Permanent Account Number



GHDFC

| Name of Unit Holder | : | | Folio Number | : | |
|-----------------------|---|------|--------------|---|--|
| 1st Joint Unit Holder | : | | Scheme | : | |
| 2nd Joint Unit Holder | | | | | |
| Name of Nominee | : | | Plan | : | |
| Mode of Holding | : | | Tax Status | | |

SLIP

TRANSACTION-CUM-SERVICE REQUEST

| 1st Joint Unit Holder : 2nd Joint Unit Holder : Name of Nominee : Mode of Holding : | Plan |
|---|--|
| IMPORTANT : Please strike off the section(s) that is (are) I/We have read and understood the terms and contents of the Offer Documents incluc indicated and agree to abide by the terms, conditions, rules and regulations of the rele | not used by you to avoid any unauthorised use. ling addenda 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 vant 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. |
| (Please ✓) Photocopy of PAN Document submitted herewith for verification. Form No. 49A (Evidence of having applied for PAN) Form No. 60/61, as applicable along with Form No. 49A. Already verified. ADDITIONAL PURCHASE REQUEST # | SWITCH REQUEST (INTER AND INTRA SCHEME) – REDEMPTION REQUEST - Subject to Lock-in Period, if any Subject to Lock-in Period, if any Please Switch (please ✓) All Units No. of Units from the above mentioned Folio and Scheme/Plan/Option. REDEMPTION REQUEST - Subject to Lock-in Period, if any Please Switch (please ✓) All Units (in words) (in words) (in words) (if the balance in my/our account does not cover the amount /units of this request, I/we REDEMPTION REQUEST - Subject to Lock-in Period, if any |
| Amount (in Rs.) (in words) | From Scheme E-MAIL/SMS SERVICES Planses and my (please /) Account Statement Newsletters Annual Report |
| Drawn on Branch | Io scheme Option My/our e-mail ID is My/our e-mail ID is Plan Option My Mobile No. is My/our e-mail ID is |
| Cheque/DD No Please write dated Bank Account Type (Please ✓) the reverse of Savings □ Current □ NRE □ NRO | Sole/ First Unit holder/ Guardian Second Unit holder Third Unit holder (In case of joint-holding, all Unit holders must sign.) # Please contact your distributor/our Investor Service Centre for details on compliance with KYC requirements under Prevention of Money Laundering Act, 2002. |

IMPORTANT : Please strike off the section(s) that is (are) not used by you to avoid any unauthorised use.

Sole/First Unitholder's Name

| | | Scheme : | Plan : | - |
|----------------------------------|--|---|------------------------------------|--|
| (for existing Unit holders only) | CHANGE IN BANK DETAILS (Please attach photocopy of cheque) Bank Name | ELECTRONIC CLEARING SERVICE (ECS) You may choose to receive dividend, if declared, in your bank account through the Electronic Clearing Service. I/We authorise HDFC Mutual Fund to credit my/our dividend through ECS. Please (/) 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 MICR Code number of my/our Bank & Branch is : I/We authorise the place of my/our Bank & Branch is : I/We authorise the place of my/our Bank & Branch is : I/We authorise the place of my/our Bank & Branch is : I/We authorise the place of my/our Bank & Branch is : I/We authorize the place of my/our Bank & Branch is : I/We authorize the place of my/our Bank & Branch is : I/We authorize the place of my/our Bank & Branch is : I/We authorize the place of my/our Bank & Branch is : I/We authorize the place of my/our Bank & Branch is : I/We authorize the place of my/our Bank & Branch is : I/We authorize the place of my/our Bank & Branch is : I/We authorize the place of my/our bank & Branch is : I/We authorize the place of my/our bank & Branch is : I/We authorize the place of my/our bank & Branch is : I/We authorize the place of my/our bank & Branch is : I/We authoris a fift Fund*‡ Tax Savings Scheme ‡ <td>CHANGE IN CORRESPONDENCE ADDRESS # </td> <td>FOR SUBMISSION AT OFFICIAL POINTS OF ACCEPTANCE ONLY</td> | CHANGE IN CORRESPONDENCE ADDRESS # | FOR SUBMISSION AT OFFICIAL POINTS OF ACCEPTANCE ONLY |
| | Sole/First Unit holder/Guardian | Second Unit holder | Third Unit holder | |

(In case of joint-holding, all Unit holders must sign.)

* An open-ended balanced scheme. ‡ Mutual Fund investments are subject to market risks. Please read the Offer Document carefully before investing. # With effect from January 1, 2008, if you are KYC compliant, change of address request has to be submitted at POS of CVL using their form. 11/07