



Application form for Equity, Balanced, MIP and ELSS Schemes

- HDFC Growth Fund • HDFC Equity Fund • HDFC Top 200 Fund • HDFC Capital Builder Fund • HDFC Core & Satellite Fund • HDFC Premier Multi-Cap Fund
- HDFC Mid-Cap Opportunities Fund • HDFC Focused Large-Cap Fund • HDFC Infrastructure Fund • HDFC Arbitrage Fund • HDFC Balanced Fund
- HDFC Prudence Fund • HDFC Long Term Advantage Fund* • HDFC TaxSaver* • HDFC Index Fund • HDFC MF Monthly Income Plan* • HDFC Multiple Yield Fund
- HDFC Multiple Yield Fund - Plan 2005 • HDFC Gold Fund

(open-ended income scheme. Monthly income is not assured and is subject to availability of distributable surplus) * (open-ended equity linked savings scheme with a lock-in period of 3 years)

Offer of Units At Applicable NAV

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 (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 (EUIIN) | |
| ARN- 12417 | Ashika Stock Broking Ltd | | | | |

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)
 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 First/ Sole Applicant/ Guardian | Sign Here Second Applicant | Sign Here Third Applicant |
|--|-------------------------------|------------------------------|

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

I confirm that I am a **First time** investor across Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds.
(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in 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 UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proceed to section 6. Refer instruction 3).

Folio No. _____ / _____ The details in our records under the folio number mentioned alongside will apply for this application.

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. _____

| 2. STATUS (of First/Sole Applicant) [Please tick (✓)] | MODE OF HOLDING [Please tick (✓)] | OCCUPATION (of First/Sole Applicant) [Please tick (✓)] |
|--|---|--|
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Society / Club <input type="checkbox"/> Others _____ (please specify) | <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor | <input type="checkbox"/> Service <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (please specify) |
| <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> AOP <input type="checkbox"/> BOI <input type="checkbox"/> Foreign National Resident in India | <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> QFI <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> (please specify) |
| <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> PIO <input type="checkbox"/> OCI <input type="checkbox"/> QFI | <input type="checkbox"/> Trust <input type="checkbox"/> Fls <input type="checkbox"/> LLP | |

3a. UNIT HOLDER INFORMATION (refer instruction 4)

DATE OF BIRTH@ _____ DD MM YYYY Proof of date of birth@ Attached Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)
 Mr. Ms. M/s. _____

Nationality _____ PAN# _____ or PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

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. _____
 Nationality _____ Designation _____ Contact No. _____
 PAN# _____ or PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

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

NAME OF THE SECOND APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Second Applicant not allowed in case of minor as first/sole applicant)
 Mr. Ms. M/s. _____

Nationality _____ PAN# _____ or PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

NAME OF THE THIRD APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Third Applicant not allowed in case of minor as first/sole applicant)
 Mr. Ms. M/s. _____

Nationality _____ PAN# _____ or PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4)

CITY _____ STATE _____ PIN CODE _____

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 180030106767 (Toll Free)]

HDFC MUTUAL FUND Head office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Date : - -

Received from Mr. / Ms. / M/s. _____

an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

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

ISC Stamp & Signature

OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs/ OCIs / QFIs) (P. O. Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code _____

Telephone : Off. _____ Res. _____ Fax _____

eAlerts Mobile _____ eDocs Email ^ _____

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory and other documents by email.

