

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 cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

April 30, 2016

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

ARN/RIA	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN - 3280			SWSA			

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

I/We hereby confirm that the EUIN 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN	First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in 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 UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 6, 10 AND 13 ONLY. Refer instruction 3).

Folio No. _____ / _____ The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 4)

DATE OF BIRTH@ _____

Proof of date of birth@ Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

DD MM YYYY

Mr. Ms. M/s.

Nationality _____

PAN#/ PEKRN# _____

KYC# [Please tick (✓)] Proof Attached (Mandatory)

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 4 & 19) (Mandatory)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify) _____

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#/ PEKRN# _____

KYC# [Please tick (✓)] (Mandatory) Proof Attached

Relationship with Minor@ Please (P) Father Mother Court appointed Legal Guardian

Proof of relationship with minor@ Please (✓) Attached @ Mandatory

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)

CITY _____

STATE _____

PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code _____

STD Code _____

Telephone : Off. _____

Res. _____

Fax _____

eAlerts Mobile _____

eDocs Email ^ _____

I/ We would like to register for my/our HDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).
^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

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

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s.

Nationality _____

PAN#/ PEKRN# _____

KYC# [Please tick (✓)] Proof Attached (Mandatory)

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s.

Nationality _____

PAN#/ PEKRN# _____

KYC# [Please tick (✓)] Proof Attached (Mandatory)

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

Occupation details for	1 st Applicant	2 nd Applicant	3 rd 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"/>	<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"/>	<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"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<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 16 for PAN/PEKRN and No 18 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 1800 3010 6767 / 1800 419 7676 (Toll Free)]

HDFC MUTUAL FUND

Date : _____

Head Office : HDFC House, 2nd Floor, H.T. Park Marg,
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Received from Mr. / Ms. / M/s. _____

an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

ISC Stamp & Signature

... continued overleaf

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

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) _____ as on DD MM YYYY

6. FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? 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	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
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.

7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____

PAN# / PEKRN# _____ KYC# [Please tick (✓)] (Mandatory) Proof Attached

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name _____ Bank City _____

Branch Name _____

Account Number _____

MICR Code _____ (The 9 digit code appears on your cheque next to the cheque number)

Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____

IFSC Code*** _____ *** Refer Instruction 5C (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)

9. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS (refer instruction 11)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility

I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

10. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.

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

Scheme/Plan/Sub Option _____

Payment Type [Please (✓)] **Non-Third Party Payment** **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

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)

Particulars

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.)

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

S SYSTEMATIC
T TRANSFER
P PLAN

Enrolment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)



www.hdfcfund.com

April 30, 2016

Enrolment Form No. _____

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						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 - 3280			SWSA			

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. Date:

D	D	M	M	Y	Y	Y	Y
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EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction No. 18)
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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here _____ First / Sole Unit Holder / Guardian	Sign Here _____ Second Unit Holder	Sign Here _____ Third Unit Holder
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I/ We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrolment under the Systematic Transfer Plan of the following Scheme(s)/Plan(s)/Options(s). **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.**

Please (✓) any one. NEW REGISTRATION CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor) _____

Name of the Applicant	PAN# or PEKRN#	KYC is mandatory# Please (✓)										
Name of First/Sole Applicant	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Proof Attached <input type="checkbox"/>
Name of Guardian in case First/Sole Applicant is a minor	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Proof Attached <input type="checkbox"/>
Name of Second Applicant	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Proof Attached <input type="checkbox"/>
Name of Third Applicant	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Proof Attached <input type="checkbox"/>

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 15 and 16

Name of 'Transferor' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).													
Name of 'Transferee' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).													
For Fixed Systematic Transfer Plan (FSIP) (Please ✓ any one) (Refer Instruction No. 7)	Amount of Transfer per Installment: Rs. _____													
	<input type="radio"/> Daily#	No. of Installments:* _____												
	<input type="radio"/> Weekly\$ [Day of Transfer (Please ✓ any one)] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday ⁺	No. of Installments:* _____												
	<input type="radio"/> Monthly ⁺ <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th ⁺ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Enrolment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y									
M	M	Y	Y	Y	Y									
For Capital Appreciation Systematic Transfer Plan (CASTP) (Please ✓ any one) (Refer Instruction No. 8)	<input type="radio"/> Monthly ⁺ <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th ⁺ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Enrolment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
	M	M	Y	Y	Y	Y								
	M	M	Y	Y	Y	Y								

In case of multiple registrations, please fill up separate Enrolment Forms.
#Refer Instruction No. 7 (a) \$Refer Instruction No. 7 (b) *Refer Instruction No. 9 ⁺Default Frequency/Date/Day [Refer Instruction 9(a)(v)&(vi)]

SIGNATURE(S)

_____ First / Sole Unit Holder / Guardian	_____ Second Unit Holder	_____ Third Unit Holder
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Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Enrolment Form No./Folio No.
Received from Mr./Ms./M/s. _____ from Scheme / Plan / Option _____ to Scheme / Plan / Option _____	'STP' application for transfer of Units;	ISC Stamp & Signature <table border="1"><tr><td style="height: 50px;"></td></tr></table>										

S	SYSTEMATIC
W	WITHDRAWAL
A	ADVANTAGE
P	PLAN



Enrolment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

April 30, 2016

Date :

