

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 (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
ARN-						
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 Number _____ KYC* (Mandatory) [Please (✓)] Proof Attached

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 and Aadhaar Updation Form] (Refer Instruction 5b, 18 & 17c) (Mandatory)

Resident Individual Partnership HUF AOP PIO Company BOI OCI Body Corporate LLP Society / Club

NRI-Repatriation NRI-Non Repatriation Foreign National Resident in India Sole Proprietorship Others _____ (please specify)

Relationship with the beneficiary child _____

4. ADDITIONAL DONOR (SECOND APPLICANT) Resident Individual NRI

Mr. / Ms. _____

Nationality _____ PAN*/PEKRN* _____

KYC Number _____ KYC* (Mandatory) [Please (✓)] Proof Attached

5. ADDITIONAL KYC DETAILS (Refer instruction 4b)

Occupation details for	1 st Applicant	2 nd 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 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd 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

* Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYCR.

5. ADDITIONAL KYC DETAILS (Refer instruction 4b) (Contd...)

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd 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

AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs (Refer instruction 17c)

Particulars	Aadhaar Number* (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#
Donor		D D M M Y Y Y Y			<input type="checkbox"/>
Additional Donor		D D M M Y Y Y Y			<input type="checkbox"/>
Parent/ Legal Guardian		D D M M Y Y Y Y			<input type="checkbox"/>
Beneficiary Child		D D M M Y Y Y Y			<input type="checkbox"/>
POA		D D M M Y Y Y Y			<input type="checkbox"/>

* All the applicants whose Aadhaar Number is mentioned are required to sign the form.
If Aadhaar number is applied for, please enclose proof of enrolment.

6 POWER OF ATTORNEY (PoA) HOLDER DETAILS

Mr. / Ms./ M/s. _____
 PAN*/PEKRN* _____
 KYC Number _____ KYC* (Mandatory) [Please (✓)] Proof Attached

7a. BENEFICIARY CHILD INFORMATION (refer Instruction 5)

Name of the Beneficiary Child Mast. / Miss. _____
 (Not exceeding 18 years of age)
 Nationality _____ Date of Birth@ (Mandatory) D D M M Y Y Y Y @ Proof attached [Please (✓)]
 PAN/PEKRN (if available) _____
 KYC Number _____ KYC* (Optional) [Please (✓)] Proof Attached
 Address of the Beneficiary Child _____
 PIN _____

7b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction 5)

Name of the Parent / Legal guardian of Beneficiary Child Mr. / Ms. _____
Status: Individual Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 5b & 18) (Mandatory)
 Tel. : STD Code _____ Country Code _____ Office _____
 Residence _____ eAlerts Mobile No. _____
 PAN*/PEKRN* _____
 KYC Number _____ KYC* (Mandatory) [Please (✓)] Proof Attached
 eDocs E-mail^ _____
 I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory)
 ^ On providing email-id investors shall receive the physical copy of scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in
 Relationship with Minor@ [Please (✓)] Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (✓) Attached
 Date of Birth of the parent / legal guardian of the Unit holder (Mandatory) D D M M Y Y Y Y

* Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17a for KYC (KRA). Refer instruction No 17b for KYC Identification Number issued by CKYCR.

Mode of Holding	Status (of the Beneficiary Child) (Mandatory) [Please (✓)]	Occupation (of the Beneficiary Child) [Please (✓)]
Single	<input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO/OCI <input type="checkbox"/> Others _____ (please specify)	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify)

8. ALTERNATE CHILD INFORMATION (refer Instruction 6)

Name of the Alternate Child Mast. / Miss. _____
 (Not exceeding 18 years of age)
 Nationality _____ Date of Birth@ D D M M Y Y Y Y Please (✓) Proof Attached@
 Name of the Parent / Legal guardian of Alternate Child@ Mr. / Ms. _____
 Relationship with Alternate Child@ [Please (✓)] Father Mother Court appointed Legal Guardian Proof of relationship attached@ Please (✓) @ Mandatory
 Address of the Alternate Child _____
 PIN _____
Status (of the Alternate Child) [Mandatory (Please ✓)] Resident NRI/PIO/OCI Others _____ (please specify)
Occupation (of the Alternate Child) [Mandatory (Please ✓)] Student Others _____ (please specify)

Mandatory

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9. FATCA & CRS INFORMATION (Self Certification) (Refer instruction 5b)

The below information is required for Beneficiary Child and Guardian

Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?

Beneficiary Child Yes No Parent/ Legal Guardian Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	Beneficiary Child	Parent/ Legal Guardian
Place/ City of Birth		
Country of Birth		
Country of Tax Residency#		
Tax Payer Ref. ID No [^]		
Identification Type [TIN or other, please specify]		
Country of Tax Residency 2		
Tax Payer Ref. ID No. 2		
Identification Type [TIN or other, please specify]		
Country of Tax Residency 3		
Tax Payer Ref. ID No. 3		
Identification Type [TIN or other, please specify]		

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

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. Name of the Bank
 Branch Bank City
 Account Type [Please Savings Current NRE NRO FCNR Others _____ (please specify) IFSCCode*** (Refer Instruction 7C)
 MICR Code** (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.) For Default Plan (viz. Direct / Regular Plan) refer instruction 8

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

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 future transactions via OTM

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

Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	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

Mode of Payment (Please <input checkbox"="" checked="" type="checkbox/>)</th> <th>Third Party Mandatory Enclosure(s)*</th> </tr> </thead> <tbody> <tr> <td>Cheque <input type="/> <td>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.</td>	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"/> Demand Draft <input type="checkbox"/> Banker's Cheque <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 or 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 or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

* 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.

Mandatory

Mandatory

Mandatory

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

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as a Unitholder. I /We hereby apply for allotment of Units of HDFC Children's Gift Fund of HDFC Mutual Fund ("Fund") and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling /judgement passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in HDFC Children's Gift Fund is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (b) The information given by me /us in or along with this application form is true and correct and shall furnish such other further/additional information as may be required by HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (c) 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 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.
- (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/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee 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 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.
- (f) 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.

Consent for Telemarketing (Refer Instruction 19):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Consent for authentication and sharing of Aadhaar data:

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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 :

D	D	M	M	Y	Y	Y	Y
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<p>SIGN HERE ↻</p> <p>(Please write Application Form No./ Folio No. on the reverse of the Cheque / Demand Draft/ Payment Instrument.)</p>			
	Donor	Additional Donor	Parent / Legal Guardian

Mandatory

July 2018