	CHEME 1			SCHEM	E 2		SCHEME 3			
Name of the	1		····									
Scheme	Refer Instruction No. 2											
Plan/ Option	Neier Instruction No. 2											
Payout Option)											
YMENT DETAILS	(refer instruction 7 & 8) (Please writ Cheque/DD in favour of 'the Specif				and Diafi	t.) Please attac	ch a separate Cheque/ De	mand Diafi	t for each Scheme. Please write			
Payment Type [Ple	ease (✔)]	□ NON- THIR	D PARTY PAYMENT			(Please at	THIRD PAR					
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<u> </u>	e/DD/RTGS in figures (₹) (i)											
DD charges, if any	y, in figures (₹) (ii)											
Total Amount (i) + (ii)	in figures (₹)											
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Pay - In Bank Acc	ount No. (For Cheque Only)		OURDEN:				FNIT		WINDS CONTROL			
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OMINATION (re	fer instruction 13)											
////0	(Unit	holder 1)					(Unit ho	lder 21				
/ vve	(Unit holder 3)	1	#do.h	ereby no	minate	the person/s			and hereunder/ and*/ cancel the nomination			
made by me/ us on	the day of		in respect of the Un	•					(* strike out which is not applicable)			
Name and Address	s of Nominee(s)	Date of Birth	Name and Addre (to be furnished in case t	ess of Gu	ıardian		Signature of Gu	Proportion* (%) by where of Guardian units will be shared by Nominee (should aggregate)				
Nominee 1												
Nominee 2												
Nominee 3												
DOCUMENTS EI	NCLOSED (Please ✓)					APPLI	CATIONS ENCLOS	SED (PI	ease ✓)			
Memorandun Partnership D PAN Proof Power of Atto	orney	Resolution / KYC Complia	Authorisation to invest	e-Laws nen Signa	ature(s	SIP E STP Third		vestments th				
DECLARATION 8	SIGNATURE/S (refer ins	struction 12)					Please write A		Form No. / Folio No. on the reverse of gue / Demand Draft.			
and Statement of A HDFC Mutual Fund and agree to abide understood the deta or gifts, directly or i	d understood the terms and conditional Information of HDFC for allotment of Units of the by the terms, conditions, rules ails of the Scheme(s) and I / v ndirectly, in making this investing	C Mutual Fund. I / Scheme(s) of HDFO and regulations of ve have not receive nent. The ARN hol	We hereby apply to the Trus C Mutual Fund, as indicated the relevant Scheme(s), I / Wed nor been induced by any der (AMFI registered Distri	stee of above le have rebate ibutor)	(S)	First/Sole Applicant / Guardian	1	the Gre	учет решани отать.			
payable to him/the which the Scheme to make this invest only and does not Act, Rules, Regulat	ne/us all the commissions (in m for the different competin is being recommended to r tment and that the amount in involve and is not designed fo tions, Notifications or Directic formation given in this applic	g Schemes of var me/us. I/We hereby vested in the Scho or the purpose of a ons issued by any	ious Mutual Funds from am declare that I/We am/are autl eme is through legitimate so ny contravention or evasion regulatory authority in India	nongst horised ources of any i. I/We	SIGNATURE(S)	Second Applicant						
that the funds for s from funds in my / Please (✓) Ye If Yes, (✓) R	I am / We are Non-Resident o subscription have been remitt our Non-Resident External / es No	ed from abroad th Ordinary Account	rough normal banking chanr	confirm nels or		Third Applicant						
	Plan / Option / Sub-option /	S	CHEME 1			SCHEME	2		SCHEME 3			
Scheme Name / Payout Option	Plan / Option / Sub-option /											
Cheque / DD No. /												
	of Bank and Branch)											
Amount in figures	S (<)											



Recorded by

SIP Enrolment Form (FOR INVESTMENTS THROUGH ECS (DEBIT CLEARING) / DIRECT DEBIT FACILITY/STANDING INSTRUCTION) (EXCEPT HDFC BANK LTD)



(Please read terms & conditions overleaf)

Enrolment Form No.

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing) / DIRECT DEBIT FACILITY/STANDING INSTRUCTION

SIP via ECS (Debit Clearing) in select cities or via Direct Debit/Standing Instruction in select banks / branches only. KEY PARTNER / AGENT INFORMATION FOR OFFICE USE ONLY Branch Trans, No. ISC Name & Stamp Sub Agent's name and Code/ Name and AMFI Reg. No. (ARN) Bank Branch Code ARN- 59017 Upfront commission shall be paid directly by the investor to the ARN Holder (AMF) registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder. М If We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit / Standing Instruction and agree to abide by the same. I / We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I / We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. If We hereby apply to the Trustee of HDFC Mutual Fund: Please () any one. In the absence of indication of the option the form is liable to be rejected ■ NEW REGISTRATION CHANGE IN BANK ACCOUNT CANCELLATION SIGNATURE (Refer Item No. 3(b) Sole/1st Applicant / Guardian KYC Compliance Status** ☐ YES ■ NO PAN# Second Applicant KYC Compliance Status** ☐ YES ☐ NO PAN# Third Applicant ☐ YES ☐ NO PAN# KYC Compliance Status** # 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 15. Folio No. Application No. (For new investor) Scheme Plan Option Each SIP Amount (₹) Frequency Monthly Quarterly Cheque Dated Amount (₹) First SIP Transaction via Cheque No. Mandatory Enclosure (if 1st Installment is not by cheque) Copy of cheque Blank cancelled cheque SIP Date [for ECS (Debit Clearing) / Direct Debit / Standing Instruction] 1st 5th 10th 15th 20th 25th There should be a minimum time gap of 30 days and maximum time gap of 60 days between the first cheque for SIP investment and first installment of SIP through ECS (Debit Clearing) or Direct Debit / Standing Instruction SIP Period [for ECS (Debit Clearing) / Direct Debit] Start From End On** Please refer item no. 6(ii) and 6(iii) М М M of Terms and Conditions Receipt of Document(s) by E-mail E-Mail YES NO Mobile No. (Please ✓)(Refer Item No. 10) Email ID 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 payments. **BANK DETAILS** Bank Name Branch Name Bank City Account Number (Please enter the 9 digit number that appears after the cheque number) 9 Digit MICR Code ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) Account Type (Please ✓) Accountholder Name as in Bank Account Authorisation of the Bank Account Holder (to be signed by the Investor) 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 payment towards my investment in HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. Bank Account Number I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account. I/ We have read and agreed to the terms and conditions mentioned overleaf. Please write SIP Enrolment Form No. / Folio No. on the reverse of the cheque. 1st Account 2nd Account 3rd Account Holder's Signature Holder's Signature Holder's Signature (As in Bank Records) (As in Bank Records 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

Credit Account Number