

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

| 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 | ARN Name | Sub Agent's ARN/ Bank Branch Code | Internal Code for Sub-Agent/ Employee | Employee Unique Identification Number (EUIN) | |
| <p>EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)</p> <p>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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.</p> | | | | | <p>Sign Here</p> <p>_____ First/ Sole Applicant (Donor)</p> |
| | | | | | <p>Sign Here</p> <p>_____ Second Applicant (Donor)</p> |

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

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. 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 BENEFICIARY CHILD INFORMATION (refer Instruction 3)

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

2a. DONOR (APPLICANT) INFORMATION (refer Instruction 3 & 4) Third Party Payment Declaration Form Attached (Mandatory) [Please (✓)]

Name of First/Sole Applicant Mr. / Ms. / M/s. _____

Nationality _____ PAN*/PEKRN* _____ KYC* (Mandatory) Proof Attached [Please (✓)]

Mobile _____ e-mail _____

Address of First/Sole Applicant _____

PIN _____

3. DONOR (APPLICANT) OTHER DETAILS (Mandatory) [Please (✓)]

3a. Status: Individual Non - Individual [Please attach Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 18)

Resident Individual NRI-Repatriation NRI-Non Repatriation PIO OCI Foreign National Resident in India Partnership AOP Company BOI HUF Body Corporate Society / Club LLP Sole Proprietorship Others _____ (please specify)

3b. Occupation: Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others _____ (please specify)

3c. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore

OR

Net-worth (Mandatory for Non-Individuals) Rs. _____ as on DD MM YYYY (Not older than 1 year)

3d. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

3e. 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

4. ADDITIONAL DONOR (SECOND APPLICANT) Resident Individual NRI

Mr. / Ms. _____

Nationality _____ PAN*/PEKRN* _____ KYC* (Mandatory) Proof Attached [Please (✓)]

4a. Occupation: Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others _____ (please specify)

4b. Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore **OR** Net worth Rs. _____

4c. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

5 POWER OF ATTORNEY (PoA) HOLDER DETAILS

Mr. / Ms./ M/s. _____

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

* Please attach proof. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC

6a. BENEFICIARY CHILD INFORMATION (refer Instruction 5)

Name of the Beneficiary Child Mast. / Miss. _____
(Not exceeding 18 years of age)

Nationality _____ Date of Birth@ (Mandatory) DD MM YYYY @ Proof attached [Please (✓)]

PAN/PEKRN (if available) _____ Address of the Beneficiary Child _____

PIN _____

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 180030106767/ 1800 419 7676 (Toll Free)]

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

Received from Mr/Ms/Ms _____ an application _____

for Gifting of Units along with Cheque/Demand Draft/ Payment Instrument as detailed overleaf

ISC Stamp & Signature _____

| 6b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction 5) | | | |
|--|---|---|--------------------|
| Name of the Parent / Legal guardian of Beneficiary Child | | Mr. / Ms. _____ | |
| Status: <input type="checkbox"/> Individual <input type="checkbox"/> Non - Individual [Please attach Ultimate Beneficial Ownership (UBO) Declaration Form and FATCA/ Foreign Tax Laws Information Form] (Refer Instruction 5b & 18) | | | |
| Tel. : STD Code | Country Code | Office | |
| Residence | | | eAlerts Mobile No. |
| PAN*/PEKRN* | | KYC* (Mandatory) [Please (✓)] <input type="checkbox"/> Proof Attached | |
| eDocs E-mail^ | | | |
| <input type="checkbox"/> I/ We would like to register for my/our HDFCFM 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. | | | |
| Relationship with Minor@ [Please (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian | | Proof of relationship with minor@ Please (✓) <input type="checkbox"/> Attached | |
| Date of Birth of the parent / legal guardian of the Unit holder (Mandatory) | Signature of the Parent / Legal Guardian of the Unit holder | | |
| * Please attach proof. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC @ Mandatory | | | |
| Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify) | | | |
| Gross Annual Income (Rs.) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR Net worth Rs. _____ | | | |
| Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) | | | |
| Mode of Holding | Status (of the Beneficiary Child) (Mandatory) [Please (✓)] | Occupation (of the Beneficiary Child) | [Please (✓)] |
| Single | <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) | |

