

Investors must read the Key Information Memorandum, the instructions and Product Labeling on the cover page before completing this form. The Application Form should be completed in English and in BLOCK LETTERS only.

| KEY PARTNER / AGENT INFORMATION<br>(Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1) |              |                 |                  |                                       |   | FOR OFFICE USE ONLY<br>(TIME STAMP) |
|--|--------------|-----------------|------------------|---------------------------------------|---|-------------------------------------|
| ARN/RIA  | ARN/RIA Name | Sub Agent's ARN | Bank Branch Code | Internal Code for Sub-Agent/ Employee | Employee Unique Identification Number (EUIIN) |                                     |
| ARN- 0883  |              |                 |                  |                                       | E031077                                       |                                     |

**EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)**

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here  
 \_\_\_\_\_  
 First/ Sole Applicant (Donor)

Sign Here  
 \_\_\_\_\_  
 Second Applicant (Donor)

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2 and please tick (✓) any one)**

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. 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 BENEFICIARY CHILD INFORMATION (refer Instruction 3)**

FOLIO No. \_\_\_\_\_ / \_\_\_\_\_ (Mention an existing folio, if any, with HDFC Children's Gift Fund)

**2a. DONOR (APPLICANT) INFORMATION (refer Instruction 3 & 4)**

Name of Donor (Applicant) Mr. / Ms. / M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN\*/PEKRN\* \_\_\_\_\_ KYC\* (Mandatory)  Proof Attached [Please (✓)]

Address of Donor (Applicant) \_\_\_\_\_

PIN \_\_\_\_\_

**CONTACT DETAILS**

STD Code \_\_\_\_\_

Tel. : Off. \_\_\_\_\_ Tel. : Res. \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**3. DONOR (APPLICANT) OTHER DETAILS (Mandatory) [Please (✓)]**

Status:  Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 5b & 18) (Mandatory)

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  PIO  OCI  Foreign National Resident in India  Partnership  AOP  Company  BOI  HUF  Body Corporate  Society / Club  LLP  Sole Proprietorship  Others \_\_\_\_\_ (please specify)

Relationship with the beneficiary child \_\_\_\_\_

**4. ADDITIONAL DONOR (SECOND APPLICANT)**  Resident Individual  NRI

Mr. / Ms. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN\*/PEKRN\* \_\_\_\_\_ KYC\* (Mandatory)  Proof Attached [Please (✓)]

**5. ADDITIONAL KYC DETAILS Mandatory (Refer instruction 4b)**

| Occupation details for  | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | Guardian                 | Politically Exposed Person (PEP) details: | Is a PEP                 | Related to PEP           | Not Applicable           |
|-------------------------|---------------------------|---------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| Private Sector Service  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | 1 <sup>st</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public Sector Service   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | 2 <sup>nd</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Government Service      | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | Guardian                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business                | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | Authorised Signatories                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | Promoters                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Agriculturist           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | Partners                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retired                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | Karta                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housewife               | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | Whole-time Directors                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | Trustee                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proprietorship          | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |   |                          |                          |                          |
| Others (Please specify) |                           |                           |                          |   |                          |                          |                          |

**Non-Individual Investors involved/ providing any of the mentioned services**

Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  Money Lending / Pawning  None of the above

| Gross Annual Income Range (in Rs.) | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | Guardian                 | Gross Annual Income Range (in Rs.) | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | Guardian                 |
|------------------------------------|---------------------------|---------------------------|--------------------------|------------------------------------|---------------------------|---------------------------|--------------------------|
| Below 1 lac                        | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | 10-25 lac                          | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 1-5 lac                            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | 25 lac- 1 cr                       | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 5-10 lac                           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | > 1 cr                             | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year) \_\_\_\_\_ as on \_\_\_\_\_

DD MM YYYY

\* Please attach proof. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC

**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 180030106767/ 1800 419 7676 (Toll Free)]**

Application No. CG \_\_\_\_\_ **HDFC MUTUAL FUND** Date : / / \_\_\_\_\_

Received from Mr/Ms/M/s \_\_\_\_\_ an application

for Gifting of Units along with Cheque/Demand Draft/ Payment Instrument as detailed overleaf

ISC Stamp & Signature \_\_\_\_\_



**10. BANK ACCOUNT DETAILS OF UNIT HOLDER (BENEFICIARY CHILD) (Refer Instruction 7A)**  
(Mandatory to attach proof, as the pay-out bank account is different from the bank account mentioned under Section 12.)

|  |  |
|--|--|
| Account No. <input style="width:90%;" type="text"/>  | Name of the Bank <input style="width:95%;" type="text"/> |
| Branch <input style="width:95%;" type="text"/>   | Bank City <input style="width:95%;" type="text"/>        |
| 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) IFSCCode*** (Refer Instruction 7C) <input style="width:100%;" type="text"/> |  |
| MICR Code** <input style="width:100%;" type="text"/> (The 9 digit code appears on your cheque next to the cheque number) *** (Mandatory for Credit 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 12) (Mandatory for Dividend Payout via ECS)  |  |

