



# HDFC Charity Fund for Cancer Cure (A Fixed Maturity Plan)

A Close Ended Income Scheme With Tenure 1196 Days. A Scheme with Relatively High Interest Rate Risk and Relatively Low Credit Risk. The Scheme enables its Unit holders to donate part of distribution income to the Indian Cancer Society for treatment of underprivileged cancer patients. Such donations made by the Unit holders shall be eligible for claiming of deduction under Section 80G of Income-tax Act, 1961 (under the Old Regime).  
New Fund Offer Price: Rs. 10 Per Unit

## Application Form

Application No.:

Investors must read the Key Information Memorandum and the instructions before completing this Form.

Name of the Scheme	NFO Opens on	NFO Closes on
HDFC Charity Fund for Cancer Cure	July 28, 2023	August 08, 2023

The Trustee reserves the right to close the NFO before the above-mentioned date by issuing an addendum and publishing it on the Fund's website.

<b>THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*</b> <ul style="list-style-type: none"> <li>Regular income over 1196 days (tenure of the scheme)</li> <li>Investment in debt and money market instruments and government securities.</li> </ul> <p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the NFO is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>	<b>RISKOMETER#</b>		<b>Potential Risk Class (Maximum risk the scheme can take)</b>			
	<p><b>RISKOMETER</b> Investors understand that their principal will be at moderate risk</p>		Credit Risk of Scheme →	Relatively Low (Class A)	Moderate (Class B)	Relatively High (Class C)
			Interest Rate Risk of the Scheme ↓			
			Relatively Low (Class I)			
			Moderate (Class II)			
		Relatively High (Class III)	<b>A-III</b>			
<b>A-III - A Scheme with Relatively High Interest Rate Risk and Relatively Low Credit Risk.</b>						

This Form should be completed in English and in **BLOCK LETTERS** only.

<b>KEY PARTNER / AGENT INFORMATION</b> (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						<b>FOR OFFICE USE ONLY (TIME STAMP)</b>	<b>CAMS bar code</b>
ARN/RIA Code/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)		
ARN-							

<b>EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)</b> 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 Here First/ Sole Applicant/ PoA Holder	Sign Here Second Applicant	Sign Here Third Applicant

<b>TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)</b>		
<input type="checkbox"/> I confirm that I am a first time investor across Mutual Funds.	<b>OR</b>	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds.
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.		

### 1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 7, 8, 11 AND 14 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 (The particulars provided should match with that in your demat account)

### 3. UNIT HOLDING OPTION DEMAT MODE\* PHYSICAL MODE (Default) (Refer instruction 11)

\*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	DP Name _____	DP ID	I	N	Beneficiary Account No.										
CDSL	DP Name _____	Beneficiary Account No.													

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

### 4. UNIT HOLDER INFORMATION (Refer instruction 4)

DATE OF BIRTH@ \_\_\_\_\_ Proof of date of birth@  Please (✓) Attached

#### NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached

#### NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Mr. Ms. \_\_\_\_\_  
 Nationality \_\_\_\_\_ Designation \_\_\_\_\_ Contact No. \_\_\_\_\_  
 PAN#/ PEKRN# \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached

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

\_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

# Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

### 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)]

Date : \_\_\_\_\_ **HDFC MUTUAL FUND**  
 Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166,  
 Backbay Reclamation, Churchgate, Mumbai - 400 020. **Application No.:** \_\_\_\_\_

Received from Mr. / Ms. / M/s. \_\_\_\_\_  
 an application for allotment of \_\_\_\_\_ Units of the Scheme (as mentioned overleaf) of HDFC Charity Fund for Cancer Cure  
 along with Cheque / Demand Draft / Payment Instrument as detailed overleaf - subject to realisation. **ISC Stamp & Signature**

... continued overleaf

**4. UNIT HOLDER INFORMATION (Refer instruction 4)**

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code \_\_\_\_\_ Res. \_\_\_\_\_ STD Code \_\_\_\_\_

Telephone : Off. \_\_\_\_\_ Alerts Mobile \_\_\_\_\_ eDocs Email of First / Sole holder ^ \_\_\_\_\_ IN CAPITALS \_\_\_\_\_

