

Name of Unit Holder : _____ Folio Number : _____

1st Joint Unit Holder : _____ Scheme / Plan / Option* : _____
(Switch-out scheme for switch request)

2nd Joint Unit Holder : _____

*Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

KEY PARTNER / DISTRIBUTOR INFORMATION (Investors applying under Direct Plan must mention "Direct" in the ARN column below.)

ARN	ARN Name	ARN Sub Distributor's ARN/Bank Branch Code	Internal Code for Sub-Distributor/ Employee	Employee Unique Identification Number (EUIN)
ARN -				

Note : Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.
Important: Please strike off any unused portion of this sheet.

ADDITIONAL PURCHASE (Please write your folio number and name on the reverse of the cheque/DD/Payment Instrument no.)

Amount (in Rs.) : _____ Drawn on: BANK NAME Cheque/DD/Payment Instrument no. : _____

Investors desiring to get allotment of units in dematerialized mode instead of physical mode should provide the details of their demat account below:

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

Please attach a copy of the DP statement / Client Master Form to enable us to verify the demat account details.
IMPORTANT : Names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. Names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. **The units will be credited to the beneficiary (demat) account only after successful verification with the depository records and realization of payment.**

SWITCH REQUEST (Please tick any one only) All Free Units No. of units : _____ Amount (in Rs.) : _____

To Scheme / Plan / Option ^ : _____

*Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

REDEMPTION - Subject to Lock-in Period, if any (Please tick only one of the below options.)

Redeem All Free Units No. of Units _____ Amount (in Rs.) _____ (in words) _____

IFSC Code : _____ (If not provided earlier for electronic payment)

Note : If a redemption request is submitted along with a request for changing the bank account details, the redemption will be processed into the registered/default bank account in the aforesaid scheme/folio and the request for changing the bank account details will not be processed.

For investors who have registered for Multiple Bank Accounts facility* in the above folio:

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us **(This bank account has already been registered in the folio):**

Name of the Bank : _____ Branch : _____

Account No. : _____ Account Type : _____ Bank City : _____

* **Important Note:** If the bank account mentioned above is different from those already registered in your folio **OR** if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HDFC Mutual Fund or HDFC Asset Management Company Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio. If the balance in my/our account does not cover the amount / units of the redemption request, I/we authorise you to send the entire such (lesser) balance to me/us.

DECLARATION : I / We hereby confirm and declare as under:-

- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ("Fund") indicated above.
- I/We am/are eligible Investor(s) as per the scheme related documents, and am/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.
- The information given in / with this application form is true and correct and further agree to furnish such other information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

Applicable to Foreign Nationals Resident in India only:

I/We 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.

Applicable to NRIs/ PIO/OCIs only:

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓) Yes No If Yes, (✓) Repatriation basis Non-repatriation basis

Declaration for Purchase/Switch transaction 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.

▲ TO BE SIGNED BY ALL UNIT HOLDERS IF MODE OF HOLDING IS JOINT. ALTERATIONS, IF ANY, SHOULD BE COUNTERSIGNED.

Signature(s)

Sole/ First Unit holder/ Guardian/ POA
▲ Second Unit holder
▲ Third Unit holder

Folio No. : _____ Sole/First Unit Holder: _____

Scheme / Plan / Option : (SWITCH-OUT SCHEME FOR SWITCH REQUEST)

ADDITIONAL PURCHASE

Amount (in Rs.) : _____ Drawn on: BANK NAME Cheque/DD/Payment Instrument no. : _____

SWITCH REQUEST (Please tick any one only) All Free Units No. of units : _____ Amount (in Rs.) : _____

To Scheme / Plan / Option : _____

REDEMPTION All Free Units No. of units : _____ Amount (in Rs.) : _____