



Application Form for Equity, Balanced, MIP and ELSS Schemes

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 ARBITRAGE FUND • HDFC PREMIER MULTI-CAP FUND • HDFC MF MONTHLY INCOME PLAN (an open-ended income scheme. Monthly income is not assured and is subject to availability of distributable surplus) * (an open-ended equity linked savings scheme with a lock-in period of 3 years)

Continuing a tradition of trust.

Offer of Units At Applicable NAV

CEQ

Investors must read the Key Information Memorandum and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / AGENT INFORMATION

Name and AMFI Reg. No. (ARN)	Sub Agent's Name and Code / Bank Branch Code	MO Code
Prudent CAS Ltd 9992	BHAVESH MODH 27030	

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp

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 (If you have existing folio, please fill in your folio number, complete details in section 2 and proceed to section 6. Refer instruction 2).

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

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY)

First / Sole Applicant / Guardian	PAN # (refer instruction 12)	KYC Compliance Status (Mandatory for Rs.50,000 & above)** (if yes, attach proof)	
Second Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach PAN proof. If PAN is already validated, please don't attach any proof. ** Refer instruction 14

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

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<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"/> Proprietorship	
<input type="checkbox"/> Others _____	(please specify)	

4a. UNIT HOLDER INFORMATION (refer instruction 3)

NAME OF FIRST / SOLE APPLICANT
Mr. Ms. M/s. _____
Nationality _____

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / **NAME OF CONTACT PERSON – DESIGNATION** (in case of non-individual Investors)
Mr. Ms. _____
Nationality _____ Designation _____ Contact No. _____

NAME OF THE SECOND APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]
Mr. Ms. _____
Nationality _____

NAME OF THE THIRD APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]
Mr. Ms. _____
Nationality _____

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

CITY _____ STATE _____ PIN CODE _____

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

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT
Telephone : Off. _____ Res. _____ Mobile _____
Fax _____ E-Mail _____

DATE OF BIRTH
(Mandatory in case of Minor) DP MM YYYY

4b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

NAME OF PoA
Mr. Ms. M/s. _____
PAN* _____ [Please tick (✓)] KYC Compliance Status Proof** * Refer Instruction 12 ** Refer Instruction 14

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

Account No. _____ Name of the Bank _____
Branch _____ Bank City _____
IFSCCode*** _____ Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS _____ (please specify)
*** Refer Instruction 4b (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) The 9 digit MICR Code number of my/our Bank & Branch is** _____ (The 9 digit code appears on your cheque next to the cheque number) ** Refer Instruction 8 (Mandatory for Dividend Payout via ECS)

6. e-SERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 9)

HDFCMF *Online* & HDFCMF *Mobile* - I/ We would like register for my/our HDFCMF Personal Identification Number (HPIN) to transact online.

i) **Mandatory information to be provided:**
a) Email address: _____
(if the address given herein is different from the email address under section 4a, the email address under section 6(i) will be considered during registration for HPIN).
b) **Mother's maiden name:** _____
I/ We have read and understood the terms and conditions and confirm I/ we shall bound by them (Terms & Conditions available in the eServices booklet as well as on our website)

ii) **eDocs**: I/ We wish to receive account statements, newsletters, annual reports and other statutory information documents by email in lieu of physical documents (Email address is mandatory).

iii) **eAlerts**: I/ We would like to receive SMS updates (Mobile number in section 4a is mandatory).

... continued overleaf

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 60006767 or 18002336767 (Toll Free)]

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 Arbitrage 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

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

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

8. PAYMENT DETAILS (refer instruction 6) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.)

Cheque / DD No.	Cheque / DD Date
Amount of Cheque/DD/RTGS in figures (Rs.) (i)	Drawn on Bank /
DD charges, if any, in figures (Rs.) (ii)	Branch Name)
Total Amount (i) + (ii)	Account No. (For Cheque Only)
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 <input type="checkbox"/> OTHERS _____ (please specify)

9. NOMINATION (refer instruction 11)

I / We _____, _____ and _____
 (Unit holder 1) (Unit holder 2) (Unit holder 3)
 do hereby nominate the person(s) more particularly described hereunder/ and/ cancel the nomination made by me/ us on the _____ day of _____
 in respect of the Units under Folio No. _____ (* strike out which is not applicable)

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Guardian	Proportion (%) by 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				

10. DOCUMENTS ENCLOSED (Please ✓)

APPLICATIONS ENCLOSED (Please ✓)

<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Bye-Laws	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Systematic Investment Plan	<input type="checkbox"/> SIP Enrolment Form
<input type="checkbox"/> Resolution / Authorisation to invest	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Compliance Status Proof	<input type="checkbox"/> Cheques	
<input type="checkbox"/> Power of Attorney				<input type="checkbox"/> SIP Auto Debit Facility	

11. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS VIA DIRECT CREDIT / NEFT / ECS (refer instruction 8)

Unit holders will receive their redemption / dividend proceeds (if any) directly into their bank account (as furnished by them in Section 5) as per the following arrangements:
 (i) **Direct Credit** for bank accounts with ABN AMRO Bank NV, Axis Bank Limited, Citibank N.A, 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 and YES Bank Limited.
 (ii) **Electronic credit through National Electronic Funds Transfer (NEFT)** System of RBI for bank accounts other those mentioned in section no 11 (i).
 (iii) **Electronic credit through Electronic Clearing System (ECS)** facility of RBI to receive dividend proceeds, if any, for bank accounts other those mentioned in section no. 11 (i).
 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 my / our bank account

12. DECLARATIONS & SIGNATURE/S (refer instruction 10)

I / We have read and understood the terms and contents of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information of HDFC Mutual Fund. I / We hereby apply to the Trustee of HDF 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. **The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.** I/We hereby 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.

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

DD	MM	YYYY

SIGNATURE/S	First / Sole Applicant / Guardian	Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.
	Second Applicant	
	Third Applicant	

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