This email id belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  POA  Custodian (for FPIs only)  PMS

This mobile number belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  POA  Custodian (for FPIs only)  PMS

I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 9)

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in  (Refer Instruction 9)

**5. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 4)**

Status of First/ Sole Applicant [Please tick (✓)]  Individual  Non - Individual\* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 4 & 17)

Resident Individual  Partnership  Trust  HUF  AOP  PIO  Pvt. Ltd. Company  Public Ltd. Company  BOI  OCI  Body Corporate  LLP

Society/Club  NRI-Repatriation  NRI-Non Repatriation  Foreign National Resident in India  FPI  Sole Proprietorship  Non Profit Organisation  Others (please specify) \_\_\_\_\_

LEI No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_ DD MM YYYY

(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).  YES  NO

If yes, please quote the NPO Registration Number provided by DARPAN portal. (If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)

\*-Trusts/Societies/Section 8 Companies to declare NPO.

**6. JOINT APPLICANT DETAILS, If any (Refer instruction 4)**

**NAME OF SECOND APPLICANT**

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

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

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

**NAME OF THIRD APPLICANT**

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

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_

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

# Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

**7. ADDITIONAL KYC DETAILS (Refer instruction 4b)**

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</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"/>	<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"/>	<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"/>	<input type="checkbox"/>	3 <sup>rd</sup> 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

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> 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

Mandatory

**Scheme** **HDFC Charity Fund for Cancer Cure**

**Plan Name**  Regular Plan  Direct Plan  Option  Payout of Income Distribution cum Capital Withdrawal (IDCW) Option

(Note: The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)

**Sub Option**  50% IDCW Donation Option (Default)  75% IDCW Donation Option  OTM mandate in favour of ICS for the donation attached  (Mandatory)

Cheque / DD / Payment Instrument No. \_\_\_\_\_ Cheque / DD / Payment Instrument Date \_\_\_\_\_ Amount in Figures (Rs.) \_\_\_\_\_

Drawn on (Name of Bank and Branch) \_\_\_\_\_

**8. FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification)**  
**Non Individual investors please attach FATCA, CRS & Ultimate beneficial Ownership (UBO) Self Certification Form (Refer instruction 4 & 17) (Mandatory)**

The below information is required for all applicant(s)

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

Mandatory

Category	First Applicant	Second Applicant	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s) Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	<b>First Applicant</b>	<b>Second Applicant</b>	<b>Third Applicant</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	First Applicant	Second Applicant	Third Applicant
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.

**9. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_  
 KYC Number \_\_\_\_\_ KYC # [Please tick (✓)] (Mandatory)  Proof Attached  
 # Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

**10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ Income Distribution cum Capital Withdrawal (IDCW) Payment, 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 11 below.)**

Please ensure that the bank account linked with the demat account provided under section 3 is mentioned here.

Mandatory

Bank Name \_\_\_\_\_  
 Branch Name \_\_\_\_\_ Bank City \_\_\_\_\_  
 Account 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)

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

Scheme	HDFC Charity Fund for Cancer Cure					
Plan Name	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Option	Payout of Income Distribution cum Capital Withdrawal (IDCW) Option		
(Note: The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)						
Sub Option	<input checked="" type="checkbox"/> 50% IDCW Donation Option (Default)		<input type="checkbox"/> 75% IDCW Donation Option	OTM mandate in favour of ICS for the donation attached <input type="checkbox"/> (Mandatory)		
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> NEFT/ RTGS/ Fund Transfer	<input type="checkbox"/> Others Please specify _____		
Name of Bank: HDFC Bank Limited Branch: Manekji Wadia Building, Ground Floor, Nanik Motwani Marg, Fort, Mumbai						
Beneficiary Name: HDFC CHARITY FUND FOR CANCER CURE NFO COLLECTION ACCOUNT Account No: 57500001222740 RTGS/ NEFT IFSC Code: HDFC0000060						
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ DD/ Payment Instrument/ UTR No. or UMRN in case of OTM	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
Cheque/ DD Amount (in words):						

