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Application Form (Except for ETFs, HDFC Retirement Savings Fund and HDFC Children's Gift Fund)
Investors must read the Key Information Memorandum, the instructions and Product Labeling on page 123 & 125 before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

KEY PARTNER / AGENT IN ARN/RIA Code/Stock Broker/	FORMATION (Investors applyi ARN/RIÁ/Portfolio	ng under Direct Plan mus	st mention "Direct" in AR			FOR OFFICE USE ONLY	CAMS bar code
Portfolio Manager Registration Number (PMRN)	Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)	
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EUIN Declaration (only where							A A A A A A A A A A A A A A A A A A A
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TRANSACTION CHARGES F	cant/ Guardian/ PoA Holder	lieu nierpipiiropi	Second App	truction 2)		Third Applicant	
	me investor across Mutual Fun		OR OR		confirm that I am an exis	ting investor across Mutual Fund	ls.
In case the purchase/ subscr subscription amount and paya	ription amount is Rs. 10,000 able to the Distributor. Units wil	or more and your Dist I be issued against the l	ributor has opted in t balance amount invest	o receive Transa ted.	ction Charges, the sam	e are deductible as applicable	from the purchase/
1. EXISTING UNIT HOLDER					, 9 AND 13 ONLY. Refer	instruction 3).	
Folio No.			The de	tails in our recor	ds under the folio numb	er mentioned alongside will app	ly for this application
2. MODE OF HOLDING [Ple	ase tick (√)] ☐ Sing	le Joint	Anyone or S	urvivor			
3. UNIT HOLDER INFORMA			TE OF BIRTH@	O D M M	YYYY	Proof of date of birth@ Plea	ise (✓) ☐ Attached
Mr. Ms. M/s.	PLICANT (In case of Minor, t	nere shall be no joint h	iolders)		Appendix of the same of the sa		
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	nstruction No 16 for PAN/PEKRN						to the same
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eAlerts Mobile		eDocs Em	nail of First / Sole holde	100000000		APITALS	
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KYC Details	ish to receive physical copy of	the scheme wise annua	ai report or an abridge	a summary therec	of [Please tick (✓)] Upt-i	n [] (Refer Instruction 10 & 12	9
Status of First/ Sole App	plicant [Please tick (√)]	Individual	Non - Individual* [PI	ease attach FAT	CA, CRS & Ultimate Be	eneficial Ownership (UBO) Sel	f Certification Form]
Decident Individual D	ortnorchin Truck TIME		(Ma	ndatory) (Refer li	nstruction 4 & 19)		· ·
	patriation NRI-Non Repatria					Organication Others	***************************************
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(Mandatory for Non - Individ	luals transacting / proposing to	transact for an amount	t of Rs. 50 crores or m	uore)	Expiry Date: DD	MM YYYY	
* Trust/Societies/Section 8	companies to give below decla	ration					
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	ation No. of Darpan portal of N lease register immediately and		e information)				
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	(✓)] ☐ I am Politically Expo		am Related to Political . Refer instruction No 18	Charles de constante de la constante de			
ACKNOWLEDGEMENT SLIP	(To be filled in by the Investor) [F	or any queries please con	itact our nearest Investor	Service Centre or o	call us at our Customer Ser	vice Number 1800 3010 6767 / 180	D 419 7676 (Toll Free)]
		H1 000	HDFC MUTUAL			Date :	
			HDFC House, 2nd Floo Reclamation, Church			300.01	on ? Cicastur
		,				ISC Stan	np & Signature
Received from Mr. / Ms. / M/s an application for Purchase of	 Units of the Scheme(s) alongwit	h Cheque / DD / Payment	Instrument as detailed	overleaf		Victoria	
	and a construction along with	quo, po, raymond					continued overleaf

4. JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders)

1. NAME OF SECOND APPLICANT M/s.

Mr Ms

Mode of Payment Cheque Drawn on Bank / Branch Pay-In Bank Account No. (For Cheque Only) Cheque/ DD/ Payment Instrument/ UTR Date DD Charges, if any Cheque/ DD Amount (in words): Scheme Name - 2 Mode of Payment Cheque Drawn on Bank / Branch Pay-In Bank Account No. (For Cheque Only) Cheque/ DD/ Payment Instrument/ UTR Date DD Charges, if any Cheque/ DD Amount (in words): Scheme Name - 3 Mode of Payment Cheque Drawn on Bank / Branch Pay-In Bank Account No. (For Cheque Only) Cheque/ DD/ Payment Pay-In Bank Account No. (For Cheque Only) Cheque/ DD/ Payment	Demand Demand	Amo Instr Net C	ount of Cheque / DD, rument / RTGS/ NEF Cheque/ DD Amount Plan/ Option/	Sub-Option TGS/ Fund / Payment T in figures	Cheque/ DD/ Payment Instrument/ UTR No. (Rs.) Frequency Transfer Cheque/ DD/ Payment Instrument/ UTR No.	One Time Manda	
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I/We wish to nominate as under:	my / our logal hoir/d	of been billow (2	al inmit all the reguliere	ancilments i	issued by the Lourt of stich	nits held in my / our mutual n case of my demise / death o other competent authority, as n the value of the units held in	may be reduired by the i
Name and Address of Nominee(s) (IN CAPITALS)	PAN PAN	Nominee Relationship	Date of Birth	Name of the	he Guardian (Mandatory) d Address of Guardian	Signature of Nominee (Optional)/ Guardian of	Proportion (%) in whice units will be shared
(Mandatory)		(Mandatory)* (Proof to be	(Mandatory to be fu	rnichad in a	(Optional)	Nómineé (Mandatory)	each Nominee (show aggregate to 100%
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12.	DESOCUTION OF DISPUT	ES (For Institutional or corporate clients) (Refe	er instruction 20)	
	☐ Smart ODR OR ☐ b	y harnessing any independent institutional mediation, c	onciliation and/or online arbitration institution in India	
13.	DECLARATION & SIGNAT	URE/S (refer instruction 14)		
October 2023	(c) The information given by Company Limited (AMC)/ Company Limited (AMC)/ (d) I/We hereby authorize you Trustees, Asset Managerr undical, quasijudicial author (e) I/We hereby consent for parapolicable. (f) I/We shall be liable and refurmished by me/us at the idirectors and employees eligibility, validity and author (9) The ARN holder (AMF) revarious Mutual Funds from h) I/We HEREBY CONFIRM INVESTMENT. Consent for Telemarketing (I/We hereby accord my/our component of the property of the hereby accord my/our consent for Gonsent	ne /us in or along with this application form is true and cor- rund. I/We undertake to promotive inform the AMC / Fund/Ret to disclose, share, remit in any form/manner/mode the above ent Company, its employees, agents and third party servi- titles/agencies including but not limited to brinancial Intelligen viding transactions data feed, portfolio holdings, NAV etc. in re- sponsible for any loss, claims suffered, directly or indirect inter or investing/redeeming the units. I/We hereby unconditi- time or investing/redeeming the units, I/We hereby unconditi- time or investing/redeeming the units, I/We hereby unconditi- tistered Distributor) has disclosed to me/us all the commis- ramongst which the Scheme is being recommended to me/. THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATE! Refer Instruction 19): onsent to HDFC AMC for receiving the promotional infor- resonal Information in terms of Privacy Policy ad, understood and agree to the terms of Privacy Policy ad, understood and agree to the terms of Privacy Policy ad, understood and agree to the terms of Privacy Policy (avansent to HDFC AMC/Fund for collecting, receiving, possess ry person acting under a lawful contract with HDFC AMC, in ent in India only: re investment/s before I/We change my/our Indian reside ial status. ily: tion is in compliance with applicable Indian and foreign	and the addendum issued therein till date, Key Information Memmay be applicable to me/us from time to time and agree to con and declare as under: from accessing capital markets by any order/ruling / judgment information accessing capital markets by any order/ruling / judgment information accessing capital markets by any order/ruling / judgment information accessing capital markets by any order/ruling / judgment information accessing the such other further/additional information and/or any part of it including the changes/judate or providers, SEBI registered intermedianes for single updatice Unit-India (FIU-IND) etc without any intimation/advice to mespect of my/our transactions under Direct Plan to the RIA/Porticity by AMC/Fund/ RTA/ SEBI Intermediaries, arising out of any onally and irrevocably indemnify and at all time keep indemnificharges and expenses incurred or suffered /paid by AMC/Fissings (in the form of trail commission or any other mode), paids in the form of trail commission or any other mode), paids of the form of trail commission or any other mode). ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE mation/ material via email, SMS, telemarketing calls etc. or accordance with the Privacy Policy. And the privacy Policy.	nation as may be required by the HDFC Asset Management the information furnished by me/us from time to time. set that may be provided by me/us to the Fund, its Sponsor/s, on/ submission, any Indian or foreign statutory, regulatory, Yus. John Managers/ Stock Broker registered in the concerned folio, if my false, misleading, inaccurate and incomplete information ed, save and harmless AMC/Fund/Trustee and their officers, save and harmless AMC/Fund/Trustee and their officers, ayable to him/them for the different competing Schemes of YIELD BY THE FUND/AMC/TTS DISTRIBUTOR FOR THIS in the mobile number and email provided by me/us in this C/Fund. The foreign the sum of the third party and hereby authorize to disclose it to the third party.
	SIGN HERE	**************************************		
		October 1997		
	(Please write Application Form No. / Folio No.		197 O	
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	Cheque / Demand Draft / Payment Instrument.)	First/ Sole Applicant/ Guardian/ PoA Holder	Cocond Applicant	
		1000 ONE Applicanty Quantitaty FOR HUIGH	Second Applicant	Third Applicant
	·			tid imposed with the company of