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I / We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms and conditions mentioned overleaf of Systematic Withdrawal Advantage Pan (SWAP) and of the relevant Scheme(s) and hereby apply for enrolment under the Systematic Withdrawal Advantage Pan of the following Scheme(s)/Plan(s)/Options(s). **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.**

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

<input type="checkbox"/> New Registration: For enrolment under SWAP facility	<input type="checkbox"/> Change in withdrawal amount: For Change in withdrawal amount under SWAP facility	<input type="checkbox"/> Cancellation: For cancellation of SWAP facility
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FOLIO NO. OF EXISTING UNIT HOLDER / APPLICATION NO. (New Investor)	
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1) UNIT HOLDER INFORMATION

First / Sole Unit holder	Name																
	PAN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> or PEKRN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																

Guardian (in case of First / Sole Unit holder is a minor)	Name																
	PAN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> or PEKRN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																

2) SCHEME DETAILS (If the SWAP is to be registered from Direct Plan of the Scheme, please mention so clearly.)

SCHEME NAME #	
PLAN	
OPTION	

Please note that one SWAP Form must be used for one Scheme / Plan / Option only. Unit holder(s) need to fill in Separate SWAP Form for each Scheme / Plan / Option.

3) WITHDRAWAL DETAILS (Please ✓ choice of Plan)

<input type="checkbox"/> Fixed Plan (Refer item 8(ii) & (iii) overleaf)	<input type="checkbox"/> Variable Plan (Capital Appreciation, if any) (Refer item 9(ii) overleaf)
<input type="radio"/> MONTHLY@ <input type="radio"/> QUARTERLY <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)	<input type="radio"/> QUARTERLY@ <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)
Rs. (in figures)	
Rs. (in words)	

4) ENROLMENT DETAILS (refer item 7, 8, 9 & 10 overleaf)

Commencement Date : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th @ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th (@ Default Date)
Last Withdrawal Date : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									

5) PAYMENT OF SWAP PROCEEDS (refer item 14)

Redemption proceeds through SWAP will be credited to the default bank account registered in the Scheme/Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Scheme/Folio, please mention the Bank Account No. and Name below:

ACCOUNT NO.	
BANK NAME	

(If the above mentioned bank details do not match with the registered bank account in your the Scheme/Folio, proceeds will be credited to the default bank account registered in the the Scheme/Folio.)

6) SIGNATURES ^

First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

^ **Please note:** Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	ISC Stamp & Signature <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Received from Mr. / Ms. / M/s. _____										
a 'SWAP' application for redemption of Units of Scheme / Plan / Option _____										

Enrolment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

April 30, 2016

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

I / We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms and conditions mentioned overleaf of Systematic Withdrawal Advantage Pan (SWAP) and of the relevant Scheme(s) and hereby apply for enrolment under the Systematic Withdrawal Advantage Pan of the following Scheme(s)/Plan(s)/Options(s). **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.**

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

<input type="checkbox"/> New Registration: For enrolment under SWAP facility	<input type="checkbox"/> Change in withdrawal amount: For Change in withdrawal amount under SWAP facility	<input type="checkbox"/> Cancellation: For cancellation of SWAP facility
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FOLIO NO. OF EXISTING UNIT HOLDER / APPLICATION NO. (New Investor)	
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1) UNIT HOLDER INFORMATION

First / Sole Unit holder	Name												
	PAN							or PEKRN					

Guardian (in case of First / Sole Unit holder is a minor)	Name												
	PAN							or PEKRN					

2) SCHEME DETAILS (If the SWAP is to be registered from Direct Plan of the Scheme, please mention so clearly.)

SCHEME NAME #	
PLAN	
OPTION	

Please note that one SWAP Form must be used for one Scheme / Plan / Option only. Unit holder(s) need to fill in Separate SWAP Form for each Scheme / Plan / Option.

3) WITHDRAWAL DETAILS (Please ✓ choice of Plan)

<input type="checkbox"/> Fixed Plan (Refer item 8(ii) & (iii) overleaf) <input type="radio"/> MONTHLY@ <input type="radio"/> QUARTERLY <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency) Rs. (in figures) Rs. (in words)	<input type="checkbox"/> Variable Plan (Capital Appreciation, if any) (Refer item 9(ii) overleaf) <input type="radio"/> QUARTERLY@ <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)
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4) ENROLMENT DETAILS (refer item 7, 8, 9 & 10 overleaf)

Commencement Date : <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Refer Item 8(v), 9(iii) & 10 overleaf)	M	M	Y	Y	Y	Y	Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th @ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th (@ Default Date)
M	M	Y	Y	Y	Y		
Last Withdrawal Date : <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	
M	M	Y	Y	Y	Y		

5) PAYMENT OF SWAP PROCEEDS (refer item 14)

Redemption proceeds through SWAP will be credited to the default bank account registered in the Scheme/Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Scheme/Folio, please mention the Bank Account No. and Name below:

ACCOUNT NO.	
BANK NAME	

(If the above mentioned bank details do not match with the registered bank account in your the Scheme/Folio, proceeds will be credited to the default bank account registered in the the Scheme/Folio.)

6) SIGNATURES ^

_____	_____	_____
First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

^ **Please note:** Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	ISC Stamp & Signature <div style="border: 1px solid black; height: 50px;"></div>
Received from Mr. / Ms. / M/s. _____								
a 'SWAP' application for redemption of Units of Scheme / Plan / Option _____								

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

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Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

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Redemption Transaction Form

Date: _____

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Investor Name:

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