

HDFC Income Plus Arbitrage Omni FOF

Application No.:

An Open-ended Fund of Fund Scheme investing in units of domestic Arbitrage Schemes and active/ passive Debt-oriented Schemes

Investors must read the Key Information Memorandum and the instructions before completing this Form.

This Form should be completed in English and in **BLOCK LETTERS** only.

Offer of Units of Rs. 10 each Per Unit for cash during the New Fund Offer Period (NFO) and at NAV based prices upon re-opening

New Fund Offer (NFO) Opens on:	February 27, 2026
New Fund Offer (NFO) Closes on:	March 11, 2026
Scheme re-opens on:	Scheme will re-open for continuous Sale and Repurchase within 5 business days from the date of allotment of units under NFO

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	Scheme Riskometer#	Benchmark Riskometer#
<ul style="list-style-type: none"> Capital appreciation / generate income over long term. Investment in Units of domestic Arbitrage schemes and active/ passive Debt-oriented schemes. <p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>	 <p>The risk of the Scheme is High</p>	 <p>The risk of the Benchmark is High</p>

ARN/RIA Code/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Managers/ Stock Brokers Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN-							

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	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 7, 10, 12 AND 14 ONLY. Refer instruction 2).

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

2. MODE OF HOLDING [Please tick (✓)] Single Joint (Default) Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 3) DATE OF BIRTH@/DATE OF INCORPORATION [D D M M Y Y Y Y] Proof of date of birth@ Please (✓) Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records(all unitholder))

Mr. Ms. M/s. Nationality PAN#/ PEKRN#

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

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.

PAN#/ PEKRN# DATE OF BIRTH [D D M M Y Y Y Y]

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

Relationship with Minor@ Please (✓) Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (✓) Attached @ Mandatory Refer instruction 4c

CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code - Mobile

STD Code STD Code Res. Telephone No. Office

Alerts Mobile Docs Email of First / Sole holder ^ IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 8)

I/ We would like to register for online access to transact on HDFCFMFOOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 10.

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

However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in (Refer Instruction 8)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 3a)

CITY STATE PIN CODE

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

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

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 1800 3010 6767 / 1800 419 7676 (Toll Free)]

Date: [D D M M Y Y Y Y]

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

Application No.:

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

an application for subscription / redemption of _____ Units of HDFC Income Plus Arbitrage Omni FOF.

ISC Stamp & Signature

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 3 & 17)

Resident Individual Partnership Trust HUF AOP PIO Pvt. Ltd. Company Public Ltd. Company Minor through guardian BOI OCI Body Corporate LLP
 Society/Club NRI-Repatriation NRI-Non Repatriation Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify)

LEI No. _____ Expiry Date: _____
 (Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)
 * Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). YES NO
 If yes, please quote Registration No. of Darpan portal of Niti Aayog.
 (If not registered already, please register immediately and confirm with the above information)

4. JOINT APPLICANT DETAILS, If any (Refer instruction 3) (In case of Minor, there shall be no joint holders)

1. NAME OF SECOND APPLICANT _____ **DATE OF BIRTH** _____
 Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____
 KYC Number _____ **KYC #** [Please tick (✓)] (Mandatory) Proof Attached

CONTACT DETAILS OF SECOND APPLICANT
 eAlerts Mobile _____ eDocs Email of First / Sole holder ^ _____ **IN CAPITALS**
 This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS
 This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

2. NAME OF THIRD APPLICANT _____ **DATE OF BIRTH** _____
 Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____
 KYC Number _____ **KYC #** [Please tick (✓)] (Mandatory) Proof Attached

CONTACT DETAILS OF THIRD APPLICANT
 eAlerts Mobile _____ eDocs Email of First / Sole holder ^ _____ **IN CAPITALS**
 This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS
 This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

5. ADDITIONAL KYC DETAILS (Refer instruction 3b)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)								

Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) _____ as on _____
 DD MM YYYY

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____
 PAN#/ PEKRN# _____
 KYC Number _____ **KYC #** [Please tick (✓)] (Mandatory) Proof Attached
 eAlerts Mobile _____ eDocs Email of PoA holder ^ _____ **IN CAPITALS**

