

Continuing a tradition of trust.

1. KEY PARTNER / AGENT INFORMATION

Name and AMFI Reg. No. (ARN)	Sub Agent's Name & Code
ARN-	

FOR OFFICE USE ONLY

2. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. and all other details in the Application Form - refer Instruction 2)

Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No. /

3. STATUS (of First/Sole Applicant)
[Please tick (✓)]

<input type="checkbox"/> Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> Company	<input type="checkbox"/> FIs
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> BOI	<input type="checkbox"/> Body Corporate	
<input type="checkbox"/> Society / Club	<input type="checkbox"/> Others _____ (please specify)		

MODE OF HOLDING
[Please tick (✓)]

<input type="checkbox"/> Single
<input type="checkbox"/> Joint
<input type="checkbox"/> Anyone or Survivor

OCCUPATION (of First/Sole Applicant)
[Please tick (✓)]

<input type="checkbox"/> Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
<input type="checkbox"/> Agriculture		
<input type="checkbox"/> Others _____ (please specify)		

4. UNIT HOLDER INFORMATION (refer instruction 3)

DATE OF BIRTH

NAME OF FIRST / SOLE APPLICANT DD MM YYYY

Nationality

PAN* (mandatory if amount invested is Rs. 50,000 or more)

ENCLOSED

PAN Proof Form 60 Form 61

KYC COMPLIANCE STATUS * :

Yes No If yes, proof enclosed

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / CONTACT PERSON - DESIGNATION (in case of non-individual Investors)

Mr. Ms.

Nationality

PAN* (mandatory if amount invested is Rs. 50,000 or more)

ENCLOSED

PAN Proof Form 60 Form 61

KYC COMPLIANCE STATUS * :

Yes No If yes, proof enclosed

NAME OF THE SECOND APPLICANT Resident NRI [Mandatory Please tick (✓)] Nationality

Mr. Ms.

PAN* (mandatory if amount invested is Rs. 50,000 or more)

ENCLOSED

PAN Proof Form 60 Form 61

KYC COMPLIANCE STATUS * :

Yes No If yes, proof enclosed

NAME OF THE THIRD APPLICANT Resident NRI [Mandatory Please tick (✓)] Nationality

Mr. Ms.

PAN* (mandatory if amount invested is Rs. 50,000 or more)

ENCLOSED

PAN Proof Form 60 Form 61

KYC COMPLIANCE STATUS * :

Yes No If yes, proof enclosed

(* refer instruction 13)

(* Refer instruction 16)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address may not be sufficient)

CITY STATE PIN CODE

OVERSEAS ADDRESS (in case of NRIs/FIs) (P.O. Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Telephone : Off. Res. Mobile

Fax E-mail

5. BANK ACCOUNT DETAILS (refer instruction 4) Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

Name of the Bank Branch

Account No. Bank City

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR

6. E-MAIL COMMUNICATION (refer instruction 7) I/We wish to receive the following documents via e-mail in lieu of physical document(s) (Please ✓) Account Statement Newsletter Annual Report Other Statutory Information

7. ELECTRONIC CLEARING SERVICE (ECS) (refer instruction 8)

You may choose to receive dividend, if declared, in your bank account through the Electronic Clearing Service. The 9 digit MICR Code number of my/our Bank & Branch is :

I / We authorise HDFC Mutual Fund to credit my / our dividend through ECS. Please (✓) (The 9 digit code appears on your cheque next to the cheque number)

8. HDFCMF Online PERSONAL IDENTIFICATION NUMBER (HPIN) (refer instruction 10)

Do you want a HPIN assigned ? Yes No

... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

HDFC MUTUAL FUND
 Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020
 Date : _____
 Received from Mr. / Ms. / M/s. _____
 an application for Purchase of Units of HDFC Growth Fund HDFC Equity Fund HDFC Top 200 Fund HDFC Capital Builder Fund
 HDFC Balanced Fund HDFC Prudence Fund HDFC Long Term Advantage Fund HDFC TaxSaver HDFC Index Fund
 HDFC Core & Satellite Fund HDFC Premier Multi-Cap Fund HDFC MF Monthly Income Plan
 alongwith Cheque / DD as detailed overleaf. **Please Note :** All Purchases are subject to realisation of cheques / demand drafts.

