

## TRANSACTION REQUEST FOR PURCHASE / SWITCH / REDEMPTION (Please use separate transaction slip for each scheme.

For upating your contact details, please submit a separate request)

	io Number : Scheme / Plan / Option* : (Switch-out scheme						
	t Plan must mention "Direct" against the Scheme name. Defa		for switch requ	est)	Plan / Option is not indicated		
117 5	<b>NFORMATION</b> (Investors applying under Direct Plan			,	· · · · · · · · · · · · · · · · · · ·		
ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN		Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-71722	Abira Management Services Ltd	ARN -					
	be paid directly by the investor to the ARN Holder (AMFI regist	tered Distribu	itor) based on the	investors' assessment of var	ious factors including the serv	ice rendered by the ARN Holder.	
	f any unused portion of this sheet. RCHASE (Please write your folio number and name of	an the verse	use of the chose				
Payment Mode: (Plea	se tick any one only) 🗌 OTM (One Time Bank I	Mandate)	Chec	que 🗌 DD	Funds Transfer		
Bank Name:	No: IF APPLICABLE Payment				City :		
	MANDATORY FOR OTM allotment of units in dematerialized mode instead NSDL						
DP Name					CDSL		
DP ID Beneficiary Account No.			Г				
IMPORTANT : Names, mode of	statement / Client Master Form to enable us to verify the of holding, PAN details, etc. of the Investor will be verified th the depository records and realization of payme	against the		. The units will be credit	ted to the beneficiary (de	mat) account only after	
	<b>(Please tick any one only)</b> All Free Units N	o. of units	:	A	mount (in Rs.) :		
	ON <sup>^</sup> : ect Plan must mention "Direct" against the Scheme name. Defau		on in terms of K	IM will apply if the choice of P	lan / Ontion is not indicated		
	-				, option is not indicated.		
REDEMPTION - Subject to Lock-in Period, if any (Please tick only one of the below options.)         Redeem       All Free Units       No. of Units         Amount (in Rs.)       (in words)							
	IFSC Code : (If not provided earlier for electronic payment)						
the request for changing the ba	s submitted alongwith a request for changing the bank account d ank account details will not be processed.	letails, the red	lemption will be p			said scheme/folio and	
	egistered for Multiple Bank Accounts facility <sup>#</sup> in the a			( (This beauly second base		falla):	
	rocessed into the following bank account as per the payout		,	•		TOIIO):	
Name of the Bank :							
# Important Note: If the ban the "Default" bank account r	k account mentioned above is different from those already re egistered for the aforesaid folio. HDFC Mutual Fund or HDFC ny of the bank accounts registered with us for the aforesaid fr	egistered in Asset Mana	our folio <u>OR</u> if the gement Compar	e bank account details are n ny Ltd. will not be liable for ar	ot filled above, the redemptic ly loss arising to the unithold	n will be processed into er(s) due to the credit of	
DECLARATION : I/We am/ar compliance with applicable I 1) I/We have read, understood and I the load structure.	e not prohibited from accessing capital markets under any indian and foreign laws. I/We hereby confirm and decl nereby agree to comply with the terms and conditions of the scheme rel ne(s) is through legitimate sources only and is not for the purpose of cor	are as unde lated documen	ts and apply for allo	tment of Units of the Scheme(s) o	f HDFC Mutual Fund ('Fund') indica	ted above, especially with respect to	
<ol> <li>I/We hereby confirm that, the det may be required and further unde</li> <li>I/We hereby authorize you to disc and/or third party service provide</li> </ol>	iails provided in/with this form are true and correct and undertake to ini rtake that I/We shall be liable, in the event the details and/or any part th lose, share, remit in any form/manner/mode the above details and/or a rs, SEBT registered intermediaries for single updation/submission, any	form the AMC/ nereof is found ny part of it inc	Fund/Registrars and to be false/untrue/r luding the changes/	I Transfer Agent ('RTA') in writing nisleading. updates that may be provided by	about any change in the said deta me/us to the Fund, its Sponsor/s,	Is and to furnish additional details as frustees, AMC, its employees, agents	
6) The ARN holder (AMFI registered	C, Trustee, RTA and other intermediaries in case of any dispute regarding Distributor) has disclosed to me/us all the commissions (in the form o				e different competing Schemes of	various Mutual Funds from amongst	
Applicable to Foreign Nati	mended to meyus. <b>T I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INT</b> onals <b>Resident in India only:</b> I/We will redeem my/our of the failure to redeem on account of change in residential sl	entire invest					
	OCIs only:       I/We confirm that my application is in compli         Please (✔)       Yes       No       If Yes, (✔)	ance with a					
	/Switch transaction where EUIN box is left blank the EUIN box has been intentionally left blank by m		ic transaction	is executed without any	interaction or advice by	the employee /relationshin	
manager/sales person of th of the distributor/sub broke	e above distributor/sub broker or notwithstanding t	the advice of	of in-appropria	teness, if any, provided b	by the employee/relation DING IS JOINT. ALTERATIONS, IF A	ship manager/sales person	
Sole/ First II							
5010/ 11150	nit holder/ Guardian/ POA <b>rtant alert</b> : Incase there is any change to your KYC info		ond Unit holde			hird Unit holder	
тиро	and submit the same at th	e point of s	ervice of any KY	C Registration Agency			
	FATCA & CRS - SELF CEF						
KNOW YOU	l and signed by folio(s) with Single holders only. In case of R CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION F				LEMENTARY		
PAN :	Name:						
Is the appl	icant/guardian's Country of Birth/Citizenship/Nationali	ity/Tax Resi	dency other the	an India? 🗌 Yes 🗌	No		
	please submit a Supplementary Know Your Client (KYC				-		
YOUR CLIENT (KYC), FATCA correct and complete. I here	d understood the information requirements and the Ter & CR5 - SELF CERTIFICATION FORM and hereby confir eby agree and confirm to inform HDFC Asset Manager ion promptly. I further agree to abide by the provisio ance Act (FATCA) and Common Reporting Standards (C	m that the i ment Comp	nformation prov anv Limited/HI	vided by me/us on this For DFC Mutual Fund/ Trustee	m is true, es for anv		
authorize you to disclose sha	are remit in any form/manner/mode the above inform	ation and/o	r anv nart of it i	ncluding the changes/upg	lates that		
authorities/agencies includin	e Mutual Fund, its Sponsor/s, Trustees, Asset Manage ntermediaries for single updation/ submission, any In g but not limited to Financial Intelligence Unit-India (FIL	J-IND) etc v	vithout any intir	nation/advice to me.		Sign of Sole Holde	

This transaction request is not valid for HDFC Gold Exchange Traded Fund, HDFC NIFTY ETF, HDFC SENSEX ETF.

Ver: Dec. 17