


An open ended fund for investment for children having a lock-in for at least 5 years or till the child attains age of majority (whichever is earlier)

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

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	RISKOMETER#
<ul style="list-style-type: none"> capital appreciation over long term investment in equity and equity related instruments as well as debt and money market instruments. 	
<p>*Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # As on September 30, 2024. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com</p>	<p>Investors understand that their principal will be at very high risk</p>

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/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 (EUI)	

EUI Declaration (only where EUI box is left blank) (Refer Instruction 1)
I/We hereby confirm that the EUI 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

(Guardian)

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

I confirm that I am a first time investor across Mutual Funds. OR 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 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 BENEFICIARY CHILD INFORMATION (refer Instruction 3)

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

2. BENEFICIARY CHILD'S INFORMATION (refer Instruction 3 & 4)

Name Mast./ Miss. _____ PAN* _____

Nationality _____ Date of Birth@ (Mandatory)

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

 @ Proof attached [Please (✓)]

Status (of the Beneficiary Child) (Mandatory) [Please (✓)] Resident NRI/PIO/OCI Others _____ (please specify)

Address of the Beneficiary Child _____ PIN _____

Name of Guardian Mr. / Mrs. _____ Relationship with Beneficiary Child@ Please (✓) Father Mother Court Appointed Legal Guardian

Nationality _____ PAN*/PEKRN* _____

Date of Birth

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

 Relationship proof attached@ Please (✓) @ Mandatory

Status (Mandatory) [Please (✓)] Resident NRI/PIO/OCI Others _____ (please specify)

Address of the Guardian Same as Beneficiary Child _____ PIN _____

eAlerts Mobile No _____ eDocs Email^ _____ **IN CAPITALS**

This mobile number belongs to (Mandatory Please ✓): Self Spouse Children Sibling Parent (of the Minor/ Guardian)

This email id belongs to (Mandatory Please ✓): Self Spouse Children Sibling Parent (of the Minor/ Guardian)

I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 10)

^ 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 10 & 12)

* 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.

3. ALTERNATE CHILD INFORMATION (refer Instruction 6)

Name of the Alternate Child Mast. / Miss. _____ (Not attained the age of majority)

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 _____

3. ALTERNATE CHILD INFORMATION (refer Instruction 6)

Status (of the Alternate Child) [Mandatory (Please ✓)]	Occupation (of the Alternate Child) [Mandatory (Please ✓)]
<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)

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 18003010676/ 1800 419 7676 (Toll Free)]

Application No. C _____ **HDFC MUTUAL FUND** Date : / /

Received from Mr/Ms/M/s _____ an application for Gifting of Units along with Cheque/Payment Instrument as detailed overleaf

ISC Stamp & Signature

4. ADDITIONAL KYC DETAILS (Refer instruction 4)

Occupation details for	Guardian	Parent other than Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	Parent other than Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>				
Business	<input type="checkbox"/>	<input type="checkbox"/>				
Professional	<input type="checkbox"/>	<input type="checkbox"/>				
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>				
Retired	<input type="checkbox"/>	<input type="checkbox"/>				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>				
Student	<input type="checkbox"/>	<input type="checkbox"/>				
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)						

Gross Annual Income Range (in Rs.)	Guardian	Parent other than Guardian	Gross Annual Income Range (in Rs.)	Guardian	Parent other than Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>

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

Mandatory

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

The below information is required for Minor and Guardian
 Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?
 Beneficiary Child Yes No Parent/ 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	Minor	Parent/ Guardian
Place/ City of Birth		
Country of Birth		
Country of Tax Residency#		
Is the applicant(s)/guardian'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*.	Minor <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/ Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the following information [mandatory]

Category	Minor	Parent/ Guardian
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.

Mandatory

6. BANK ACCOUNT DETAILS OF UNIT HOLDER (BENEFICIARY CHILD) (Refer Instruction 7A)

(Mandatory to attach proof, if the pay-out bank account is different from the bank account mentioned under Section 8.)

Account No. _____ Name of the Bank _____
 Branch _____ Bank City _____
 Account Type [Please ✓] Savings Current NRE NRO FCNR Others _____ (please specify) IFSCCode*** (Refer Instruction 7C) _____
 *** (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) Payment for investment shall be accepted from the bank account of the minor, parent or legal guardian of the minor or from a joint account of the minor with the parent or legal guardian.

Mandatory

7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (Refer Instruction 11)

Unitholders will receive redemption/ IDCW proceeds directly into their bank account (as furnished in Section 6) via Direct credit/ NEFT facility

Plan Name	Cheque/ Payment Instrument/ UTR No. & Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC Children's Fund _____			

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

8. INVESTMENT DETAILS (refer Instructions 8 & 9) (The name of Donor must be pre printed on the cheque.) (Please write Application Form No. on the reverse of the Cheque / Payment Instrument.) For Default Plan (viz. Direct / Regular Plan) refer instruction 8

<input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information				
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> NEFT/ RTGS/ Fund Transfer <input type="checkbox"/> 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/Payment Instrument should be drawn favouring "HDFC Children's Fund (PAN of Beneficiary Child)" or "HDFC Children's 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/ Payment Instrument/ UTR No.	Cheque/ Payment Instrument/ UTR Date	Amount of Cheque/ Payment Instrument/ RTGS/ NEFT in figures (Rs.)	Net Cheque Amount
Cheque Amount (in words):					

Mandatory

9. DECLARATIONS & SIGNATURE(S) (Refer Instruction 8 and 13)

I / We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I / We hereby apply to the Trustees for allotment of Units of the Scheme(s) 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 from accessing capital markets by any order/ruling / judgment etc. 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 the Scheme(s) 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) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the 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.
- (d) 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, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.
- (f) 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 of 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.
- (g) 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.
- (h) 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.**

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 disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/ Fund.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

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/FPI only:

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

For NRIs/ PIO/OCIs Please (✓) Repatriation basis Non-repatriation basis

Date :	D	D	M	M	Y	Y	Y	Y
--------	---	---	---	---	---	---	---	---

SIGN HERE ↻
(Please write Application Form No./ Folio No. on the reverse of the Cheque / Payment Instrument.)

Guardian of Beneficiary Child

Mandatory