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

Particulars

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC Income Plus Arbitrage Omni FOF			

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

7. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 3)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Mandatory

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. UNIT HOLDING OPTION DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) PHYSICAL MODE (Default) (refer instruction 11)

*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	DP Name _____	DP ID	I	N	Beneficiary Account No. _____
CDSL	DP Name _____	Beneficiary Account No.	_____		

9. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer instruction 5 & 6 for Scheme details and instruction 7 & 9 for Payment Details)

The name of the first/ sole applicant must be pre-printed on the cheque.

<input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information				
Scheme/Plan/Sub Option/ Frequency					
<input type="checkbox"/> Growth Option <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment				
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> NEFT/ RTGS/ Fund Transfer <input type="checkbox"/> One Time Mandate (OTM)				
Name of Bank: HDFC Bank Limited Branch: Manekji Wadia Building, Ground Floor, Nanik Motwani Marg, Fort, Mumbai					
Beneficiary Name: HDFC INCOME PLUS ARBITRAGE OMNI FOF NFO COLLECTION A/C Account No: 57500001887565 RTGS/ NEFT IFSC Code: HDFC0000060					
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM					
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ Payment Instrument/ UTR No.	Cheque/ Payment Instrument/ UTR Date	Amount of Cheque / Payment Instrument / RTGS/ NEFT in figures (Rs.)	Net Cheque Amount
Cheque Amount (in words): _____					

10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments if any) (refer instruction 4)

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

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

Mandatory

Bank Name	_____	Bank City	_____
Branch Name	_____	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)	_____
Account Number	_____	*** 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)	
IFSC Code***	_____		

11. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 9)

The redemption / IDCW proceeds will be directly credited to the investor's bank account.

12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)

I/We wish to make a nomination. [As per details given below] **OR** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account/ folio in the event of my / our demise, as trustee and on behalf of my/ our legal heir(s)*. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory information				
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee#	%		
3	Date of Birth (for Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License
6	Address of Nominee(s)/ Guardian in case of Minor [Tick <input checked="" type="checkbox"/> if same as First Applicant, or provide the complete address if different] City / Place: State & Country Pincode: <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/>
7	Mobile of nominee(s)/ Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			
Non-mandatory details				
9	Nominee Guardian Name (in case Nominee is Minor)			
I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of nominee(s) with % <input type="checkbox"/> Nomination: Yes / No (Default)				
This nomination shall supersede any prior nomination made by the account holder(s), if any				
Signature(s) – As per mode of holding in demat accounts / MF Folio(s).				
	Name of the Holder		Signature / Thumb Impression*	
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:		Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:		Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:		Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature. If % is not specified, then the assets shall be distributed equally among all the nominees. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form. Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)				

13. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 19)

Smart ODR **OR** by harnessing any independent institutional mediation, independent institutional conciliation and/or independent arbitration institution in India.

14. DECLARATION & SIGNATURE/S (refer instruction 12)

I/ We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I/We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I/ We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) 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.
- (h) **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.**

Consent for Telemarketing (Refer Instruction 18):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/ Fund.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

For Foreign Nationals Resident in India only:

I/We will redeem my/our entire investment/s before I/We change my/our Indian 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.

For NRIs/ PIO/ OCIs/ FPIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

For NRIs/ PIO/OCIs Please (✓) Repatriation basis Non-repatriation basis

SIGN HERE

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

First/ Sole Applicant/ Guardian/ PoA Holder

Second Applicant

Third Applicant

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THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING* <ul style="list-style-type: none"> Capital appreciation / generate income over long term. Investment in Units of domestic Arbitrage schemes and active/ passive Debt-oriented schemes. <p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>	Scheme Riskometer# The risk of the Scheme is High	Benchmark Riskometer# 40% NIFTY 50 Arbitrage Index (TRI) + 60% NIFTY Short Duration Debt Index The risk of the Benchmark is High
	<p>Low Risk Moderate Risk High Risk Very High Risk</p> <p>RISKOMETER</p>	

APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

(The Application Form should be completed in **English** and in **BLOCK LETTERS** only.)

