HDFC MUTUAL FUND
Continuing a tradition of trust.

Application Form for HDFC Gold Fund

(An Open-Ended Fund of Fund Scheme Investing in HDFC Gold Exchange Traded Fund)

Offer of Units At ₹ 10 each per unit for cash during the NFO and
Continuous Offer of Units at NAV based prices

App. No. : HGF

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 - 0155	20104	

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)

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150 (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid 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 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 (✓)]**

- ☐ Resident Individual
- ☐ HUF
- ☐ Minor through guardian
- ☐ Society / Club
- ☐ NRI-Repatriation
- ☐ AOP
- ☐ BOI
- ☐ Others _____ (please specify)
- ☐ NRI-Non Repatriation
- ☐ PIO
- ☐ Body Corporate
- ☐ Partnership
- ☐ Company
- ☐ LLP
- ☐ Trust
- ☐ FIIs

MODE OF HOLDING [Please tick (✓)]

- ☐ Single
- ☐ Joint
- ☐ Anyone or Survivor

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

- ☐ Service
- ☐ Housewife
- ☐ Agriculture
- ☐ Others _____ (please specify)
- ☐ Student
- ☐ Business
- ☐ Proprietorship
- ☐ Professional
- ☐ Retired

3a. UNIT HOLDER INFORMATION (refer instruction 4)

DATE OF BIRTH Mandatory for minors — DD MM YYYY

Proof of date of birth **Please (✓)** ☐ Attached — Mandatory for minors

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s.

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.

Nationality Designation Contact No.

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

Relationship with Minor@ [Please (✓)] ☐ Father ☐ Mother ☐ Court appointed Legal Guardian

Proof of relationship with minor@ **Please (✓)** ☐ Attached **@ Mandatory in case of Minor.**

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.

Nationality 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.

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

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 /FIIs/PIOs) (P. O. Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT (refer instruction 9) STD Code

Telephone : Off. Res. Fax

*e*Alert Mobile *e*Docs Email^

^ On providing email-id investors shall mandatorily receive scheme wise annual report / an abridged summary / 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 **(Mandatory)**

 # Please attach Proof. If PAN/KYC is already validated please don't attach any proof. Refer instruction No. 15 for PAN and No 17 for KYC.

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

*** Refer Instruction 4 C (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**

(** Refer Instruction 10) (The 9 digit code appears on your cheque next to the cheque number)

... 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 :

App. No. : HGF

Received from Mr. / Ms. / M/s. _____

an application for Purchase of Units under Growth Option of **HDFC GOLD FUND** alongwith Cheque / DD No. _____ dated _____

drawn on _____ Rs. _____.

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

ISC Stamp & Signature

5. MODE OF PAYMENT OF REDEMPTION VIA DIRECT CREDIT / NEFT / RTGS (refer instruction 10) [Please tick (✓)]

Unitholders will receive redemption directly into their bank account (as furnished in Section 4) via Direct credit / NEFT / RTGS
I/We want to receive the redemption (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT / RTGS system into my / our bank account [Please tick (✓)] ☐

6. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 11)

☐ **HDFCMF*Online* & HDFCMF*Mobile*** - I/ We would like to register for my/our HDFCMF 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(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 that I/ we shall be bound by them (Terms & Conditions available in the eServices booklet as well as on our website)

7. INVESTMENT DETAILS (refer instruction 6)

Currently the scheme offers Growth Option only.

8. PAYMENT DETAILS (refer instruction 7 & 8) (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 'HDFC Gold Fund A/c PAN' or 'HDFC Gold Fund A/c First Investor Name'.

(i) Payment for [Please (✓)]	☐ **Lump sum Investment**	☐ **Systematic Investment Plan (SIP)**	[Please attach duly fillled and signed SIP Enrolment Form (For Investments through Auto Debit/ECS/ Standing Instruction)]
(ii) Payment Type [Please (✓)]	☐ **Non-Third Party Payment**	☐ **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')	

Cheque / DD No.		Drawn on Bank / Branch Name	
Cheque / DD Date		Pay-In Bank Account No. (For Cheque Only)	
Amount of Cheque/DD/RTGS in figures (Rs.) (i)		Account Type [Please (✓)]	☐ SAVINGS ☐ CURRENT
DD charges, if any, in figures (Rs.) (ii)			☐ NRE ☐ NRO ☐ FCNR
Total Amount (i) + (ii) in figures (Rs.)			☐ OTHERS _____ (please specify)
Total Amount (i) + (ii) in words			

9. DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT / GUARDIAN - (Optional - refer instruction 12)

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 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 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 13)