CEQ

ISC Stamp & Signature

9. INVESTMENT DETAILS – Please (✓) Choice of Scheme / Plan / Option (refer instruction 5)

<input type="checkbox"/> HDFC Growth Fund <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC Equity Fund <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC Top 200 Fund <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<input type="checkbox"/> HDFC Capital Builder Fund <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC Balanced Fund <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC Prudence Fund <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<input type="checkbox"/> HDFC Long Term Advantage Fund (Lock-in Period : 3 years) <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC TaxSaver (Lock-in Period : 3 years) <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC Index Fund <input type="checkbox"/> SENSEX Plan <input type="checkbox"/> Nifty Plan <input type="checkbox"/> SENSEX Plus Plan Growth Option only	
<input type="checkbox"/> HDFC Core & Satellite Fund <input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC Premier Multi-Cap Fund <input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment		<input type="checkbox"/> HDFC MF Monthly Income Plan <input type="checkbox"/> Short Term Plan <input type="checkbox"/> Dividend Option <input type="checkbox"/> Long Term Plan <input type="checkbox"/> Growth Option <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="checkbox"/> Growth Option <input type="radio"/> Payout <input type="radio"/> Payout <input type="radio"/> Payout <input type="radio"/> Reinvestment <input type="radio"/> Reinvestment <input type="radio"/> Reinvestment	

10. PAYMENT DETAILS (refer instruction 6)

Scheme Name		Plan		Option	
Cheque / DD No.		Cheque / DD Date			
Amount of Cheque/DD in figures (Rs.) (i)		Drawn on (Bank /			
DD charges, if any, in figures (Rs.) (ii)		Branch Name)			
Total Amount (i) + (ii)		in figures (Rs.)			
		in words			
Account Type [Please (✓)]		<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR			

11. NOMINATION (refer instruction 12)

I / We do hereby nominate the person more particularly described hereunder to receive the amount to my / our credit in event of my / our death.

NOMINEE DETAILS

Name :	_____	The Nominee is a minor	_____
Address :	_____	whose guardian is	_____
Date of Birth :	_____	Address of the Guardian :	_____
	(to be furnished in case the Nominee is a minor)	Signature of the Guardian	_____
Relationship :	_____	(to be deleted if not applicable)	_____

Note : The Nomination shall supercede previous nomination, if any.

12. DOCUMENTS ENCLOSED (Please ✓)

Memorandum & Articles of Association
 Trust Deed Bye-Laws Partnership Deed
 Resolution / Authorisation to invest
 List of Authorised Signatories with Specimen Signature(s)
 Power of Attorney

APPLICATIONS ENCLOSED (Please ✓)

Systematic Investment Plan STP Enrolment Form
 Cheques
 SIP Auto Debit Facility

13. DIRECT CREDIT OF REDEMPTION / DIVIDEND PROCEEDS - IF ANY (refer instruction 9)

Unitholders having bank accounts with **ABN AMRO Bank NV, Citibank N.A, Centurion Bank of Punjab Ltd., Deutsche Bank AG, HDFC Bank Limited, The Hongkong and Shanghai Banking Corporation, ICICI Bank Limited, IDBI Bank Limited, Kotak Mahindra Bank Ltd., Standard Chartered Bank, UTI Bank Limited and YES Bank Limited** will receive their redemption / dividend proceeds (if any) directly into their bank account (as furnished in item no. 5).
 In case you wish to receive a cheque / demand draft, please indicate your preference below :
 I / We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit into my / our bank account. (Please (✓) in this box)

14. DECLARATIONS & SIGNATURE/S (refer instruction 11)

I / We have read and understood the terms and contents of the Offer Documents of the respective Scheme(s) of HDFC Mutual Fund. I / We hereby apply to the Trustee of HDFC Mutual Fund for allotment of Units of the Scheme(s) of HDFC Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I / We have understood the details of the Scheme(s) and I / we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I / We declare that the information given in this application form is correct, complete and truly stated.

Applicable to NRIs only :
 I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

SIGNATURE / S	First / Sole Applicant / Guardian	_____
	Second Applicant	_____
	Third Applicant	_____

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

DD	MM	YYYY

Particulars	SCHEME NAME / PLAN / OPTION
Scheme Name / Plan / Option	
Cheque / DD No. / Date	
Drawn on (Name of Bank and Branch)	
Amount in figures (Rs.)	