ASBA Application No.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN/RIA Code/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)		
ARN-							

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)

I/We hereby confirm that the EUIN 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			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1, 1c, 1d and proceed to section 2. Refer Instruction).

Folio No. / Folio details in our records will apply for this application provided the details match with your demat account.

1a. UNIT HOLDER INFORMATION (Names should be in the same sequence as appearing in your demat account. In case of discrepancies, the Application is liable to get rejected. Refer Instruction 3)

DATE OF BIRTH@/DATE OF INCORPORATION (Mandatory in case of Minor) DD MM YYYY Proof of date of birth@ Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records (all unitholder))

Mr. Ms. M/s. Nationality PAN#/ PEKRN# KYC # [Please tick (✓)] (Mandatory) Proof Attached

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC Income Plus Arbitrage Omni FOF)

TO BE RETAINED BY THE SCSB (To be filled by the Sole/First Applicant)		HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020		Date : _____
Received from Mr./Ms. _____ Address _____		SCSB Account Details Bank Account No. _____ Bank Name & Address _____		ASBA Application No. _____ Total Amount to be blocked (Rs. in figures) _____ (Rs. in words) _____
Tele./Fax _____	Mobile No. _____	E-mail: _____		
Sign Here First / Sole Applicant / Guardian / PoA		Sign Here Second Applicant		Sign Here Third Applicant

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC Income Plus Arbitrage Omni FOF)

TO BE GIVEN BY THE SCSB (To be filled by the Sole/First Applicant)		HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020		Date : _____
Received from Mr./Ms. _____ Address _____		SCSB Account Details Bank Account No. _____ Bank Name & Address _____		ASBA Application No. _____ Total Amount to be blocked (Rs. in figures) _____ (Rs. in words) _____
Tele./Fax _____	Mobile No. _____	E-mail: _____		SCSB Stamp Signature, Date & Time of Form Submission

1a. UNIT HOLDER INFORMATION (Names should be in the same sequence as appearing in your demat account. In case of discrepancies, the Application is liable to get rejected. Refer Instruction 3) (Contd...)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records(all unitholder)

Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____
 KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

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#/ PEKRN# _____ DATE OF BIRTH D D M M Y Y Y Y _____
 KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached
 Relationship with Minor@ Please (✓) Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (✓) Attached @ Mandatory Refer instruction 4c

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code - Mobile _____
 STD Code _____ STD Code _____ Res. _____ Telephone No. Office _____
 eAlerts Mobile _____ eDocs Email of First / Sole holder ^ _____ IN CAPITALS

This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS
 This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 8)
 I / We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 10.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in (Refer Instruction 8)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 3a)

 CITY _____ STATE _____ PIN CODE _____

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

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 3 & 17)

Resident Individual Partnership Trust HUF AOP PIO Pvt. Ltd. Company Public Ltd. Company Minor through guardian BOI OCI Body Corporate LLP
 Society/Club NRI-Repatriation NRI-Non Repatriation Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify) _____

LEI No. _____ **Expiry Date:** DD MM YYYY

(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

* Trust/Societies/Section 8 companies to give below declaration

We are a "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)	

NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____
 Nationality _____ PAN#/ PEKRN# _____
 KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

CONTACT DETAILS OF SECOND APPLICANT

eAlerts Mobile _____ eDocs Email of First / Sole holder ^ _____ IN CAPITALS
 This mobile number belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS
 This email id belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only) PMS

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

1d. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification) (Refer instruction 3D)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

2. INVESTMENT DETAILS - [Please tick (✓)] (Refer Instruction 5)

<input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information
Scheme/Plan/Sub Option/ Frequency	
<input type="checkbox"/> Growth Option <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment

3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 20B) (Application Money to be blocked from this Account)

Pay-in Bank Account No.	Name of the Bank
Branch	Bank City
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)

Total Amount to be blocked Amount in figures (Rs.) _____

in words (Rupees) _____

IFSC Code*** _____ The 9 digit MICR Code number of my/our Bank & Branch is** _____

4. BANK ACCOUNT (PAY-OUT) DETAILS OF FIRST / SOLE APPLICANT (Refer Instruction 4)

Fill in these details only if the ASBA Account details provided in Section 3 are different from the Bank Account details linked with the Demat Account as mentioned under Section 5 below. Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 3 above.