**11. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS [Please (✓)] (Refer Instruction 12)**

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 10) via Direct credit/ NEFT/ECS facility I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT  system / credit through ECS into child's bank account

**12. INVESTMENT DETAILS (refer Instructions 8 & 9) (The name of first/ sole applicant (Donor) must be pre printed on the cheque.) (Please write Application Form No. on the reverse of the Cheque / Demand Draft/Payment Instrument.)**

Plan (Please ✓)  Investment Plan (Equity Oriented)  Savings Plan (Debt Oriented) Units subject to Lock- in Period [Please ✓]  Yes  No (Default)

Regular Option (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information  Direct Option (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information

For Default Option (viz. Direct / Regular Option) refer instruction 8

The Cheque/DD/Payment Instrument should be drawn favouring "HDFC Children's Gift Fund-(Plan Name) (PAN of Beneficiary Child)" or "HDFC Children's Gift Fund-(Plan Name) (Beneficiary Child Name)" and crossed "A/c Payee only" (Investors applying under Direct Option must mention "Direct" against the Plan name.)

| Cheque/ DD/ Payment Instrument/ UTR No. | Cheque/ DD/ Payment Instrument/ UTR Date | Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.) | DD Charges, if any | Net Cheque/ DD Amount | Drawn on Bank / Branch | Pay-In Bank Account No. (For Cheque Only) |
|---|--|--|--------------------|-----------------------|------------------------|---|
|   |  |  |                    |                       |                        |   |

**Mode of Payment (Please ✓) Third Party Mandatory Enclosure(s)\***

|  |  |
|--|--|
| Cheque <input type="checkbox"/>          | In case the account number and account holder name of the third party (Donor) is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.  |
| Pay Order <input type="checkbox"/>       | Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument <b>or</b> Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available <b>or</b> Copy of the passbook/bank statement evidencing the debit for issuance of the instrument. |
| Demand Draft <input type="checkbox"/>    |  |
| Banker's Cheque <input type="checkbox"/> |  |
| RTGS <input type="checkbox"/>            | Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.  |
| NEFT <input type="checkbox"/>            |  |
| Fund Transfer <input type="checkbox"/>   |  |

\* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

**13. DECLARATIONS & SIGNATURE(S) (Refer Instruction 10 and 14)**

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:-

- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of HDFC Children's Gift Fund of HDFC Mutual Fund ("Fund") indicated above.
- (2) I/We am/are eligible to invest in favour of the minor unitholder as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s).
- (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (4) That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom.
- (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, 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, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (7) 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.

**(8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

**Third Party Payment Declarations applicable to Donor:**

1. I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.
2. I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same.
3. I/We hereby declare that the amount invested in the Fund is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form.

**Third Party Payment Declarations applicable to Parents/ Legal Guardian:**

1. I/We hereby confirm that the information provided herein by the Donor is true and correct.
2. I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

**For Foreign Nationals Resident in India only:**

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

**For NRIs/ PIO/OCIs only:**

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓)  Yes  No  If Yes, (✓)  Repatriation basis  Non-repatriation basis Date :

|   |       |                  |                         |
|---|-------|------------------|-------------------------|
| <b>SIGN HERE</b> ↻<br>(Please write Application Form No./ Folio No. on the reverse of the Cheque / Demand Draft/ Payment Instrument.) | Donor | Additional Donor | Parent / Legal Guardian |
|---|-------|------------------|-------------------------|

## CHECKLIST

☞ Please ensure that your Application Form is complete in all respects and signed by all Donors and Parent/ Legal Guardian (wherever applicable):

• Name, Address and Contact Details are mentioned in full. • Status of Donor is correctly indicated. • Bank Account Details are entered completely and correctly. • Permanent Account Number (PAN) of Donor and additional Donor are 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.

☞ Your investment Cheques and bank drafts must be drawn in favour of “**HDFC Children’s Gift Fund-(Plan Name) (PAN of Unitholder)**” or “**HDFC Children’s Gift Fund-(Plan Name) (Unitholder’s 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   | Companies / Trusts / Societies/ Partnership Firms / LLP | NRI/ OCI/ PIO | Minor | Investments through Constituted Attorney |
|-----|---|---|---------------|-------|--|
| 1.  | Board/ Committee Resolution/ Authority Letter   | ✓   |               |       |  |
| 2.  | List of Authorised Signatories with Specimen Signature(s) @   | ✓   |               |       | ✓  |
| 3.  | Notarised Power of Attorney   |   |               |       | ✓  |
| 4.  | Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable                                 |   | ✓             |       |  |
| 5.  | PAN Proof   | ✓   | ✓             | ✓#    | ✓  |
| 6.  | KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com) | ✓   | ✓             | ✓#    | ✓  |
| 7.  | Proof of Date of Birth  |   |               | ✓     |  |
| 8.  | Proof of Relationship with Guardian   |   |               | ✓     |  |
| 9.  | PIO / OCI Card (as applicable)  |   | ✓             |       |  |
| 10. | Ultimate Beneficial Owner   | ✓   |               |       | ✓  |
| 11. | FATCA & CRS   | ✓   | ✓             | ✓     | ✓  |

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

# If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.