



MUTUAL FUND

Continuing a tradition of trust.

Application Form for Debt Schemes

HDFC INCOME FUND • HDFC SHORT TERM PLAN • HDFC SHORT TERM OPPORTUNITIES FUND
HDFC MEDIUM TERM OPPORTUNITIES FUND • HDFC LIQUID FUND • HDFC HIGH INTEREST FUND
HDFC FLOATING RATE INCOME FUND • HDFC CASH MANAGEMENT FUND • HDFC GILT FUND

Offer of Units At Applicable NAV

CDT

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 M O Code
ARN- 20104
Name

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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS 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.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proceed to section 5. Refer instruction 4).

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 (✓)]
Resident Individual, NRI-Repatriation, NRI-Non Repatriation, Partnership, Trust, HUF, AOP, PIO, Company, FIs, Minor through guardian, BOI, Body Corporate, LLP, Single, Joint, Anyone or Survivor, Occupation (of First/Sole Applicant) [Please tick (✓)]
Service, Student, Professional, Housewife, Business, Retired, Agriculture, Proprietorship, Others (please specify)

3a. UNIT HOLDER INFORMATION (refer instruction 5)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) DATE OF BIRTH@ DD MM YYYY Proof of date of birth@ [Please tick (✓)] Attached

Nationality PAN# KYC# [Please tick (✓)] Proof Attached (Mandatory)

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. Designation Contact No.

Nationality Designation Contact No. PAN# KYC# [Please tick (✓)] Proof Attached (Mandatory)

Relationship with Minor@ [Please tick (✓)] Father Mother Court appointed Legal Guardian Proof of relationship with minor@ [Please tick (✓)] Attached @ Mandatory

NAME OF THE SECOND APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Second Applicant not allowed in case of minor as first/sole applicant) Mr. Ms. M/s. PAN# KYC# [Please tick (✓)] Proof Attached (Mandatory)

NAME OF THE THIRD APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Third Applicant not allowed in case of minor as first/sole applicant) Mr. Ms. M/s. PAN# KYC# [Please tick (✓)] Proof Attached (Mandatory)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address may not be sufficient) (Address furnished in KYC form will be registered in our records) CITY STATE PIN CODE

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

CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code Telephone : Off. Res. Fax eAlerts Mobile eDocs Email^

^ On providing email-id investors shall 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# KYC [Please tick (✓)] Proof Attached # Please attach Proof. If PAN/KYC is already validated please don't attach any proof. Refer instruction No 16 for PAN and No 18 for KYC.

4. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (refer instruction 6) Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

For unit holders opting to invest in demat, 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 6C (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 11) (The 9 digit code appears on your cheque next to the cheque number)

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

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 4) via Direct credit/ NEFT/ECS facility [We want to receive the redemption / dividend proceeds (if any) by way of a cheque / dem and draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account]

6. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 12)

HDFCFMOnline & HDFCFMMobile - I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online Mandatory information to be provided: a) Email address: (if the address given herein is different from the email address under section 3(a), the email address under section 6(a) will be considered during registration for HPIN). b) Mother's maiden name: I/ We have read and understood the terms and conditions and confirm that I/ we shall be bound by them (Terms & Conditions available in the eServices booklet as well as on our website)

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 Scheme / Plan Name Payout Option: alongwith Cheque / DD as detailed overleaf. Please Note: All Purchases are subject to realisation of cheques / demand drafts. ISC Stamp & Signature

7. INVESTMENT DETAILS (refer instruction 3 & 7)

	SCHEME 1	SCHEME 2	SCHEME 3
Name of the Scheme / Plan			
Option / Sub-option			
Payout Option			

Refer Instruction No. 3

8. PAYMENT DETAILS (refer instruction 8 & 9) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.) Please attach a separate Cheque/ Demand Draft for each Scheme. Please write Cheque/ DD in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name'.

Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
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	SCHEME 1	SCHEME 2	SCHEME 3
Cheque / DD No.			
Cheque / DD Date			
Amount of Cheque/DD/RTGS in figures (Rs.) (i)			
DD charges, if any, in figures (Rs.) (ii)			
Total Amount (i) + (ii)	in figures (Rs.) in words		
Drawn on Bank / Branch Name			
Pay-In Bank Account No. (For Cheque Only)			
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)	<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)	<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 13)

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

*Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the application form.

10. NOMINATION (refer instruction 15) (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 wish to nominate I/We do not wish to Nominate

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

11. DECLARATION & SIGNATURE(S) (refer instruction 14)

I/We have read and understood the terms and contents of the Document(s) of the respective Scheme(s) and Statement of Additional Information 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. **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 1	SCHEME 2	SCHEME 3
Scheme Name / Plan / Option / Sub-option / Payout Option			
Cheque / DD No. / Date			
Drawn on (Name of Bank and Branch)			
Amount in figures (Rs.)			