Account No.	Name of the Bank
Branch	Bank City
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)

IFSC Code*** _____ MICR Code** _____

(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)

*** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS/ IMPS) (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. DEMAT ACCOUNT DETAILS - (Mandatory - Refer Instruction 11)

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

6. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)

I/We wish to make a nomination. [As per details given below] **OR** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account/ folio in the event of my / our demise, as trustee and on behalf of my/ our legal heir(s)*. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory information				
1	Name of the nominee(s) (Mr./Ms.)			
2	Share of each Nominee#	%	%	%
3	Date of Birth (for Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son Others _____ (please specify)
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License
6	Address of Nominee(s)/ Guardian in case of Minor [Tick ✓ if same as First Applicant, or provide the complete address if different] City / Place: State & Country	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	Mobile of nominee(s)/ Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			
Non-mandatory details				
9	Nominee Guardian Name (in case Nominee is Minor)			
I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)				
<input type="checkbox"/> Name of nominee(s) with % <input type="checkbox"/> Nomination: Yes / No (Default)				
This nomination shall supersede any prior nomination made by the account holder(s), if any				
Signature(s) – As per mode of holding in demat accounts / MF Folio(s).				
	Name of the Holder		Signature / Thumb Impression*	
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:		Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:		Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:		Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
<p>* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature. If % is not specified, then the assets shall be distributed equally among all the nominees. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.</p>				
<p>Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)</p>				

7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 9) [Please tick (✓)]

The redemption / IDCW proceeds will be directly credited to the investor's bank account.

8. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 19)

Smart ODR **OR** by harnessing any independent institutional mediation, independent institutional conciliation and/or independent arbitration institution in India.

9. DECLARATION & SIGNATURE/S (refer instruction 12)

I / We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I / We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ("Fund") and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) 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.
- (h) 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.**

Consent for Telemarketing (Refer Instruction 18):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/ Fund.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

For Foreign Nationals Resident in India only:

I/We will redeem my/our entire investment/s before I/We change my/our Indian 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.

For NRIs/ PIO/ OCIs/ FPIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

For NRIs/ PIO/OCIs Please Repatriation basis Non-repatriation basis

SIGN HERE

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

First/ Sole Applicant/ Guardian/ PoA Holder

Second Applicant

Third Applicant

PART C FATCA Instructions & Definitions

1. Financial Institution (FI)

The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution: is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of:
 - (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less.
- Investment entity is any entity:
 - ✓ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - (ii) Individual and collective portfolio management; or
 - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

 - ✓ The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

 - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 - (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 (refer point 2c.)
- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

- FI not required to apply for GIIN:

A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-financial entity (NFE) - Entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

c. Active NFE : (is any one of the following):	
Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	<p>Any NFE that fulfills all of the following requirements:</p> <ul style="list-style-type: none"> • It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <p>(I) an Investor Protection Fund referred to in clause (23EA);</p> <p>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</p> <p>(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</p>

3. Other definitions

<p>(i) Related entity</p> <p>An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.</p>
<p>(ii) Passive NFE</p> <p>The term passive NFE means</p> <ol style="list-style-type: none"> (1) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or (2) an investment entity defined in clause (1) of these instructions (3) a withholding foreign partnership or withholding foreign trust; <p>(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)</p>
<p>(iii) Passive income</p> <p>The term passive income includes income by way of :</p> <ol style="list-style-type: none"> (1) Dividends, (2) Interest (3) Income equivalent to interest, (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE (5) Annuities (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets, (8) The excess of foreign currency gains over foreign currency losses (9) Net income from swaps (10) Amounts received under cash value insurance contracts <p>But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.</p>
<p>(iv) Controlling persons</p> <p>Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.</p> <p>Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:</p>