3b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____

PAN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

or PEKRN# _____

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

4. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (refer instruction 5)

(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 9 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account No. _____ Name of the Bank _____

Branch _____ Bank City _____

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

IFSC Code*** _____ MICR Code** _____

*** Refer Instruction 5C (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) (** Refer Instruction 11) (The 9 digit code appears on your cheque next to the cheque number)

5. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS VIA DIRECT CREDIT / NEFT / ECS (refer instruction 11)

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 4) 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 my / our bank account

6. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 12)

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

Mandatory information to be provided:

a) Email address: _____
 (if the address given herein is different from the email address under section 3(a), the email address herein will be considered during registration for HPIN).

b) Mother's maiden name: _____

I/ We have read and understood the terms and conditions and confirm that I/ we shall be bound by them (Terms & Conditions available on our website)

7. INVESTMENT DETAILS (refer instruction 6 for Scheme details) (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

(Please refer Product labeling available on cover page of the KIM / last page of the Application form.)

| | SCHEME 1 | SCHEME 2 | SCHEME 3 |
|--------------------------------------|-----------------------------------|----------|----------|
| Name of the Scheme / Plan | HDFC LONG TERM ADVANTAGE FUND (G) | | |
| Option / Sub-option | | | |
| Dividend Payout/ Reinvestment option | | | |

Refer Instruction No. 6

8. DEMAT ACCOUNT DETAILS* - (Optional - refer instruction 13)

| | NSDL | CDSL |
|-------------------------|-------|-------|
| DP Name | _____ | _____ |
| DP ID | _____ | _____ |
| Beneficiary Account No. | _____ | _____ |

*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.

| Particulars | SCHEME 1 | SCHEME 2 | SCHEME 3 |
|--|----------|----------|----------|
| Scheme Name / Plan / Option / Sub-option / Payout Option | | | |
| Cheque / DD / Payment Instrument No. / Date | | | |
| Drawn on (Name of Bank and Branch) | | | |
| Amount in figures (Rs.) | | | |

9. PAYMENT DETAILS (refer instruction 8 & 9) The name of the first/ sole applicant must be pre-printed on the cheque. Please write Application Form No. / Folio No. on the reverse of the Cheque/ Demand Draft/ Payment Instrument. Please attach a separate Cheque/ Demand Draft/ Payment Instrument for each Scheme. Please write Cheque/ DD/ Payment Instrument 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 <small>(Please attach 'Third Party Payment Declaration Form')</small> |
| | SCHEME 1 | SCHEME 2 |
| | SCHEME 1 | SCHEME 2 |
| | SCHEME 1 | SCHEME 2 |
| Cheque / DD / Payment Instrument No. | | |
| Cheque / DD / Payment Instrument Date | | |
| Amount of Cheque / DD / Payment Instrument / RTGS in figures (Rs.) (i) | | |
| DD charges, if any, in figures (Rs.) (ii) | | |
| Total Amount (i) + (ii) | in figures (Rs.) | |
| | 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) |

10. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single)

This section is to be filled in only by investors who opt to hold the Units in non-demat form.

[Please (✓) and sign] I/We do not wish to Nominate

First / Sole Applicant

Second Applicant

Third Applicant

I/We wish to nominate as under:

OR

| Name and Address of Nominee(s) | Date of Birth | Name and Address of Guardian | Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory) | Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) |
|--------------------------------|--|------------------------------|--|---|
| | (to be furnished in case the Nominee is a minor) | | | |
| Nominee 1 | | | | |
| Nominee 2 | | | | |
| Nominee 3 | | | | |

11. DECLARATION & SIGNATURE/S (refer instruction 14)

I/We hereby confirm and declare as under:-

- I / We have read and understood the terms and contents of the scheme related documents and hereby apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above and agree to abide and comply with the terms, conditions, rules and regulations of the relevant Scheme(s).
- I/We am/are eligible Investor(s) as per the scheme related documents. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s) and that the amount invested in the Scheme(s) 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.
- The information given in this application form is true and correct. I/We agree to furnish such other 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.
- I/We hereby agree to indemnify the Fund, the AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions and/or the applicant who applied on my /our behalf.
- I/We have neither 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 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.**

Applicable to Foreign Nationals Resident in India only:

I/We undertake to redeem my/our entire investment before I/We change my/our 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.

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 |
| | | |

TURN OVERLEAF FOR PRODUCT LABELING

SIGN HERE ↻

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

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