

# Offer of Units at Applicable NAV

## Key Information Memorandum and Application Forms

# Gift your child a bright future.

## Consider HDFC Children's Gift Fund.

Toll Free No. 1 800 3010 6767/ 1 800 419 7676

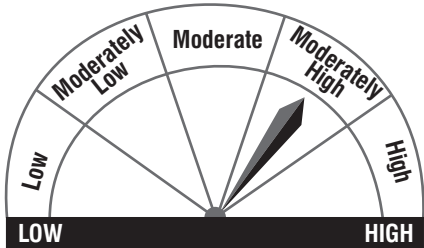
**MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.**

### HDFC CHILDREN'S GIFT FUND

An open ended fund for investment for children having a lock-in for at least 5 years or till the child attains age of majority (whichever is earlier)

#### PRODUCT LABELING:

To provide investors an easy understanding of the kind of product / scheme they are investing in and its suitability to them, the product labeling for the Scheme is as under:

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	RISKOMETER
<ul style="list-style-type: none"> <li>capital appreciation over long term</li> <li>investment in equity and equity related instruments as well as debt and money market instruments.</li> </ul>	 <p>Investors understand that their principal will be at moderately high risk</p>

\*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them.

#### Sponsors :

Housing Development Finance Corporation Limited  
 Registered Office :  
 Ramon House, H. T. Parekh Marg,  
 169, Backbay Reclamation,  
 Churchgate, Mumbai 400 020.

Standard Life Investments  
 Registered Office :  
 1 George Street, Edinburgh, EH2 2LL, United Kingdom.

#### Asset Management Company :

HDFC Asset Management Company Limited  
 A Joint Venture with Standard Life Investments  
 Registered Office :  
 HDFC House, 2nd Floor, H.T. Parekh Marg,  
 165-166, Backbay Reclamation, Churchgate,  
 Mumbai - 400 020.  
 CIN: U65991MH1999PLC123027

#### Trustee :

HDFC Trustee Company Limited  
 Registered Office :  
 HDFC House, 2nd Floor,  
 H.T. Parekh Marg,  
 165-166, Backbay Reclamation,  
 Churchgate, Mumbai - 400 020.  
 CIN: U65991MH1999PLC123026

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the scheme / Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations, etc. investors should, before investment, refer to the Scheme Information Document (SID) and Statement of Additional Information (SAI) available free of cost at any of the Investor Service Centres or distributors or from the website [www.hdfcfund.com](http://www.hdfcfund.com)

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations, 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM. The date of this Key Information Memorandum is May 23, 2018.

Investors must read the Key Information Memorandum, the instructions and Product Labeling on the cover page before completing this form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.						Sign Here _____ First/ Sole Applicant (Donor)
						Sign Here _____ Second Applicant (Donor)

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

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

**1. EXISTING BENEFICIARY CHILD INFORMATION (refer Instruction 3)**

FOLIO No. \_\_\_\_\_ / \_\_\_\_\_ (Mention an existing folio, if any, with HDFC Children's Gift Fund)

**2a. DONOR (APPLICANT) INFORMATION (refer Instruction 3 & 4)**

Name of Donor (Applicant) Mr. / Ms. / M/s. \_\_\_\_\_ PAN\*/PEKRN\* \_\_\_\_\_

Nationality \_\_\_\_\_ KYC Number \_\_\_\_\_ KYC\* (Mandatory) [Please (✓)]  Proof Attached

Address of Donor (Applicant) \_\_\_\_\_ PIN \_\_\_\_\_

**CONTACT DETAILS**

STD Code \_\_\_\_\_

Tel. : Off. \_\_\_\_\_ Tel. : Res. \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**3. DONOR (APPLICANT) OTHER DETAILS (Mandatory) [Please (✓)]**

Status:  Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form and Aadhaar Updation Form ] (Refer Instruction 5b, 18 & 17c) (Mandatory)

Resident Individual  Partnership  HUF  AOP  PIO  Company  BOI  OCI  Body Corporate  LLP  Society / Club  NRI-Repatriation  NRI-Non Repatriation  Foreign National Resident in India  Sole Proprietorship  Others \_\_\_\_\_ (please specify)

Relationship with the beneficiary child \_\_\_\_\_

**4. ADDITIONAL DONOR (SECOND APPLICANT)**  Resident Individual  NRI

Mr. / Ms. \_\_\_\_\_ PAN\*/PEKRN\* \_\_\_\_\_

Nationality \_\_\_\_\_ KYC Number \_\_\_\_\_ KYC\* (Mandatory) [Please (✓)]  Proof Attached

**5. ADDITIONAL KYC DETAILS (Refer instruction 4b)**

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> 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"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<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

\* Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYC.

**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 18003010676/ 1800 419 7676 (Toll Free)]**

Application No. CG \_\_\_\_\_ HDFC MUTUAL FUND Date : / / \_\_\_\_\_  
 Received from Mr/Ms/M/s \_\_\_\_\_ an application  
 for Gifting of Units along with Cheque/Demand Draft/ Payment Instrument as detailed overleaf

ISC Stamp & Signature \_\_\_\_\_

Mandatory

July 2018

**5. ADDITIONAL KYC DETAILS (Refer instruction 4b) (Contd...)**

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

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

Mandatory

**AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs (Refer instruction 17c)**

Particulars	Aadhaar Number* (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#
Donor		D D M M Y Y Y Y			<input type="checkbox"/>
Additional Donor		D D M M Y Y Y Y			<input type="checkbox"/>
Parent/ Legal Guardian		D D M M Y Y Y Y			<input type="checkbox"/>
Beneficiary Child		D D M M Y Y Y Y			<input type="checkbox"/>
POA		D D M M Y Y Y Y			<input type="checkbox"/>

\* All the applicants whose Aadhaar Number is mentioned are required to sign the form.  
# If Aadhaar number is applied for, please enclose proof of enrolment.

**6 POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Mr. / Ms. / M/s. \_\_\_\_\_  
 PAN\*/PEKRN\* \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC\* (Mandatory) [Please (✓)]  Proof Attached

**7a. BENEFICIARY CHILD INFORMATION (refer Instruction 5)**

Name of the Beneficiary Child Mast. / Miss. \_\_\_\_\_  
 (Not exceeding 18 years of age)  
 Nationality \_\_\_\_\_ Date of Birth@ (Mandatory) D D M M Y Y Y Y @ Proof attached [Please (✓)]   
 PAN/PEKRN (if available) \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC\* (Optional) [Please (✓)]  Proof Attached  
 Address of the Beneficiary Child \_\_\_\_\_  
 PIN \_\_\_\_\_

**7b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction 5)**

Name of the Parent / Legal guardian of Beneficiary Child Mr. / Ms. \_\_\_\_\_  
 Status:  Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 5b & 18) (Mandatory)  
 Tel. : STD Code \_\_\_\_\_ Country Code \_\_\_\_\_ Office \_\_\_\_\_  
 Residence \_\_\_\_\_ eAlerts Mobile No. \_\_\_\_\_  
 PAN\*/PEKRN\* \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC\* (Mandatory) [Please (✓)]  Proof Attached  
 eDocs E-mail^ \_\_\_\_\_  
 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)  
 ^ On providing email-id investors shall receive the physical copy of scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in   
 Relationship with Minor@ [Please (✓)]  Father  Mother  Court appointed Legal Guardian Proof of relationship with minor@ Please (✓)  Attached  
 Date of Birth of the parent / legal guardian of the Unit holder (Mandatory) D D M M Y Y Y Y

\* Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYCR.

Mode of Holding	Status (of the Beneficiary Child) (Mandatory) [Please (✓)]	Occupation (of the Beneficiary Child) [Please (✓)]
Single	<input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify)	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify)

**8. ALTERNATE CHILD INFORMATION (refer Instruction 6)**

Name of the Alternate Child Mast. / Miss. \_\_\_\_\_  
 (Not exceeding 18 years of age)  
 Nationality \_\_\_\_\_ Date of Birth@ D D M M Y Y Y Y Please (✓)  Proof Attached@  
 Name of the Parent / Legal guardian of Alternate Child@ Mr. / Ms. \_\_\_\_\_  
 Relationship with Alternate Child@ [Please (✓)]  Father  Mother  Court appointed Legal Guardian Proof of relationship attached@ Please (✓)  @ Mandatory  
 Address of the Alternate Child \_\_\_\_\_  
 PIN \_\_\_\_\_  

Status (of the Alternate Child) [Mandatory (Please ✓)]	Occupation (of the Alternate Child) [Mandatory (Please ✓)]
<input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify)	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify)

July 2018

Plan Name	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC Children's Gift Fund _____			

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

**9. FATCA & CRS INFORMATION (Self Certification) (Refer instruction 5b)**

The below information is required for Beneficiary Child and Guardian

Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?

Beneficiary Child  Yes  No Parent/ Legal Guardian  Yes  No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Mandatory

Category	Beneficiary Child	Parent/ Legal Guardian
Place/ City of Birth		
Country of Birth		
Country of Tax Residency#		
Tax Payer Ref. ID No <sup>^</sup>		
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. <sup>^</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

**10. BANK ACCOUNT DETAILS OF UNIT HOLDER (BENEFICIARY CHILD) (Refer Instruction 7A)**

(Mandatory to attach proof, as the pay-out bank account is different from the bank account mentioned under Section 12.)

Mandatory

Account No.  Name of the Bank   
 Branch  Bank City   
 Account Type [Please  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_ (please specify) IFSCCode\*\*\* (Refer Instruction 7C)   
 MICR Code\*\*  (The 9 digit code appears on your cheque next to the cheque number) \*\*\* (Mandatory for Credit NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)  
 \*\* (Refer Instruction 12) (Mandatory for Dividend Payout via ECS)

**11. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS [Please (✓)] (Refer Instruction 12)**

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 10) via Direct credit/ NEFT/ECS facility  
 I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT   
 system / credit through ECS into child's bank account

**12. INVESTMENT DETAILS (refer Instructions 8 & 9) (The name of first/ sole applicant (Donor) must be pre printed on the cheque.) (Please write Application Form No. on the reverse of the Cheque / Demand Draft/Payment Instrument.)** For Default Plan (viz. Direct / Regular Plan) refer instruction 8

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

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

**Mode of Payment**  Cheque  Demand Draft  NEFT/ RTGS/ Fund Transfer  One Time Mandate (OTM)

**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**

The Cheque/DD/Payment Instrument should be drawn favouring "HDFC Children's Gift Fund (PAN of Beneficiary Child)" or "HDFC Children's Gift Fund (Beneficiary Child Name)" and crossed "A/c Payee only" (Investors applying under Direct Plan must mention "Direct" against the Plan name.)

Mandatory

Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque/ DD/ Payment Instrument/ RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount

Mode of Payment (Please ✓)	Third Party Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party (Donor) is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument <b>or</b> Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available <b>or</b> Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

\* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

**13. DECLARATIONS & SIGNATURE(S)** (Refer Instruction 10 and 14)

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as a Unitholder. I / We hereby apply for allotment of Units of HDFC Children's Gift Fund 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 by any order/ruling /judgement 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 HDFC Children's Gift Fund 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) The information given by me /us in or along with this application form is true and correct and shall furnish such other further/additional information as may be required by 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.
- (c) 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, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (d) 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.
- (e) 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.
- (f) 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.**

**Third Party Payment Declarations applicable to Donor:**

- 1. I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.
- 2. I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same.
- 3. I/We hereby declare that the amount invested in the Fund is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form.

**Third Party Payment Declarations applicable to Parents/ Legal Guardian:**

- 1. I/We hereby confirm that the information provided herein by the Donor is true and correct.
- 2. I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

**Consent for Telemarketing (Refer Instruction 19):**

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 authentication and sharing of Aadhaar data:**

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

**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 only:**

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

Date : 

D	D	M	M	Y	Y	Y	Y
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<p><b>SIGN HERE</b> ↻</p> <p>(Please write Application Form No./ Folio No. on the reverse of the Cheque / Demand Draft/ Payment Instrument.)</p>			
	Donor	Additional Donor	Parent / Legal Guardian

Mandatory

July 2018



### OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

- CREATE
- MODIFY
- CANCEL

UMRN  OFFICE USE ONLY

Sponsor Bank Code  OFFICE USE ONLY    Utility Code  OFFICE USE ONLY

I/We hereby authorize: **HDFC Mutual Fund** to debit (tick✓)  SB /  CA /  CC /  SB-NRE /  SB-NRO /  Other

Bank A/c No.:

With Bank:  Bank Name & Branch    IFSC     OR MICR

an amount of Rupees  ₹

FREQUENCY  Monthly     Quarterly     Half Yearly     Yearly     As & when presented    DEBIT TYPE  Fixed Amount     Maximum Amount

Reference 1 Folio No:     Phone No:

Reference 2 Appln No:     Email ID:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From          Signature of Primary Account Holder    Signature of Account Holder    Signature of Account Holder

to

or  Until Cancelled    1.     2.     3.

Name as in Bank Records    Name as in Bank Records    Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.



# UNDERTAKING BY PARENT / LEGAL GUARDIAN OF MINOR INVESTOR

(To be submitted alongwith the Application Form)

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

## HDFC Mutual Fund / HDFC Asset Management Company Limited

Mumbai

\_\_\_\_\_ (Name of parent/legal guardian), is the father/mother/legal guardian, holding PAN \_\_\_\_\_ (Guardian's PAN), of the minor investor Master/Miss \_\_\_\_\_ (Name of minor investor) and has applied for subscription of the units of \_\_\_\_\_ (mention scheme name) on behalf of the minor investor vide Application form bearing No. \_\_\_\_\_.

I, \_\_\_\_\_ (Name of parent/legal guardian) am aware that the bank account details of the minor investor have not been provided in the above cited application form since the same are not currently available. In the interim, my bank account details are provided in the bank account (payout) details section of the application form and documentary proof validating the same is enclosed with the application.

I am further aware that the bank account details of the minor investor/unit holder are required for the purpose of receiving redemption proceeds/dividend payouts and in its absence the payment of redemption/dividend proceeds will be made in the name of the minor Unit holder but with my bank account details as provided in the Application Form.

In connection with the above application for investment, I hereby agree, confirm and undertake:

- i) To open a bank account in the name of Master/Miss \_\_\_\_\_ (Name of minor investor) and provide the bank account details and such other information/documents as may be required at the earliest to HDFC Mutual Fund ('the Fund')/ HDFC Asset Management Company Limited ('AMC') to receive redemption/dividend proceeds into the bank account of the minor Unit holder;
- ii) **Neither the Fund, AMC nor any person connected with it will be liable and/or responsible for any liability that may arise to the minor Unit holder on account of any rejection/ non-acceptance/ delay in realization of such redemption proceeds/ dividend payouts as hereinabove mentioned.**

Name & Address of the Parent / Legal Guardian	Signature of the Parent / Legal Guardian

Date:

Place:

# APPLICATION FORM FOR SIP & FLEX SIP

[For Investments through NACH/ ECS (Debit 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**

May 2018

Please tick ✓ as applicable:

- OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th 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 30 days depending on NACH or ECS modalities.

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

**EUIIN Declaration (only where EUIIN box is left blank) (Refer Item No. 2(l)a)**  
 I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/ sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Transaction Charges for Applications through Distributors only (Refer Item No. 13) Date: D D M M Y Y Y Y

**If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.**

**Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.**

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

**NEW REGISTRATION**     
  **CHANGE OTM DEBIT MANDATE** (Refer Item No. 3)     
  **CANCELLATION** (Refer Item No. 7)

### 1) INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder)

First/ Sole Applicant Details

Mobile No.		Email Id			
<b>NAME OF FIRST / SOLE APPLICANT</b>	Mr. Ms. M/s.				
<b>NAME OF THE SECOND APPLICANT</b>	Mr. Ms. M/s.				
<b>NAME OF THE THIRD APPLICANT</b>	Mr. Ms. M/s.				

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number								KYC Mandatory	Proof Attached
Sole / First Applicant										<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant										<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant										<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA Holder										<input type="checkbox"/>	<input type="checkbox"/>

\* Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP. Refer Item No. 11 and 12.

**NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-individual Investors)/ PoA HOLDER**

Mr. Ms. M/s.

