KEY PARTNER / AGENT INF			a pe completed in	English and in BL	OCK LETTERS o	niy.			
	FORMATION (I	Investors applying	under Direct Plan n	nust mention "Direc	t" in ARN column	.) (Refer Instruction 1)		FOR OFF	CE USE ONLY
ARN/RIA Code	ARN/RI	IA Name	Sub Agent's A	ARN Banl	k Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Numbe (EUIN)	(TIM	E STAMP)
RN-									
UIN Declaration (only where B We hereby confirm that the E	IIIN hoy has hee	en intentionally l	eft hlank hv me/us	as this transactio	on is executed w	ithout any interaction	or advice by the employ	vee/relationship ma	nager/sales pers
the above distributor/sub bro	oker or notwiths	standing the advio	ce of in-appropria	teness, if any, pro	vided by the emp	loyee/relationship ma	anager/sales person of	he distributor/sub b	roker.
First/ Sole	e Applicant/ Guai	irdian		Seco	nd Applicant			Third Applicant	
ANSACTION CHARGES F case the purchase/ subscri ubscription amount and paya gistered Distributor) based o EXISTING UNIT HOLDER	iption amount is able to the Distr	is Rs. 10,000 or ributor. Units will ' assessment of v	more and your D I be issued agains various factors inc	istributor has op st the balance an luding the service	rendered by the	Transaction Charges Jpfront commission s ARN Holder.			rom the purcha ARN Holder (Al
Folio No.							olio number mentioned		for this applica
MODE OF HOLDING [Plea	ase tick (√)]	Single	Joint	Anvo	ne or Survivor				
UNIT HOLDER INFORMA	· /.				OF BIRTH@			Proof of date of birth@	Please (√)
NAME OF FIRST / SOLE APP			re shall be no joir		•	s per Aadhaar Card			Attached
Mr. Ms. M/s.									
Nationality				PAN#/ P					
KYC Number Status of First/ Sole App	licant (Plaza	a tick $(\sqrt{)}$	Individual			ick (√)] (Mandatory) FATCA_CBS & Illtin	Proof Attached		tification Form
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	Partnership 📃 RI-Non Repatriat		AOP PIO				BOI OCI Boo Profit Organisation		Society / ease specify)
NAME OF GUARDIAN (in cas									
Mr. Ms.			Designation				ant No.		
Nationality PAN#/ PEKRN#			Designation			CON	act No.		
KYC Number				K	YC # [Please	ick (√)] (Mandatory)	Proof Attached		
Relationship with Minor@ Plea	ase (√) Fath	her Mother	Court appointe	d Legal Guardian	[Proof of relationship wit		Attached @ Man	datory
MAILING ADDRESS OF FIR	ST / SOLE APPL	LICANT (Mandate	ory) (Refer Instru	ction 4a)					
CITY				STATE				N CODE	
CONTACT DETAILS OF FIRS	ST / SOLE APPL	ICANT	Country Cod			STD Coo			
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		ie schenne wise a	nnual report or an	abilitycu sullilla	y mereor frieas	e tick (✓)] Opt-in	(Refer Instruction 10 &		
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July 2018

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Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

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July 2018

Regular Plan (Purchase/ Subscription routed through Distributor) Direct Plan (Purchase/ Subscription made directly with the Fund) Mention valid ARN in Key Partner/ Agent Information Mention DIRECT in Key Partner/ Agent Information Scheme/Plan/Sub Option Growth Option If Growth or Dividend Option is not selected Mode of Payment Cheque Demand Draft NEFT/ RTGS/ Fund Transfer One Time Mandate (OTM Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make firansactions via OTM Payment Type [Please (')] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment of Cheque / DD/ Payment Instrument/ UTR No. Amount of Cheque / DD / Payment Instrument/ Payment Instrument/ Payment Instrument/ UTR No. Do Charges, Net Cheque / DD / Payment Instrument/ Payment Instrument/ UTR Date Manout of Cheque / DD / Payment Instrument/ RTGS/ NEFT in figures (Rs.) DD Charges, Net Cheque / DD / Payment Instrument/ RTGS/ NEFT in figures (Rs.) DD Charges, Net Cheque / DD / Payment Instrument/ RTGS/ NEFT in figures (Rs.) DD Charges, Net Cheque / DD / Payment Instrument/ RTGS/ NEFT in figures (Rs.) DD Charges, Net Cheque / DD / Payment Instrument/ RTGS/ NEFT in figures (Rs.) DD Charges, Net Cheque / DD / Payment Instrument/ RTGS/ NEFT in figures (Rs.) DD Charges, Net Cheque / DD / Route / RTGS/ NEFT in figures (Rs.) DD Charges, Net Cheque / DD / Route / DD / Route / DD / Route / RTGS/	INVEST	MENTS & PAYMEN	T DETAILS [[Please (√)] ((refer instruc	ction 6 & 7 for Sch	ieme detai	ils and in	structio	n 8 & 9 i	for Payr	nent Detai	ls) The nar	ne of the fir:	st/ sole a	oplicant	must be pre	-printed	on the ch
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 It including the changes/updates that may be provided by me/us to the Fund. Its Sponsors, Trustes', Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, Judicial, quadhorties/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) et without any intimation/advice to me/us. (d) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeering the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Tund/Tuste and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (e) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commissions) or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from Amoy ORANY INDICATIVE YIELD BY THE FUND/AMC/TIS DISTRIBUTOR FOR THIS INVESTMENT. Consent for Telemarketing (Refer Instructino 20): (We hereby provide my consent in Accordance with Adharar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating and PMCA. L/We hereby provide my/our consent for sharing/ disclose of the Adharar Act, 2016 and regulations made thereunder, before the share in my/our folios with my PAN. For Foreign Nationals Resident in India only: We will redeer mm/our entire investment? before I/We change my/our Indian residency status. J/We shal	I/We ha as an U and con (a) I/We /jud this legit noti (b) The furt	Nominee 2 Nominee 3 RATION & SIGNAT ave read, understood f initholder. I /We hereb nfirm and declare as ur 'e am/are eligible Inv gement passed by Si investment as per the timate sources only ifications or directions information given by ther/additional inform	URE/S (refe the terms and y apply to the nder: vestor(s) as p cestor(s) as p EBI/ Statutory constitutive and is not fou issued by any me/us in or a ation as may	conditions of ti Trustees for al per the schen / Authority or C documents/ au or the purpose y regulatory au along with this be required by	he scheme llotment of l ourts in Inc uthorization of contrave thority in Inc application y the HDFC	Units of the Sche documents and dia and Foreign la ((s). The amount ention and/or eva dia. form is true and sasset Managen	me(s) of I not proh ws. I am/ invested in asion of a correct ar nent Com	HDFC M libited b We are in the Sc any act, nd shall pany Lii	lutual F oy any authori cheme(s rules, furnisi mited (order/ru sed to n s) is thro regulati h such c AMC)/ I	uling nake ough ions, other Fund		on th	ase write A ie reverse	pplication	on Forn heque /	n No. / Foli Demand [
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July 2018

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