



# Application Form for Debt Schemes

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

Continuing a tradition of trust.

Offer of Units At Applicable NAV

CDQ

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- 9686		

## 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.

## 1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in your folio number 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.

## 2. STATUS (of First/Sole Applicant)

[Please tick (✓)]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Company	<input type="checkbox"/> FIIs
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> BOI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> LLP	
<input type="checkbox"/> Society / Club	<input type="checkbox"/> Others _____	(please specify)		

## MODE OF HOLDING

[Please tick (✓)]

<input type="checkbox"/> Single
<input type="checkbox"/> Joint
<input type="checkbox"/> Anyone or Survivor

## OCCUPATION (of First/Sole Applicant)

[Please tick (✓)]

<input type="checkbox"/> Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	
<input type="checkbox"/> Others _____	(please specify)	

## 3a. UNIT HOLDER INFORMATION (refer instruction 4)

## DATE OF BIRTH

(Mandatory in case of Minor)

DD MM YYYY

### NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. Nationality PAN# KYC Compliance Status\*\*  YES  NO

### 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 Compliance Status\*\*  YES  NO

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

Mr. Ms. M/s. Nationality PAN# KYC Compliance Status\*\*  YES  NO

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

Mr. Ms. M/s. Nationality PAN# KYC Compliance Status\*\*  YES  NO

### 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

Telephone : Off. Res. Mobile Fax Email STD Code

# Please attach PAN Proof. If PAN is already validated please don't attach any proof. Refer instruction No 13. \*\* Mandatory for Rs. 50,000 and above. If YES, attach proof. Refer instruction No 15.

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

### NAME OF PoA

Mr. Ms. M/s. PAN# [Please tick (✓)] KYC Compliance Status\*\*  YES  NO # Refer instruction no. 13. \*\* Refer instruction No 15.

## 4. BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (refer instruction 5a) Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

Account No. Name of the Bank Branch Bank City Account Type [Please tick (✓)]  SAVINGS  CURRENT  NRE  NRO  FCNR  OTHERS (please specify)

## 5. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS (refer instruction 9) [Please tick (✓)]

- Direct Credit for bank accounts with ABN AMRO Bank NV, Axis Bank Limited, Citibank N.A, Deutsche Bank AG, HDFC Bank Limited, The Hongkong and Shanghai Banking Corporation, ICICI Bank Limited, IDBI Bank Limited, Kotak Mahindra Bank Ltd., Standard Chartered Bank and YES Bank Limited.
- Electronic credit through National Electronic Funds Transfer (NEFT) System of RBI for bank accounts other than those mentioned above for Direct Credit.
- Electronic credit through Electronic Clearing System (ECS) facility of RBI to receive dividend proceeds, if any, for bank accounts other than those mentioned above for Direct Credit.
- Cheque / Demand Draft - Attach a cancelled Cheque only if the bank account number differs from the bank account number of the Investment Cheque.

IFSC Code\*\*\*

The 9 digit MICR Code number of my/our Bank & Branch is\*\*

\*\*\* Refer Instruction 5b (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 9 (Mandatory for Dividend Payout via ECS) (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 :

Received from Mr. / Ms. / M/s. \_\_\_\_\_

an application for Purchase of Units of Scheme / Plan Name \_\_\_\_\_

Option / Sub-option: \_\_\_\_\_ Payout Option: \_\_\_\_\_

alongwith Cheque / DD as detailed overleaf.

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

ISC Stamp & Signature

**6. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 10)**

- HDFCFMF Online & HDFCFMF Mobile** - I/ We would like to register for my/our HDFCFMF Personal Identification Number (HPIN) to transact online
- i) 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)
- ii)  **eDocs**: I/ We wish to receive account statements, newsletters, annual reports and other statutory information documents by email in lieu of physical documents (Email address is mandatory).
- iii)  **eAlerts**: I/ We would like to receive SMS updates (Mobile number in section 3(a) is mandatory).

**7. INVESTMENT AND PAYMENT DETAILS (refer instruction 2, 6 & 7) (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.**

		SCHEME 1	SCHEME 2	SCHEME 3
Name of the Scheme / Plan	} Refer Instruction No. 2			
Option / Sub-option				
Payout Option				
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				
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)

**8. NOMINATION (refer instruction 12)**

I/ We \_\_\_\_\_ (Unit holder 1), \_\_\_\_\_ (Unit holder 2)  
 and \_\_\_\_\_ (Unit holder 3) \*do hereby nominate the person(s) more particularly described hereunder/ and\*/ cancel the nomination made by me/ us on the \_\_\_\_\_ day of \_\_\_\_\_ in respect of the Units under Folio No. \_\_\_\_\_ (\* strike out which is not applicable)

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 Guardian	Proportion* (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

**9. DOCUMENTS ENCLOSED (Please ✓)**

- Memorandum & Articles of Association  Trust Deed  Bye-Laws  Partnership Deed  
 Resolution / Authorisation to invest  PAN Proof  KYC Compliance Status Proof  
 Power of Attorney  Certificate of Incorporation  LLP Agreement  
 List of Authorised Signatories with Specimen Signature(s)

**APPLICATIONS ENCLOSED (Please ✓)**

- SIP Enrolment Form  STP Enrolment Form (For Investments through Post Dated Cheques)  
 SIP Enrolment Form (For Investments through Auto Debit/ECS/Standing Instruction)

**10. DECLARATION & SIGNATURE/S (refer instruction 11)**

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

<b>SIGNATURE(S)</b>	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.)			