



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 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

CEO

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	MO Code
ARN- 0163		

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, complete details in section 2 and proceed to section 6. Refer instruction 2).
Folio No. _____ / _____ The details in our records under the folio number mentioned alongside will apply for this application.

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY)

	PAN # (refer instruction 12)	KYC Compliance Status (Mandatory for Rs.50,000 & above)** (if yes, attach proof)
First / Sole Applicant / Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach PAN proof. If PAN is already validated, please don't attach any proof. ** Refer instruction 14

3. 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"/> 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)

4a. UNIT HOLDER INFORMATION (refer instruction 3)

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.	DATE OF BIRTH (Mandatory in case of Minor)
	DD MM YYYY

Nationality

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.	Designation	Contact No.

NAME OF THE SECOND APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]

Mr. Ms.	

Nationality

NAME OF THE THIRD APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]

Mr. Ms.	

Nationality

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address may not be sufficient)

CITY	STATE	PIN CODE

OVERSEAS ADDRESS (Mandatory in case of NRIs/FIs/PIOs Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Telephone : Off.	STD Code	Res.	Mobile

Fax	E-Mail

4b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

NAME OF PoA

Mr. Ms. M/s.

PAN* [Please tick (✓)] KYC Compliance Status Proof** * Refer Instruction 12 ** Refer Instruction 14

5. BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (refer instruction 4a) 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

IFSCCode***	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)

*** Refer Instruction 4b (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) The 9 digit MICR Code number of my/our Bank & Branch is**: _____ (The 9 digit code appears on your cheque next to the cheque number) ** Refer Instruction 8 (Mandatory for Dividend Payout via ECS)

6. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 9)

HDFCMF^{Online} & HDFCMF^{Mobile} - I/ We would like register for my/our HDFCMF 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 4a, 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 I/ we shall bound by them (Terms & Conditions available in the eServices booklet as well as on our website)

ii) eDocs : 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) eAlerts : I/ We would like to receive SMS updates (Mobile number in section 4a 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 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 MF Monthly Income Plan

alongwith Cheque / DD as detailed overleaf. **Please Note :** All Purchases are subject to realisation of cheques / demand drafts.

CEO

ISC Stamp & Signature

