

# HDFC Fixed Maturity Plans - Series 31

(A Close - Ended Income Scheme)

New Fund Offer Price : Rs. 10 per unit



www.hdfcfund.com

## Application Form


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

HDFC FMP 730D April 2014 (1)  
New Fund Offer Opens on : April 29, 2014  
New Fund Offer Closes on : May 12, 2014




Application No.

The Trustee reserves the right to close the NFO before the above-mentioned date by giving at least one day notice in one daily Newspaper.

This product is suitable for investors who are seeking\*:

- regular income over medium term.
- investment in debt and money market instruments and government securities.
- low risk.  (BLUE)

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

Note: Risk is represented as:  (BLUE) investors understand that their principal will be at low risk  
 (YELLOW) investors understand that their principal will be at medium risk  
 (BROWN) investors understand that their principal will be at high risk

(The Application Form should be completed in English and in BLOCK LETTERS only.)

### KEY PARTNER / DISTRIBUTOR INFORMATION

(Investors applying under Direct Option must mention "Direct" in ARN column.) (Refer Instruction 1)

FOR OFFICE USE ONLY  
(TIME STAMP)

ARN	Name	Sub-Distributor's ARN and Bank Branch Code	Internal Code for Sub-Distributor/ Employee	Employee Unique Identification Number (EUIN)
<b>ARN- 0155</b>		<b>ARN - 16012</b>	<b>20104</b>	<b>E039336</b>

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 Here _____ First/ Sole Applicant/ Guardian	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

(Refer Instruction 2 and please tick (✓) any one)

- 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)

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 distributor.

### 1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in your folio number, complete details in section 1 and proceed to section 6. Refer Instruction 3).

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

NAME OF FIRST/ SOLE APPLICANT  Mr.  Ms.  M/s. \_\_\_\_\_

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

### MODE OF HOLDING [Please tick (✓)]

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

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

- Single
- Joint
- Anyone or Survivor

- Service  Student  Professional
- Housewife  Business  Retired
- Agriculture  Proprietorship
- Others \_\_\_\_\_ (please specify)

**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)]**

### HDFC MUTUAL FUND

Date : \_\_\_\_\_

Received from Mr./Ms./M/s. \_\_\_\_\_ an application for allotment of Units of the Plan (as mentioned overleaf) of HDFC Fixed Maturity Plans - Series 31 along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.

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

Application No.

Collection Centre / ISC Stamp & Signature

... continued

**3a. UNIT HOLDER INFORMATION (Refer Instruction 4)**

DATE OF BIRTH@  
(Please attach proof) DD MM YYYY

**NAME OF FIRST / SOLE APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 PAN# \_\_\_\_\_ OR PEKRN# \_\_\_\_\_ KYC is mandatory#

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

Mr. Ms. \_\_\_\_\_  
 Nationality \_\_\_\_\_ Designation \_\_\_\_\_ Contact No. \_\_\_\_\_  
 PAN# \_\_\_\_\_ OR PEKRN# \_\_\_\_\_ KYC is mandatory#

Relationship with Minor@ [Please (✓)]  Father  Mother  Court appointed Legal Guardian Please attach proof of relationship@

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

Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 PAN# \_\_\_\_\_ OR PEKRN# \_\_\_\_\_ KYC is mandatory#

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

Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 PAN# \_\_\_\_\_ OR PEKRN# \_\_\_\_\_ KYC is mandatory#

# Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction 15 for PAN/PEKRN and Instruction 17 for KYC. @ Mandatory in case of Minor.

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

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

**OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs/OCIs) (P. O. Box Address may not be sufficient)**

\_\_\_\_\_  
 \_\_\_\_\_  
 COUNTRY \_\_\_\_\_

**CONTACT DETAILS OF FIRST / SOLE APPLICANT (Refer Instruction 9)** STD Code \_\_\_\_\_

Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_  
 Alerts Mobile \_\_\_\_\_  
 Docs Email^ \_\_\_\_\_

^ On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements / statutory and other documents by email.

**3b. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

NAME OF PoA Mr. Ms. M/s. \_\_\_\_\_  
 PAN# \_\_\_\_\_ OR PEKRN# \_\_\_\_\_ KYC is mandatory#

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Instruction 15 for PAN/PEKRN and Instruction 17 for KYC.