CHECKLIST

- Please ensure that your Application Form is complete in all respect and signed by all applicants:
 - Name, Address and Contact Details are mentioned in full. Status of First/Sole Applicant is correctly indicated. Bank Account Details are entered completely and correctly.
 - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
 - Please attach proof of KYC Compliance status if not already validated. Appropriate Plan / Option is selected.
 - If units are applied by more than one applicant, Mode of Operation of account is indicated.
- Your investment Cheque / DD is drawn in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name' dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Individuals/ HUF/ Sole Proprietary Firms	Companies/ Trusts/ Societies/ Partnership Firms/ LLP	FPI ^{®®}	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter		✓				
2.	List of Authorised Signatories with Specimen Signature(s) @		/	1			/
3.	Notarised Power of Attorney						
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable				1		
5.	PAN Proof	/	/	/	1	/ #	J
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	,	✓ ·	,	/	/ *	<i>,</i>
7.	Proof of Date of Birth					/	
8.	Proof of Relationship with Guardian (where Minor is Investor or Nominee)					1	
9.	PIO / OCI Card (as applicable)				1		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI			/	-		
11.	Ultimate Beneficial Owner		✓ ·	/			J
12.	FATCA & CRS	✓	✓ ·	/	1	1	./

[@] Should be original or true copy certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public, as applicable.

^{**} As per prevailing SEBI (FPI) Regulations, 2019, FPIs can invest in Indian Securities only through Stock Broker and in demat mode only. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

Application Form for Equity and Debt Systematic Investment Plan (SIP) [For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]

HDFC
MUTUAL FUND
BHAROSA APNO KA

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

e-mail us at: hello@hdfcfund.com or wisit our website: www.hdfcfund.com

	TOBBATION			"D: ·*· ·	DMI		FOR OFFICE	THEE OWN (T	BAL CTARALL
KEY PARTNER / AGENT INFO	ARN/RIA /Stock Broker/ Portfolio Manager's Name	applying under Direct P Sub-Agent's ARN	lan must mentic Bank Brar		Internal Code	Employee Unique		E USE ONLY (TI	WE STAMP)
Portfolio Manager Registration Number (PMRN)	Portfolio Manager's Name	•			for Sub-Agent/ Employee	Identificátion Number (EUIN)			
				444					
EUIN Declaration (only where EU/ We hereby confirm that the EU person of the above distributor/s	IN box has been intenti	onally left blank by me nding the advice of in-a	us as this trans	saction is exe	cuted without any	/ interaction or advice ee/relationship manag	by the employe er/sales person	e/ relationship ma of the distributor/s	nager/ sales ub broker.
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Sign I First/ Sole Applicant/ G				ign Here and Applicant			Sign Third Ap		
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I confirm that I am a first time If the total commitment of inve Charges, the same are deductib issued against the balance of the			OR allment X no. of and payable to the	installments) he Distributor.		firm that I am an existing 0,000 or more and you ansaction Charge will I			e transaction . Units will be
Please (\checkmark) any one. In the abse					NEW REGISTR		ANCELLATION		
lease (✓) as applicable: ☐ OTM Debit Mandate is alread ☐ OTM Debit Mandate is attach: 1) INVESTOR DETAILS	ed and to be registered		debit will start a	after mandate	registration whi	ch takes 10 to 30 days			e month.
Applicant		Name					PAN/ PEKRN* (Mandatory)	
Sole / First Applicant			,						
Second Applicant		**************************************						· · · · · · · · · · · · · · · · · · ·	
Third Applicant									le s'a
Guardian/POA Holder									
Please attach Proof. If PAN/P	EKRN/KYC is already	validated please don't	attach any pro	oof. PEKRN m	andatory for Mic	cro SIP.			. 13
I/WE WOULD LIKE TO INVE	ST TO MEET MY/OUI	R FINANCIAL GOALS	S (choose any	yone (✓)					
Purchase of Residence	Children's Edu	cation Childre	en's Marriage	Retir	ement 🔲 (Others	Please Spe	city	
Target Amount								Tables	
2) INVESTMENT DETA	ILS FOR SIP [PI	ease tick (✓)]			The Parliament Con				
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Scheme Name Plan Option / Facility Frequency SIP Date* or Weekly SII (Not for daily frequence)	HDFC Regular Growth Daily** Quarterl P Day* or	□Direct □IDCW □Reinve	Monthly ⁺	Regular Growth [IDCW R	einvest Payout	Regular [] Growth [][Daily** [CW Reinve	Monthly ⁺
Plan Option / Facility Frequency SIP Date* or Weekly SII (Not for daily frequenc	HDFC Regular Growth Daily** Quarterl P Day* or	Direct IDCW Reinve	Monthly ⁺	Regular Growth Daily** Quarterly or	IDCW R	einvest Payout	Regular Growth III Daily** Quarterly Cor	CW Reinve	Monthly ⁺
Plan Option / Facility Frequency SIP Date* or Weekly SII (Not for daily frequenc	HDFC Regular Growth Daily** Quarterl P Day* or	Direct IDCW Reinve	Monthly* Yearly	Regular Growth Daily** Quarterly or From	IDCW R	einvest Payout Monthly† [y Yearly [] D D D	Regular Growth III Daily** Quarterly Cor	CW Reinve	Monthly ⁺
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Missed Call Number - +91 85069 36767

