

HDFC Nifty India Consumption Index Fund

Application No.:

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 04, 2026
New Fund Offer (NFO) Closes on:	February 13, 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

(Any modification to the New Fund Offer Period shall be announced by way of an Addendum uploaded on website of the AMC.)

Investment objective	Scheme Risk-o-meter#	Benchmark Risk-o-meter#
HDFC Nifty India Consumption Index Fund: Passive investment in equity and equity related securities replicating the composition of the Nifty India Consumption Index (TRI), subject to tracking errors. There is no assurance that the investment objective of the Scheme will be achieved. 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>RISKOMETER The risk of the Scheme is Very high</p>	<p>RISKOMETER The risk of the Benchmark is Very high</p>

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/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)		

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 inappropriateness, 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.

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 HDFCMFOnline 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 /FIs/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 Nifty India Consumption Index Fund.

ISC Stamp & Signature

... continued overleaf

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).

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

D D M M Y Y Y Y

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

D D M M Y Y Y Y

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
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5. ADDITIONAL KYC DETAILS (Refer instruction 3b)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
Below 1 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"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
10-25 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"/>
> 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 _____

eAlerts Mobile _____

KYC # [Please tick (✓)] (Mandatory)

Proof Attached

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 Nifty India Consumption Index Fund	_____	_____	_____

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)

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Mandatory 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 - Growth Option (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> Direct Plan - Growth Option (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information					
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 NIFTY INDIA CONSUMPTION INDEX FUND NFO COLLECTION A/C		Account No: 57500001920969		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.

Bank Name							
Branch Name							
Account Number		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)					
IFSC 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)					

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)	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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 style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; margin-bottom: 5px;" type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; margin-bottom: 5px;" type="text"/>	<input type="checkbox"/> Same as First Applicant Pincode: <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; text-align: center; margin-bottom: 5px;" 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 	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant
(Please write Application Form No. / Folio No. on the reverse of the Cheque / Payment Instrument.)			

January 2026

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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 inappropriateness, 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 Number

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 Nifty India Consumption Index Fund)

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

Sign Here

First / Sole Applicant / Guardian / PoA

Sign Here

Second Applicant

Sign Here

Third Applicant

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC Nifty India Consumption Index Fund)

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

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

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 HDFCMFOnline 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 /FIs/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).

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)

NAME OF SECOND APPLICANT

DATE OF BIRTH

D D M M Y Y Y Y

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.

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 THIRD APPLICANT

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	M/s. <input type="checkbox"/>	DATE OF BIRTH <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y											
Nationality <input type="text"/>													PAN#/ PEKRN# <input type="text"/>	
KYC Number <input type="text"/>													KYC # <input type="checkbox"/> [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached	

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile <input type="text"/>	eDocs Email of First / Sole holder <input type="text"/> ^	IN CAPITALS
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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

1b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA <input type="text"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/>	PAN#/ PEKRN# <input type="text"/>	KYC Number <input type="text"/>	KYC # <input type="checkbox"/> [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached
eAlerts Mobile <input type="text"/>	eDocs Email of PoA holder <input type="text"/> ^	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.

1c. ADDITIONAL KYC DETAILS (Mandatory) (Refer instruction 3)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Politically Exposed Person (PEP) details:	Is a PEP <input type="checkbox"/>	Related to PEP <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. (not older than 1 year) (Mandatory for Non Individual)	as on <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY			
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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)

Regular Plan - Growth Option (Purchase/ Subscription routed through Distributor)
Mention valid ARN in Key Partner/ Agent Information

Direct Plan - Growth Option (Purchase/ Subscription made directly with the Fund)
Mention DIRECT in Key Partner/ Agent Information

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 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"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
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="checkbox"/> Same as First Applicant Pincode: <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"/>
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: 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: 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: Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
<small>* 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.</small>				
<small>Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)</small>				

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 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 	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant
(Please write Application Form No. / Folio No. on the reverse of the Cheque / Payment Instrument.)			