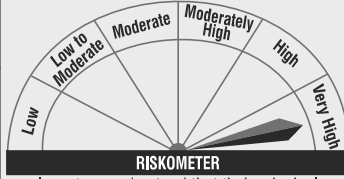



Investors must read the Key Information Memorandum and the instructions before completing this Form. This Form should be completed in English and in BLOCK LETTERS only.

**Offer of Units of Rs. 10 each during the New Fund Offer (NFO) and Continuous Offer of Units at Applicable NAV**

<b>New Fund Offer Opens On:</b>	<b>April 26, 2024</b>
<b>New Fund Offer Closes On:</b>	<b>May 10, 2024</b>
<b>Scheme Reopens on:</b>	<b>Scheme will re-open for continuous Sale and Repurchase within 5 business days from the date of allotment of units under NFO.</b>

The AMC/Trustee reserves the right to change the New Fund Offer Dates / Period, subject to the condition that the New Fund Offer shall remain open for subscription for a minimum period of three (3) working days not be kept open for more than 15 days or such other time permitted under the applicable regulations / law. An addendum shall be uploaded on the Fund's website notifying the change in the NFO Dates / Period.

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	SCHEME RISKOMETER#	BENCHMARK RISKOMETER
<ul style="list-style-type: none"> <li>To generate long-term capital appreciation</li> <li>Investment predominantly in equity &amp; equity related securities of companies engaged in the manufacturing theme.</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>	 <p><b>RISKOMETER</b> Investors understand that their principal will be at very high risk</p>	 <p><b>RISKOMETER</b> Nifty India Manufacturing Index</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)	CAMS bar code
ARN/RIA Code/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Managers/ Stock Broker's 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

<b>SIGN</b>			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

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

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 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. 1, 5, 9, 10 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

**3. UNIT HOLDER INFORMATION (Refer instruction 4)** **DATE OF BIRTH@** [D D M M Y Y Y Y] **Proof of date of birth@**  Attached  Not Attached

**NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder need to as per PAN records (all unitholder)**

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

**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 & 18)

Resident Individual  Partnership  Trust  HUF  AOP  PIO  Company  Minor through guardian  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:** [D D M M Y Y Y Y]

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

\* Trust/Societies/Section 8 companies to give below declaration

We are a "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 Registration No. of Darpan portal of Niti Aayog.  
(If not registered already, please register immediately and confirm with the above information)

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

Relationship with Minor@ Please (✓)  Father  Mother  Court appointed Legal Guardian  Proof of relationship with minor@ Please (✓)  Attached  @ Mandatory

# 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.

**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 subscription / redemption of \_\_\_\_\_ Units of HDFC Manufacturing Fund. **ISC Stamp & Signature**

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

CITY	STATE	PIN CODE
COUNTRY		

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code	STD Code	
Telephone : Off.	Res.	Fax
eAlerts Mobile	eDocs Email of First / Sole holder ^	IN CAPITALS

This email id belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)  PMS  
 This mobile number belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  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)  
 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) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 11.  
 ^ 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)

**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 Number	KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached

**2. NAME OF THIRD APPLICANT**

Mr. Ms. M/s.	
Nationality	PAN#/ PEKRN#
KYC Number	KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached

**CONTACT DETAILS OF SECOND APPLICANT**

eAlerts Mobile	eDocs Email of First / Sole holder ^	IN CAPITALS
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**CONTACT DETAILS OF THIRD APPLICANT**

eAlerts Mobile	eDocs Email of First / Sole holder ^	IN CAPITALS
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This email id belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)  PMS  
 This mobile number belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)  PMS  
 # 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)**

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

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

Name of PoA Mr. Ms. M/s.	
PAN#/ PEKRN#	
KYC Number	KYC # [Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached

# 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.

**7. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 10)**

The redemption / IDCW proceeds will be directly credited to the investor's bank account.

**8. UNIT HOLDING OPTION  DEMAT MODE\*  PHYSICAL MODE (Default) (refer instruction 12)**

\*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.

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.)
HDFC Manufacturing Fund			

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



**12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 14)**

I/We wish to nominate as under: **OR**  I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

Name and Address of Nominee(s) (IN CAPITALS) (Mandatory)	PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	Name of the Guardian (Mandatory) PAN and Address of Guardian (Optional)	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) (Mandatory)
			(Mandatory to be furnished in case the Nominee is a minor)			
Nominee 1				PAN: _____		
Nominee 2				PAN: _____		
Nominee 3				PAN: _____		

\*Guardian's Relationship with Nominee (Mandatory):  Mother  Father  Legal Guardian

Proof of Relationship of Guardian with Minor:  Birth Certificate  School Leaving Certificate  Passport  Others \_\_\_\_\_

I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

To be signed by ALL holders, irrespective of Mode of Holding or Mode of Operation

POA holder cannot  
nominate.

\_\_\_\_\_  
First / Sole Applicant

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

**13. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 20)**

Smart ODR **OR**  by harnessing any independent institutional mediation, independent institutional conciliation and/or independent arbitration institution in India.

**14. DECLARATION & SIGNATURE/S (refer instruction 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, 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.
- (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/ FPIs 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

**SIGN HERE**

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

\_\_\_\_\_  
First / Sole Applicant / Guardian

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant