

# Key Information Memorandum & Application Form

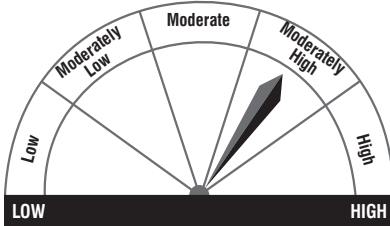
Investors must read the Key Information Memorandum and Instructions before completing this Form.

## HDFC RETIREMENT SAVINGS FUND

### A notified Tax Savings Cum Pension Scheme

An open ended retirement solution oriented scheme having a lock-in of 5 years or till retirement age (whichever is earlier)

### Continuous Offer of Units at NAV based prices

Name of Scheme/ Investment Plan	This product is suitable for investors who are seeking*:	RISKOMETER
<b>HDFC Retirement Savings Fund – Equity Plan</b>	<ul style="list-style-type: none"> <li>a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years.</li> <li>investment predominantly in equity and equity related instruments</li> </ul>	 <p>Investors understand that their principal will be at moderately high risk</p>
<b>HDFC Retirement Savings Fund – Hybrid-Equity Plan</b>	<ul style="list-style-type: none"> <li>a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years.</li> <li>investment predominantly in equity and equity related instruments &amp; balance in debt and money market instruments.</li> </ul>	
<b>HDFC Retirement Savings Fund – Hybrid-Debt Plan</b>	<ul style="list-style-type: none"> <li>a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years.</li> <li>investment predominantly in debt and money market instruments &amp; balance in equity and equity related instruments.</li> </ul>	

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

**Name of the AMC :**  
**HDFC Asset Management Company Limited**  
 CIN No: U65991MH1999PLC123027



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 June 02, 2018.



# HDFC Retirement Savings Fund

Application No.:

(A notified Tax Savings Cum Pension Scheme)

An open ended retirement solution oriented scheme having a lock-in of 5 years or till retirement age (whichever is earlier)

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

**Continuous Offer of Units at NAV based prices**

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 (EUIN)	
ARN-						

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

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN			
	First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)**

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

**1. EXISTING UNIT HOLDER INFORMATION (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**  
If you have existing Folio, please fill in folio no. and date of birth in this section and proceed to section 5, 6, 10 and 13. (Refer Instruction 3).

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

**DATE OF BIRTH@ Mandatory** | D | D | M | M | Y | Y | Y | Y | Proof of date of birth@ Mandatory | Please (✓)  Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

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

**3. UNIT HOLDER INFORMATION (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) Ensure that name is as per Aadhaar Card**

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

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

**DATE OF BIRTH@ Mandatory** | D | D | M | M | Y | Y | Y | Y | Proof of date of birth@ Mandatory | Please (✓)  Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

**Status of First/ Sole Applicant (Refer Instruction 4D)**

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  PIO  OCI  Foreign National Resident in India

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

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

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

Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_

eAlerts Mobile \_\_\_\_\_ eDocs Email ^ \_\_\_\_\_

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](http://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  (Refer Instruction 9 & 11)

**4. JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**1. NAME OF SECOND APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

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

**DATE OF BIRTH@ Mandatory** | D | D | M | M | Y | Y | Y | Y | Proof of date of birth@ | Please (✓)  Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC. Refer instruction No 17b 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 : \_\_\_\_\_ Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, Application No: \_\_\_\_\_  
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Received from Mr./Ms./M/s. \_\_\_\_\_ ISC Stamp & Signature

an application for allotment of Units of the Plan (as mentioned overleaf) of the HDFC Retirement Savings Fund - \_\_\_\_\_

along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.

**Please Note :** All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.

**4. JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Contd...) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**2. NAME OF THIRD APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_ PAN# / PEKRN# \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached  
**DATE OF BIRTH@ Mandatory** D D M M Y Y Y Y \_\_\_\_\_ Proof of date of birth@ Please (✓)  Attached

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC. Refer instruction No 17b for KYC Identification Number issued by CKYCR.  
 @Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

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

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	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"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)							

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
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 Networth in Rs. (not older than 1 year) \_\_\_\_\_ as on DD MM YYYY

**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#
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"/>
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. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer Instruction 4D)**

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)  
**Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?**  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.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
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.

**Particulars HDFC Retirement Savings Fund (A notified Tax Savings Cum Pension Scheme)**

<input type="checkbox"/> <b>HDFC Retirement Savings Fund - Equity Plan</b>	<input type="checkbox"/> <b>Regular Plan</b>	<input type="checkbox"/> <b>Direct Plan</b>	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> <b>HDFC Retirement Savings Fund - Hybrid - Equity Plan</b>	<input type="checkbox"/> <b>Regular Plan</b>	<input type="checkbox"/> <b>Direct Plan</b>	
<input type="checkbox"/> <b>HDFC Retirement Savings Fund - Hybrid - Debt Plan</b>	<input type="checkbox"/> <b>Regular Plan</b>	<input type="checkbox"/> <b>Direct Plan</b>	

Cheque / DD / Payment Instrument No. \_\_\_\_\_ Cheque / DD / Payment Instrument Date \_\_\_\_\_ Amount in Figures (Rs.) \_\_\_\_\_  
 Drawn on (Name of Bank and Branch) \_\_\_\_\_

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

**7. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached  
 # Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC. Refer instruction No 17b for KYC Identification Number issued by CKYCR.

**8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer Instruction 5)**  
 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

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

Bank Name \_\_\_\_\_  
 Branch Name \_\_\_\_\_ Bank City \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 MICR Code \_\_\_\_\_ (The 9 digit code appears on your cheque next to the cheque number)  
 Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  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)

**9. MODE OF PAYMENT OF REDEMPTION PROCEEDS (refer instruction 10)**

Unitholders will receive redemption proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility  
 I/We want to receive the redemption proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

**10. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 6 for Scheme details and Instruction 7 & 8 for Payment and Third Party Payment Details)**  
 The name of the first/ sole applicant must be pre-printed on the cheque.

**HDFC Retirement Savings Fund (A notified Tax Savings Cum Pension Scheme)** For Default Plan (viz. Direct / Regular Plan) refer instruction 6.

<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

Payment For [Please (✓)]  Lump sum Investment  Systematic Investment Plan (SIP)  
 Please attach duly filled and signed SIP Enrolment Form

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

Payment Type [Please (✓)]  Non-Third Party Payment  Third Party Payment (Please attach 'Third Party Payment Declaration Form')

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

**11. UNIT HOLDING OPTION**  DEMAT MODE\*  PHYSICAL MODE (Default) (Refer Instruction 12)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the name as mentioned in the application form matches with that of the demat account. 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.

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

**12. NOMINATION (Refer Instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)**

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

\_\_\_\_\_  
 First / Sole Applicant

\_\_\_\_\_  
 Second Applicant

\_\_\_\_\_  
 Third Applicant

OR

I/We wish to nominate as under:

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

**13. DECLARATION & SIGNATURE/S (refer instruction 14)**

July 2018

I/We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I/We hereby apply for allotment of Units of HDFC Retirement Savings Fund, Scheme 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 the Scheme 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 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.
- (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 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.
- (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.**

**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 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

**SIGN HERE**

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

**SIGNATURE(S)**

First / Sole Applicant / Guardian

**SIGN** →

Second Applicant

**SIGN** →

Third Applicant

**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:  to debit (tick✓)

Bank A/c No.:

With Bank:  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.

# APPLICATION FORM FOR 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.

**Enrolment Form no.**

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 (EUIN)	
ARN-						

**EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 3a)**

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one)

Date: D D M M Y Y Y Y

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

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

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. 7(e)(iv))               
  **CANCELLATION** (Refer Item No. 11)

### 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. 15 and 16.

**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**  

**I/WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 19)**

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)

HDFC MUTUAL FUND

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

Application/ Folio No.  

Received from Mr./Ms./M/s.   SIP application

Scheme / Plan / Option	Scheme 1
	Scheme 2
	Scheme 3

ISC Stamp & Signature

**2) INVESTMENT DETAILS [Please tick (✓)]**

Scheme Name (1)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
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 Instruction 6) <input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7) <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* <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*		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y	

Scheme Name (2)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
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 Instruction 6) <input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7) <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* <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*		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y	

Scheme Name (3)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
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 Instruction 6) <input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7) <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* <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*		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y	

\*Default, if not selected. • \*\*Triggerred 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 Instruction 7(c){i}. • \$The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP

\*TOP-UP CAP amount: Please refer Instruction 7(c){ii}]

# TOP-UP CAP Month-Year: Please refer Instruction 7(c){ii}]

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 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.

**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.





# Third Party Payment Declaration Form



Third Party Payment Declaration Form should be completed in **English** and in **BLOCK LETTERS** only.  
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

Declaration Form No. \_\_\_\_\_

## FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.

### 1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)

Folio No. (For existing investor) \_\_\_\_\_ Application No. \_\_\_\_\_

**NAME OF FIRST/SOLE APPLICANT (BENEFICIAL INVESTOR)**

Mr. Ms. M/s. \_\_\_\_\_

### 2. THIRD PARTY INFORMATION (Refer Instruction No. 3)

#### NAME OF THIRD PARTY (PERSON MAKING THE PAYMENT)

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN/PEKRN# \_\_\_\_\_

KYC Number\*\* \_\_\_\_\_ KYC\*\* [Please tick (✓)] (Mandatory for any amount)  Attached

#Mandatory for any amount. Please attach PAN Proof. Refer instruction No. 6. \*\* Refer instruction No. 8.

#### NAME OF CONTACT PERSON & DESIGNATION

(in case of non-Individual Third Party)

Mr. Ms. \_\_\_\_\_

Designation \_\_\_\_\_

#### MAILING ADDRESS (P.O. Box Address may not be sufficient)

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

#### CONTACT DETAILS

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

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

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

#### RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3)[Please tick (✓) as applicable]

Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FII <input type="checkbox"/> Client	<input type="checkbox"/> Employee(s)	<input type="checkbox"/> Agent/ Distributor/ Dealer
<b>Relationship of Third Party with the Beneficial Investor</b>	<input type="checkbox"/> Father/Mother/Court appointed Legal Guardian (Please attach proof of relationship, if not already submitted@) <input type="checkbox"/> Grand Parent <input type="checkbox"/> Related Person (Please specify relationship) _____ (Maximum investment - Rs. 50,000/- per transaction@) @ Not Applicable for investment in HDFC Children's Gift Fund	Custodian - SEBI Registration No. of Custodian _____ Registration Valid Till _____ D D M M Y Y Y Y	Employer	Principal
<b>Declaration by Third Party</b>	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment is made on behalf of FII/ Client and the source of this payment is from funds provided to us by FII/Client.	I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through Payroll Deductions.	I/We declare that the payment is made on behalf of Agent/ Distributor/ Dealer under Systematic Investment Plans or as lump sum/ one-time subscription, in lieu of commission or incentive payable for sale of goods/ services.

### 3. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)

Mode of Payment [Please tick (✓)]	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party 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"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or 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 or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
Demand Draft <input type="checkbox"/>	
Banker's Cheque <input type="checkbox"/>	
RTGS <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.
NEFT <input type="checkbox"/>	
Fund Transfer <input type="checkbox"/>	

\* 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.

Amount# \_\_\_\_\_ in figures (Rs.)  
\_\_\_\_\_ in words

Cheque/DD/PO/UTR No. \_\_\_\_\_ Cheque/DD/PO/RTGS Date \_\_\_\_\_ DD MM YYYY

Pay- in Bank A/c No. \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Branch \_\_\_\_\_ Bank City \_\_\_\_\_

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

# including Demand Draft charges, if any.

**4. DECLARATIONS & SIGNATURE/S** (Refer Instruction 5)**THIRD PARTY DECLARATION**

I/We hereby confirm and declare as under:-

I/We have read and understood the Third Party Payment rules, as given below and agree to comply and be bound by the same.

The information provided is true and correct and HDFC Mutual Fund ('Fund')/the HDFC Asset Management Company Limited ('AMC') is entitled to verify the same directly or indirectly. I/We agree to furnish such further information as Fund/AMC may require from me/us. I/We agree that if any of the declarations furnished by me/us are found to be incorrect or incomplete, the Fund/AMC shall have the absolute discretion to reject/ not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies accordingly.

I/We hereby declare that the amount invested in the Scheme(s) 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(s) as detailed in the Application Form.

**Applicable to NRIs/ PIO/OCIs only:**

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

Please (✓)  Yes  No

If yes, (✓)  Repatriation basis

Non-repatriation basis

DD	MM	YYYY

\_\_\_\_\_  
Signature of the Third Party

**BENEFICIAL INVESTOR(S) DECLARATION**

I/We hereby confirm that the information provided herein by the Third Party is true and correct.

**Applicable to Guardian receiving funds on behalf of Minor only:**

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.

DD	MM	YYYY

SIGNATURE/S

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

**THIRD PARTY PAYMENT RULES**

1. In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions
- 2a. The following words and expressions shall have the meaning specified herein:
  - (a) **"Beneficial Investor"** is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
  - (b) **"Third Party"** means any person making payment towards subscription of Units in the name of the Beneficial Investor.
  - (c) **"Third Party payment"** is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

**Illustrations**

Illustration 1: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
- 2b. The Fund / AMC will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
  - (i) Payment by Parents/Grand-Parents/Related Persons\* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- for each regular Purchase or per SIP installment. However, this restriction of Rs. 50,000/- will not be applicable for payment made by a Guardian whose name is registered in the records of Mutual Fund in that folio (i.e. father, mother or court appointed Legal Guardian).
  - (ii) \**Related Person* means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
  - (iii) Payment by an Employer on behalf of employees under Systematic Investment Plans (SIP) or lump sum / one-time subscription, through Payroll deductions or deductions out of expense reimbursements.
  - (iv) Custodian on behalf of an FII or a Client.
  - (v) Payment by a Corporate to its Agent/ Distributor/ Dealer (similar arrangement with Principal agent relationship), on account of commission or incentive payable for sale of its goods/services, in the form of the Mutual Fund Units through SIP or lump sum / one-time subscription.
- 2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected/ not processed/ refunded.
  - (i) Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
  - (ii) Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
  - (iii) Verifying the source of funds to ensure that funds have come from the drawer's account only.
- 2d. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of HDFC Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in **Rule (2b)** above is liable for rejection without any recourse to Third Party or the applicant investor(s).

**The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of HDFC AMC or visit our website [www.hdfcfund.com](http://www.hdfcfund.com) for any further information or updates on the same.**