- (1) More than 10% of shares or capital or profits of the juridical person, where the juridical person is a company;
- (2) More than 10% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- (3) More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership. Provided that in case of a trust, the reporting entity shall ensure that trustees disclose their status at the time of commencement of an account-based relationship or when carrying out transactions as specified in clause (b) of sub-rule (1) rule 9.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type (UBO):

UBO Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent

(v) Specified U.S. person – A U.S. person other than the following:

- (1) a corporation the stock of which is regularly traded on one or more established securities markets;
- (2) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (3) the United States or any wholly owned agency or instrumentality thereof;
- (4) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (5) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (6) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (7) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (8) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (9) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (10) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (11) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (12) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (13) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) Owner documented FI

An FI meets the following requirements:

- (a) The FI is an FI solely because it is an investment entity;
- (b) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FI does not maintain a financial account for any non participating FI;
- (d) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

(vii) Direct reporting NFE

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

Application Form for Equity and Debt Systematic Investment Plan (SIP) [For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]



Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use
(Please refer Product labeling available on Cover Page and terms and conditions overleaf)

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA /Stock Broker/ Portfolio Manager's Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-						

EUIN Declaration (only where EUIN box is left blank)
I/We hereby confirm that the EUIN 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	Sign Here	Sign Here
First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

Date:

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected. NEW REGISTRATION CANCELLATION[§] SIP TOP UP For existing SIP

Please (✓) as applicable:
 OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 7 Days i.e. for debit date 15th, form can be submitted till 7th of the month.
 OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 21 days depending on NACH modalities.

1) INVESTOR DETAILS[§] Application No. (For new investor)/ Folio No. (For existing Unitholder)

Applicant Name:

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))

Purchase of Residence Children's Education Children's Marriage Retirement Others *Please Specify* _____
 Target Amount

2) INVESTMENT DETAILS FOR SIP[§] [Please tick (✓)]

Scheme Name	HDFC	HDFC	HDFC
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option / Facility	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout
Frequency	<input type="checkbox"/> Daily ⁺⁺ <input type="checkbox"/> Weekly ^{##} <small>(Any days from Monday to Friday)</small> <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily ⁺⁺ <input type="checkbox"/> Weekly ^{##} <small>(Any days from Monday to Friday)</small> <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily ⁺⁺ <input type="checkbox"/> Weekly ^{##} <small>(Any days from Monday to Friday)</small> <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Installments (For Daily & Weekly frequency) ^{###}	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIP Date ⁺ (For Monthly, Quarterly, Half-Yearly & Yearly Frequency)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Enrolment Period ^{**} (MM/YY)	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SIP Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIP TOP-UP (✓) Not available for Daily and Weekly SIP
(For registering a Top-up in an existing SIP, please provide the SIP scheme enrolment details above)

Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺
Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage [§] (%)	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIP Top-Up Cap Amount or CAP Month-Year [#] :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

⁺ Default, if not selected. ⁺⁺ Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. ^{##} Triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day and SIP TOP up facility shall not be available. ^{###} Number of installments have to be mentioned only in case of Daily/ Weekly frequencies. [§] In case of Quarterly SIP, only the Yearly option is available as SIP Top-Up frequency. [^] TOP UP amount has to be in multiples of Rs.100 only. ^{\$} The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 21 days prior to the SIP date. Top-up will be applicable from next effective SIP installment. ^{*} TOP-UP CAP amount ^{**} SIP tenure can be registered up to a maximum of 40 years or as per the tenure of the mandate, whichever is earlier [#] TOP-UP CAP Month-Year

ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)

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

DATE	<input type="text"/>	FOLIO NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ISC Stamp & Signature
Received from Mr. / Ms.	<input type="text"/>			
[For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]				
e-mail us at: hello@hdfcfund.com or visit our website: www.hdfcfund.com Missed Call Number - +91 85069 36767				