2) IN	VESTMENT DETAILS FOR SIP [Please ti	ck (✓)]									1					3
Maximur	m amount of debit (SIP+Top-up) under direct debit	t facility for investors with bank acco	unts w	ith State	e Bar	k of l	India	shall no	t exce	ed	Rs. 5,	,00,0)00/-	per in	stallı	ment.
First SIP	Transaction via Cheque No.	Cheque Dated D	N	MY	Y	Y	Y	Amour	nt@ (I	Rs.))					
Mandato	ory Enclosure (if 1st Installment is not by cheque)	Blank cancelled cheque	-	Copy of	che	que								nt shou	ıld be	sam
The nam	e of the first/ sole applicant must be pre-printed on	the cheque.						as	each,	/tota	al SIP	Am	ount.			
3) BA	ANK DETAILS										100					
OTM Ba	ink Details to be debited for the SIP (OTM already	/ Registered)														
Bank Na	ame:	Account Number:														
4) UN	NIT HOLDING OPTION DEMAT MODE*	PHYSICAL MODE (Defai	ılt)													
	Account details are mandatory for (I) Foreign Portfolio Inves Ily by NSDL/CDSL)	tors and (ii) investors who wish to hold the	units in	Demat M	/lode ((Ассоі	unt sta	tement (0	CAS) fo	r un	its held	d in d	lemat	mode v	will be	
NSDL	Depository Participant (DP) Name	DP ID I N						eficiary count No.						I		
CDSL	Depository Participant (DP) Name	Beneficiary Account No.				1.44		14 00		_ 11		10.3		2		
*Investor	opting to hold units in demat form, may provide a copy of	the DP statement for us to match the dem	at detail	ls as state	ed in	the ap	plication	on form.								
5) DE	ECLARATION AND SIGNATURE(S)							Days								
SIGNATURE (S)					*		ja January van de la serie de	2								2
URE	First/ Sole Unit holder/ Guardian/ POA Holder	Second Unit ho	older		***************************************		***************************************			Th	nird U	nit h	older			
IAT		(s) should be as it appears in the foli											oldoi			
S	In ca	se the mode of holding is joint, all U	nit hold	ders are	requ	uired	to siç	jn.								
		Terms and Conditions and														
	For detailed terms and conditions on SIP, include															
	ere a onetime mandate is already registered in a folio for a b h the SIP Registration Form.	ank account, the Unit Holder(S) will have to	till only	tne SIP Ri	egistr	ation	rorm a	ina there	is no ne	3ea (ot a se	parat	e cne	que to t	e give	en aloi
	e total of all installments in a day should be less than or equal t lere the mandate form and the SIP registration form are subr			, ,				,	•		e I Init I	holde	er(s) h	ank Th	ne Fun	d/AN
WO	uld present the SIP transactions without waiting for the confi	rmation of the successful registration from the	ne Unit h	nolder(s)'	bank					•						۵, ,
Wh	ase the onetime mandate is successfully registered, new SIF ille the Fund and RTA reserve the right to enhance the SIP i	period to ensure minimum installments as	per resp	pective so												n late
	uested for a period less than minimum installments, they ma tart date for SIP period is not specified, SIP will be registered				f recei	nt of a	pplicat	tion base	d on the	e SIF	o date a	availa	able / r	mentior	ned, si	ıbiect
ma	indate being registered.	Walnut Letter and Service														
the	ny time during the SIP period, the onetime mandate is to be reafter modify the OTM end period.															
	case of Micro SIP application without PAN, the investor/s her gregate investments exceeding Rs. 50,000 in a year.	eby declare that they do not have any existing	ng Micro	SIPs wit	th HDI	FC Mu	tual Fu	ind which	togeth	er w	ith the	curre	ent ap	plicatio	n will	result
	ase the selected date falls on a Non-Business Day or on a dat SIPs through OTM, the maximum per installment amount aft												e.			
The	Top-up details cannot be modified once enrolled. In order to	make any changes, the investor needs to ca	ncel the	existing S	SIP ar	nd enro	oll for a	fresh SIF	with To	op-u	ıp optic	on.			- 1	
	FC Mutual Fund or the AMC, its registrars and other service bited in advance or after the specific SIP date due to local holi		tion and	d subsequ	uent ti	ransac	ction ar	re delaye	d or not	i ette	ected o	or the	inves	tors ba	ink ac	count
	estors are deemed to have read and understood the terms a emorandum, Instructions and Addenda issued from time to tii				Inforn	nation	Docur	nent, Sta	tement	of A	dditior	nal Int	forma	tion, Ke	ey Info	rmati
The	e Enrolment Form should be submitted atleast 30 days before	e the first date ^ for NACH/ Direct Clearing/ [irect De	ebit/Stan				radiatora	d from	that	data (on If	the en	nlinatio	n lo or	.hmi#
on	ne start period is not mentioned, the chosen/Default date falli June 1 without indicating the start period then the SIP start d	ate would be July 1).														
	cases where D-SIP/W-SIP application is accompanied wit stination banks.	h fresh OTM mandates, the start date/day	for D-SI	IP/W-SIP	shall	be 10	days	after rec	eipt of o	conf	irmati	on fo	r regi	stratio	n of 01	TM fro
	estors enrolling for D-SIP/W-SIP should select "As & when case the D-SIP/W-SIP instalment is not debited on a partic			cal/one	ation	al iceu	100/20	tione of o	therna	rtic	e n= e=	ny off	ner oi	roumes	ancer	hovo
the	control of HDFC AMC/Fund, such missed debits will not be	e re-initiated.							•							
dat	In case the auto debit start date/day as mentioned in the forn te/day does not exceed the maximum time gap of 90 days be te/day shall accordingly get extended.	etween the SIP submission date and first inst														
• The	e SIP registrations will be discontinued in cases where six (6)	MARINE MARINE MINISTER AND PARTY MARINE MARINE MARINE							_							_
		OWLEDGEMENT SLIP FOR SIP (To b			ne in	vesto	if)									
Scher	me / Plan / Option		Scheme	9 1												
	Ageilai de la		cheme	3 2									***********			
			cheme	3 3		-										~~~~