| 7. ALTERNATE CHILD INFORMATION (refer Instruction 6) | | | |
|---|--|---|--|
| Name of the Alternate Child Mast. / Miss. _____ (Not exceeding 18 years of age) | | Nationality _____ | |
| Date of Birth@ _____ | | Please (✓) <input type="checkbox"/> Proof Attached@ | |
| Name of the Parent / Legal guardian of Alternate Child@ _____ | | Mr. / Ms. _____ | |
| Relationship with Alternate Child@ [Please (✓)] <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian | | Proof of relationship attached@ Please (✓) <input type="checkbox"/> @ Mandatory | |
| Address of the Alternate Child _____ | | | |
| PIN _____ | | | |
| 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) | |

| 8. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification) (Refer instruction 5b) | | |
|--|--|---|
| The below information is required for Beneficiary Child and Guardian | | |
| Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India? | | |
| Beneficiary Child | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent/ Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> 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 | Beneficiary Child | Parent/ Legal Guardian |
| Place/ City of Birth | | |
| Country of Birth | | |
| Country of Tax Residency 1 | | |
| Tax Payer Ref. ID No. 1 | | |
| Country of Tax Residency 2 | | |
| Tax Payer Ref. ID No. 2 | | |
| Country of Tax Residency 3 | | |
| Tax Payer Ref. ID No. 3 | | |

| 9. BANK ACCOUNT DETAILS OF UNIT HOLDER (BENEFICIARY CHILD) (Refer Instruction 7A) (Mandatory to attach proof, as the pay-out bank account is different from the bank account mentioned under Section 11.) | | | |
|--|---|--|--|
| Account No. | Name of the Bank _____ | | |
| Branch | Bank City _____ | | |
| Account Type [Please ✓] <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ (please specify) | IFSCCode*** (Refer Instruction 7C) _____ | | |
| MICR Code** _____ (The 9 digit code appears on your cheque next to the cheque number) | *** (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) | | |
| ** (Refer Instruction 12) (Mandatory for Dividend Payout via ECS) | | | |

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

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

10. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS [Please (✓)] (Refer Instruction 12)

Unitholders will receive redemption / dividend proceeds directly into their bank account (as furnished in Section 9) via Direct credit/ NEFT/ECS facility

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

11. INVESTMENT DETAILS (refer Instructions 8 & 9) (The name of first/ sole applicant (Donor) must be pre printed on the cheque.) (Please write Application Form No. on the reverse of the Cheque / Demand Draft/Payment Instrument.)

| Plan (Please ✓) <input type="checkbox"/> Investment Plan (Equity Oriented) <input type="checkbox"/> Savings Plan (Debt Oriented) | | Units subject to Lock- in Period [Please ✓] <input type="radio"/> Yes <input type="radio"/> No | | | | |
|--|--|--|--------------------|-----------------------|------------------------|---|
| The Cheque/DD/Payment Instrument should be drawn favouring "HDFC Children's Gift Fund-(Plan Name) (PAN of Beneficiary Child)" or "HDFC Children's Gift Fund-(Plan Name) (Beneficiary Child Name)" and crossed "A/c Payee only" (Investors applying under Direct Option must mention "Direct" against the Plan name.) | | | | | | |
| 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) |
| | | | | | | |

12. DECLARATIONS & SIGNATURE(S) (Refer Instruction 14)

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ We hereby confirm and declare as under:-

- I/ We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of HDFC Children's Gift Fund of HDFC Mutual Fund ('Fund') indicated above.
- I/We am/are eligible to invest in favour of the minor unitholder as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in HDFC Children's Gift Fund 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.
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom.
- 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 Mutual 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, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- 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.
- 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.**

Applicable to 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.

Applicable to NRIs/ PIO/OCIs only:

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓) Yes No If Yes, (✓) Repatriation basis Non-repatriation basis

Date :

SIGN HERE

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

Donor

Additional Donor