I / We have read and understood the terms and contents of the Scheme Information Document of HDFC Gold Fund 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 HDFC Gold Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We have understood the details of the Scheme 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	

HDFC ASSET MANAGEMENT COMPANY LIMITED
A Joint Venture with Standard Life Investments Limited
Registered Office :
Ramon House, 3rd Floor, H.T. Parekh Marg,
169, Backbay Reclamation, Churchgate, Mumbai 400 020
Tel.: 022-66316333 Toll Free no. 1800 233 6767
Fax : 022-22821144

Registrar and Transfer Agent:
Computer Age Management Services Pvt. Ltd,
Unit: HDFC Mutual Fund
5th Floor, Rayala Tower, 158, Anna Salai, Chennai - 600 002.
Telephone No: 044-30212816
Fax No: 044-42032955

S SYSTEMATIC
I INVESTMENT
P PLAN

SIP Enrolment Form for HDFC Gold Fund

[For Investments through ECS (Debit Clearing) / Direct Debit Facility/ Standing Instruction]

(Please read terms & conditions overleaf)

Enrolment Form No.

IMPORTANT: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

HDFC MUTUAL FUND

KEY PARTNER / AGENT INFORMATION

Name and AMFI Reg. No. (ARN)	Sub Agent's name and Code/Bank Branch Code	M O Code
ARN - 0155	20104	

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.	

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.

Date: D D M M Y Y Y Y

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (REFER INSTRUCTION 7)

In case of subscription through SIPs, the transaction charge of ₹ 150 (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted and paid to the distributor who has opted to receive the transaction charges. The transaction charges shall be deducted only if the total commitment (i.e. amount per SIP installments X No. of installments) amounts to ₹ 10,000/- or more. In such cases the transaction charge shall be recovered in 3-4 installments. Units will be issued against the balance of the installment amounts invested.

☐ SIP REGISTRATION (For New Investors, please attach Application Form for HDFC Gold Fund) ☐ CHANGE IN BANK ACCOUNT ☐ CANCELLATION (Refer Item No. 12)

INVESTOR DETAILS

Application No. (For new investor)/Folio No. (For existing Unitholder)

Sole/1st Applicant

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

Name of Guardian (In case first/sole holder is minor)

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

Second Applicant

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

Third Applicant

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

SIGNATURE (Refer Item No. 3(b))

Please attach Proof. If PAN/KYC is already validated please don't attach any proof. Refer Item No 14 and 15.

SIP INVESTMENT DETAILS

Scheme H D F C G O L D F U N D Option G R O W T H O P T I O N

Each SIP Amount (₹) SIP Frequency ☐ Monthly+ ☐ Quarterly (+Default Frequency) [Refer Item No. 6(iv)]

☐ **SIP Top-up (Optional)** (Please ✓ to avail this facility) (Refer Item No. 8f)

Top-up Amount (₹) (The amount should be in multiples of ₹ 500 only)

SIP Top-up Frequency: ☐ Half-yearly ☐ Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

SIP Date* ☐ 1st ☐ 5th ☐ 10th+ ☐ 15th ☐ 20th ☐ 25th (+Default Date) [Refer Item No. 6(iv)]

SIP Period Start From* M M Y Y End On** M M Y Y OR Default Date (December 2031)

**Please refer Item No. 6(ii) and 6(iii)

Amount@ (₹)

*** The earliest date for first SIP monthly/quarterly investment available through ECS/ Direct Debit / Standing Instruction will be on or after December 1, 2011 (for applications submitted during NFO)**

@The first cheque amount should be same as each SIP Amount.

FIRST SIP TRANSACTION VIA CHEQUE NO.

The First SIP Installment shall mandatory be via Cheque. (for application submitted during NFO Offer Period)

CHEQUE DATED D D M M Y Y

(Post dated cheque will not to be accepted during NFO)

I/We hereby authorise HDFC Mutual Fund/HDFC Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments.

BANK DETAILS

Bank Name

Branch Name Bank City

Account Number

9 Digit MICR Code (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) _____

Accountholder Name as in Bank Account

Authorisation of the Bank Account Holder (to be signed by the Investor)**

** To, The Branch Manager, _____(Name of the Bank)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my payment towards my investment in HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

Bank Account Number

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ We would not hold the user institution responsible. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account. I/ We have read and agreed to the terms and conditions mentioned overleaf.

Applicable to SIP Top-up facility: I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

Please write SIP Enrolment Form No. / Folio No. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)	2nd Account Holder's Signature (As in Bank Records)	3rd Account Holder's Signature (As in Bank Records)

BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date) | Bank Account Number

For Office Use only (Not to be filled in by Investor)

Recorded on Scheme Code

Recorded by Credit Account Number