OTM Debit Mandate Form NACH/DIRECT DEBIT/SI [Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes] **UMRN** Date D M **Utility Code** Create Modify Cancel OFFICE USE ONLY **HDFC Mutual Fund** I/We authorize Bank A/c number IFSC/MICR ₹ Maximum Amount ☐ Yearly As & when presented

Sponsor Bank Code To debit (tick√) SB/CA/CC/SB-NRE/SB-NRO/OTHER With Bank an amount of Rupees **Debit Type** ☐ Fixed Amount PAN/PEKRN Reference 2 1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me.

3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit. From To Signature of Primary Account Holder Signature of Account Holder Name as in Bank Records Name as in Bank Records Phone No. 2.

SHDFC

Deciaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank/AMC communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We will inform the AMC about any changes in my bank account. I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

- 1. Investor may register for the One Time Mandate (OTM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg lumpsum, SIP) received through any mode i.e. physical or electronic ("OTM facility"). Investors who have already submitted a One Time Mandate (OTM) form i.e. already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number: Unit holder(s) should mandatorily provide their mobile number on the mandate form.
- 4. Where the mode of holding in the bank account is "Joint", the OTM mandate is to be signed by all Jointholders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- PAN/PEKRN: Investors should provide the PAN/PEKRN of the First Holder in the space provided.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 8. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
- 9. Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- 11. Please mention the Name of Bank and Branch, IFSC/MICR Code.
- 12. The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- 13. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
- 14. As per NPCI Circular NPCI/2023-24/NACH/008, mandate can be registered for a maximum duration of 30 years. An investor has to mandatorily enter the 'End Date' of the mandate by filling the date for a maximum period of 30 years from the start date or less.
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.
- 17. Date has to be filled in mandatorily.