

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

1. KEY PARTNER / AGENT INFORMATION			FOR OFFICE USE ONLY			
Name and AMFI Reg. No. (ARN)	Sub Agent's Name and Code / Bank Branch Code	M O Code	Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp
ARN-0155 / NJ India Invest						

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.

2a. INVESTOR INFORMATION (DONOR) (refer Instruction 2) (Please also fill Third Party Payment Declaration Form)	
Name of First/Sole Applicant Mr. / Ms. / M/s.	
Nationality	KYC* (Mandatory for any amount) [Please (✓)] <input type="checkbox"/> Proof Attached
PAN*	Mobile
Address of First/Sole Applicant	PIN
Overseas Address (Mandatory in case of NRIs/PIOs) (P.O. Box Address may not be sufficient)	
Name of the Second Applicant (Mandatory) [Please (✓)] <input type="checkbox"/> Resident <input type="checkbox"/> NRI	
Mr. / Ms.	
Nationality	KYC* (Mandatory for any amount) [Please (✓)] <input type="checkbox"/> Proof Attached
PAN*	
Name of the Third Applicant (Mandatory) [Please (✓)] <input type="checkbox"/> Resident <input type="checkbox"/> NRI	
Mr. / Ms.	
Nationality	KYC* (Mandatory for any amount) [Please (✓)] <input type="checkbox"/> Proof Attached
PAN*	
e-mail	
* Please attach proof. Refer instruction No. 13 for PAN and No. 15 for KYC	

2b. POWER OF ATTORNEY (PoA) HOLDER DETAILS	
Name of PoA Mr. Ms. / M/s.	
PAN*	KYC** (Mandatory for any amount) [Please tick (✓)] <input type="checkbox"/> Proof Attached * Refer instruction 13 ** Refer instruction 15
Status (of First/Sole Applicant) [Please (✓)]	Occupation (of First/Sole Applicant) [Please (✓)]
<input type="checkbox"/> Resident Individual <input type="checkbox"/> Society / Club <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Company <input type="checkbox"/> BOI <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Body Corporate <input type="checkbox"/> Others _____ (please specify)	<input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Others _____ (please specify)

3a. UNIT HOLDER (BENEFICIARY CHILD) INFORMATION (refer Instruction 3)	
Name of the Beneficiary Child Mast. / Miss. (Not exceeding 18 years of age)	
Nationality	Date of Birth (Mandatory) D D M M Y Y Y Y
PAN*	Proof of Date of Birth attached (Mandatory) [Please (✓)] <input type="checkbox"/> Attached
Address of the Beneficiary Child	PIN
Overseas Address (in case of NRIs/PIOs) (P.O. Box Address may not be sufficient)	

3b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction 3)	
Name of the Parent / Legal guardian of Beneficiary Child Mr. / Ms.	
Tel. : STD Code Office Residence	
PAN*	KYC* (Mandatory for any amount) [Please (✓)] <input type="checkbox"/> Proof Attached
E-mail	
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) D D M M Y Y Y Y	Signature of the Parent / Legal Guardian of the Unit holder
* Please attach proof. Refer instruction No. 13 for PAN and No. 15 for KYC @ Mandatory	

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 <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 60006767 (Do not Prefix STD Code) or 18002336767 (Toll Free)]

<p align="center">HDFC MUTUAL FUND Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020</p>		<p align="right">Application No. CG</p>		
Date : Received from Mr/Ms/M/s _____ an application for Gifting of Units along with Cheque/Demand Draft dated _____ as per details below : HDFC Children's Gift Fund _____ Plan. Units subject to Lock-in Period (Please ✓) <input type="radio"/> Yes <input type="radio"/> No. Rs. _____ Cheque/DD No. _____ drawn on _____ Bank _____ Branch _____ Please Note : All Purchases are subject to realisation of cheques/demand drafts.	<table border="1"> <tr> <td>ISC Stamp & Signature</td> </tr> <tr> <td> </td> </tr> </table>		ISC Stamp & Signature	
ISC Stamp & Signature				

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4. ALTERNATE CHILD INFORMATION (refer Instruction 4)

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

Nationality _____ Date of Birth @

D	D	M	M	Y	Y	Y	Y
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 Please (✓) Proof Attached@

Name of the Parent / Legal Mr. / Ms. _____ guardian of Alternate Child@

Relationship with Alternate Child@ [Please (✓)] Father Mother Court appointed Legal Guardian Proof attached@ Please (✓) @ Mandatory

Address of the Alternate Child _____

Overseas Address (in case of NRIs/PIOs) (P.O. Box Address may not be sufficient) _____

Status (of the Alternate Child) [Mandatory (Please ✓)]	Occupation (of the Alternate Child) [Mandatory (Please ✓)]
<input type="checkbox"/> Resident <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Others _____ (please specify)	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (please specify)

5. BANK ACCOUNT DETAILS OF UNIT HOLDER (BENEFICIARY CHILD) (Please note that, as per SEBI Regulations it is mandatory for unit holders to provide their bank account details - refer Instruction 5A)

Account No. _____ Name of the Bank _____

Branch _____ Bank City _____

Account Type [Please ✓] Savings Current NRE NRO FCNR Others _____ (please specify) IFSCCode*** (Refer Instruction 5C) _____

The 9 digit MICR Code number of my/our Bank & Branch is**: _____ (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)

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

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 5) 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 my / our bank account

7. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please (✓)] (Refer Instruction 11)

HDFCFMF Online & HDFCFMF Mobile - I / We would like register for my/our HDFCFMF Personal Identification Number (HPIN) to transact online.

Mandatory information to be provided:

a) Email address of the guardian: _____
 (If the address given herein is different from the email address under section 3(b), the email address under section 7(i) will be considered during registration for HPIN).


b) **Maiden Name of the Mother of the Unit holder (Beneficiary Child)** _____

I / We have read and understood the terms and conditions and confirm I/ we shall bound by them (Terms & Conditions available in the eServices booklet as well as on our website)

ii) **Docs** : I / We wish to receive account statements, newsletters, annual reports and other statutory information documents by email in lieu of physical documents (Email address is mandatory).

iii) **Alerts** : I / We would like to receive SMS updates (Mobile number in section 3(b) is mandatory).

8. INVESTMENT DETAILS (refer Instructions 6 & 7) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.)

	The Cheque/DD should be drawn favouring "HDFC Children's Gift Fund-(Plan Name) (PAN of Unitholder)" or "HDFC Children's Gift Fund-(Plan Name) (Unitholder's Name)" and crossed "A/c Payee only"		
	Cheque/DD No.	Cheque / DD Date	Drawn on Bank
	Amount of Cheque / DD / RTGS in figures (₹)	Branch Name	
	Amount in words (₹)		
	Investment Plans (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

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

I/We have read and understood the contents of the Scheme Information Document of HDFC Children's Gift Fund and Statement of Additional Information. I/We hereby apply to the Trustee of HDFC Mutual Fund for gifting Units of HDFC Children's Gift Fund above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. **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 declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We declare that the information given in this application form is correct, complete and truly stated.

*I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account.

*Applicable to NRIs only

Date :

D	D	M	M	Y	Y	Y	Y
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SIGNATURE(S)	First / Sole Applicant	Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.
	Second Applicant	
	Third Applicant	