**PARTICULARS HDFC FIXED MATURITY PLANS - SERIES 31**

Plan Name	HDFC FMP 730D April 2014 (1)		
Option	<input type="checkbox"/> Regular Option	<input type="checkbox"/> Direct Option	
Sub-Option	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Option (Payout only)	<input type="checkbox"/> Flexi Option
	<input type="radio"/> Normal	<input type="radio"/> Quarterly	
Cheque / DD / Payment Instrument No.		Cheque / DD / Payment Instrument Date	Amount in Figures (Rs.)
Drawn on (Name of Bank and Branch)			

**4. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (Refer Instruction 5)**

Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 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.

Account No. \_\_\_\_\_ Name of the Bank \_\_\_\_\_

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

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

IFSC Code\*\*\* \_\_\_\_\_ MICR 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)

\*\* Refer Instruction 10B (Mandatory for Dividend Payout via ECS) (The 9 digit code appears on your cheque next to the cheque number)

**5a. Switch upon Maturity into HDFC Liquid Fund (for units held in non-demat form) (Refer Instruction 10A) [Please tick (✓)]**

Switch entire maturity proceeds (other than dividend) to HDFC Liquid Fund - Plan/ Option^ \_\_\_\_\_

As a default mechanism, redemption proceeds shall be dispatched to / credited in the bank account of the Unit holder within 10 Business Days of the redemption date, unless opted otherwise.

^ Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan/ Option under the Scheme will apply if the choice of Plan/ Option is not indicated.

**5b. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS (Refer Instruction 10B) [Please tick (✓)]**

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 4) 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 my / our bank account

**6. SERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (Refer Instruction 11)**

**HDFCFund Online & HDFCFund Mobile** - I/ We would like register for my/our HDFCFund Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website www.hdfcfund.com

**Mandatory information to be provided:**

a) Email address: \_\_\_\_\_  
(if the address given herein is different from the email address under section 3a, the email address given herein 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 on our website)

**7. INVESTMENT DETAILS - (Refer Instruction 6)**

Investors must use separate Application Forms for investing simultaneously in the different Plans/Options under the Scheme.

<b>Plan Name</b>	HDFC FMP 730D April 2014 (1)		
<b>Option</b>	<input type="checkbox"/> Regular Option	<input type="checkbox"/> Direct Option	
<b>Sub-Option</b>	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Option (Payout only) ○ Normal      ○ Quarterly	<input type="checkbox"/> Flexi Option

**8. PAYMENT DETAILS – The name of the first/ sole applicant must be pre-printed on the cheque. Cheque / DD should be drawn in favour of "Name of the Plan A/c PAN" or "Name of the Plan A/c Investor Name" (Refer Instruction 7) – Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.**

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

Cheque/DD/Payment Instrument No.		Cheque/DD/Payment Instrument Date	
Amount of Cheque/DD/Payment Instrument/ RTGS in figures (Rs.) (i)		Drawn on (Bank/ Branch Name)	
DD charges, if any, in figures (Rs.) (ii)		Pay-in Bank Account No. (For Cheque only)	
Total Amount (i) + (ii)	in figures (Rs.)		
	in words (Rs.)		
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. DEMAT ACCOUNT DETAILS\* - (Optional - Refer Instruction 12)**

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

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

**10. NOMINATION (Refer Instruction 14. Mandatory for new folios of Individuals where mode of holding is single.)**

This section is to be filled in only by investors who opt to hold the Units in non-demat form.

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

Sign Here
Sign Here
Sign Here

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First / Sole Applicant
Second Applicant
Third Applicant

OR  I/We wish to nominate as under :

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

@ The allocation/share should be in whole numbers without any decimals making a total of 100 percent.

**11. DECLARATIONS & SIGNATURE/S (Refer Instruction 13)**

I / We hereby confirm and declare as under:-

- I / We have read and understood the terms and contents of the scheme related documents and hereby apply for allotment of Units of the Plan(s) under HDFC Fixed Maturity Plans - Series 31 ('Scheme') and agree to abide and comply with the terms, conditions, rules and regulations of the Scheme.
- I/We am/are eligible Investor(s) as per the scheme related documents. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s) 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.
- The information given in this application form is true and correct. I /We agree to furnish such other information as may be required by the HDFC Asset Management Company Limited ('AMC')/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- I/We hereby agree to indemnify the Fund, the AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions and/or the applicant who applied on my /our behalf.
- I/We have neither 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 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.**

**Applicable to Foreign Nationals Resident in India only:** I/We undertake to redeem my/our entire investment before I/We change my/our 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.

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

Sign Here
Sign Here
Sign Here

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First / Sole Applicant / Guardian
Second Applicant
Third Applicant