**RELATIONSHIP WITH MINOR**

**AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs [Refer Item No. 12 (c)]**

Particulars	Aadhaar Number* (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#
1st Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
2nd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
3rd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
Guardian		D D M M Y Y Y Y			<input type="checkbox"/>
POA		D D M M Y Y Y Y			<input type="checkbox"/>

\* All the applicants whose Aadhaar Number is mentioned are required to sign the form. # If Aadhaar number is applied for, please enclose proof of enrolment.

**I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 15)**

Purchase of Residence   
  Children's Education   
  Children's Marriage   
  Retirement   
  Others Please Specify

Target Amount

### ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

<b>HDFC MUTUAL FUND</b>	
Date: <input style="width: 50px;" type="text"/>	Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.
Application/ Folio No. <input style="width: 100%;" type="text"/>	ISC Stamp & Signature
Received from Mr./Ms./M/s. <input style="width: 100%;" type="text"/> SIP application	
Scheme / Plan / Option <input style="width: 100%;" type="text"/>	
Scheme 1 Scheme 2	



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

Scheme Name (1)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹)	Start Month/Year M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily <sup>++</sup> <input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <sup>+</sup> <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily SIP Amount (₹) ^ _____ OR Percentage <sup>s</sup> (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <sup>+</sup> Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option)	
Scheme Name (2)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹)	Start Month/Year M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily <sup>++</sup> <input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <sup>+</sup> <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily SIP Amount (₹) ^ _____ OR Percentage <sup>s</sup> (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <sup>+</sup> Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option)	

<sup>+</sup> Default, if not selected. • <sup>++</sup> Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. • 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. Please see Item v (a) • \$The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment.

\*TOP-UP CAP amount: Please refer Item v (b){1}

# TOP-UP CAP Month-Year: Please refer Item v (b){2}

Maximum amount of debit (SIP + Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated D D M M Y Y Y Y Y Y Amount@ (Rs.) \_\_\_\_\_  
 Mandatory Enclosure (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque @The first cheque amount should be same as each/total SIP Amount.  
 The name of the first/ sole applicant must be pre-printed on the cheque.

## 2B) INVESTMENT DETAILS FOR FLEX SIP [Please tick (✓)]

Scheme Name (1)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option <b>Growth</b>
SIP Installment Amount (₹)	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly		Start Month/Year M M Y Y Y Y
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <sup>+</sup> <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <sup>+</sup> <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			
Scheme Name (2)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option <b>Growth</b>
SIP Installment Amount (₹)	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly		Start Month/Year M M Y Y Y Y
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <sup>+</sup> <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <sup>+</sup> <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			

<sup>+</sup> Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date.

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated D D M M Y Y Y Y Y Y Amount (Rs.) \_\_\_\_\_  
 Mandatory Enclosure (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque  
 The name of the first/ sole applicant must be pre-printed on the cheque.

## 3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

**4) UNIT HOLDING OPTION**  **DEMAT MODE\***  **PHYSICAL MODE (Default)** (refer instruction 6)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

<b>NSDL</b>	DP Name _____	DP ID	I	N							<b>Beneficiary Account No.</b>								
<b>CDSL</b>	DP Name _____										<b>Beneficiary Account No.</b>								

\*Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.

**5) DECLARATION AND SIGNATURE(S)**

I/ We hereby confirm and declare as under:-

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ ECS (Debit Clearing)/ Direct Debit/ Standing Instruction facilities.

The ARN holder 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.

**SIGNATURE (S)**

First/ Sole Unit holder/ Guardian/ POA Holder

Second Unit holder

Third Unit holder

**Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.  
In case the mode of holding is joint, all Unit holders are required to sign.**



**OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI**

Date

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick✓)

- CREATE
- MODIFY
- CANCEL

UMRN                     OFFICE USE ONLY

Sponsor Bank Code           OFFICE USE ONLY Utility Code       OFFICE USE ONLY

I/We hereby authorize: **HDFC Mutual Fund** to debit (tick✓)  SB / CA / CC /  SB-NRE /  SB-NRO / Other

Bank A/c No.:

With Bank:  Bank Name & Branch IFSC           OR MICR

an amount of Rupees                      ₹

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No:  Phone No:

Reference 2 Appln No:  Email ID:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD-

From

to

or  Until Cancelled

Signature of Primary Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Name as in Bank Records Name as in Bank Records Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.