

7. INVESTMENT DETAILS (refer instruction 2 & 6)

		SCHEME 1	SCHEME 2	SCHEME 3
Name of the Scheme	} Refer Instruction No. 2			
Plan/ Option				
Payout Option				

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	SCHEME 3
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)	<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"/> Partnership Deed <input type="checkbox"/> PAN Proof <input type="checkbox"/> Power of Attorney <input type="checkbox"/> LLP Agreement	<input type="checkbox"/> Trust Deed <input type="checkbox"/> Resolution / Authorisation to invest <input type="checkbox"/> KYC Compliance Status Proof <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> Bye-Laws <input type="checkbox"/> SIP Enrolment Form (For Investments through Post Dated Cheques) <input type="checkbox"/> SIP Enrolment Form (For Investments through ECS / Direct Debit Facility/Standing Instruction) <input type="checkbox"/> STP Enrolment Form <input type="checkbox"/> Third Party Payment Declaration Form <input type="checkbox"/> Multiple Bank Account Registration Form
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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 (₹)			