

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 (EUIIN)	
ARN- 18053					E040403	
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.						Sign Here _____ First/ Sole Applicant (Donor)
						Sign Here _____ Second Applicant (Donor)

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)			
Name of Donor (Applicant) Mr. / Ms. / M/s.			
Nationality	PAN*/PEKRN*	KYC* (Mandatory) <input type="checkbox"/> Proof Attached [Please (✓)]	
Address of Donor (Applicant)			
PIN			
CONTACT DETAILS			
Tel. : Off.		STD Code	
Tel. : Res.		Mobile	
Fax	Email		

3. DONOR (APPLICANT) OTHER DETAILS (Mandatory) [Please (✓)]	
3a. Status: <input type="checkbox"/> Individual <input type="checkbox"/> Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 5b & 18) (Mandatory)	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> PIO <input type="checkbox"/> OCI <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Partnership <input type="checkbox"/> AOP <input type="checkbox"/> Company <input type="checkbox"/> BOI <input type="checkbox"/> HUF <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society / Club <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others (please specify)	
3b. 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)	
3c. 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 (Mandatory for Non-Individuals) Rs. _____ as on DD MM YYYY (Not older than 1 year)	
3d. 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)	
3e. Non-Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above	
Relationship with the beneficiary child	

4. ADDITIONAL DONOR (SECOND APPLICANT) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Mr. / Ms.
Nationality
PAN*/PEKRN*
KYC* (Mandatory) <input type="checkbox"/> Proof Attached [Please (✓)]
4a. 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)
4b. 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. _____
4c. 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)

5 POWER OF ATTORNEY (PoA) HOLDER DETAILS
Mr. / Ms./ M/s.
PAN*/PEKRN* KYC* (Mandatory) [Please (✓)] <input type="checkbox"/> Proof Attached

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

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. CG	HDFC MUTUAL FUND	Date : / /
Received from Mr/Ms/M/s	an application	ISC Stamp & Signature
for Gifting of Units along with Cheque/Demand Draft/ Payment Instrument as detailed overleaf		

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)

D

D

M

M

Y

Y

Y

Y

@ Proof attached [Please (✓)]

PAN/PEKRN (If available)

Address of the Beneficiary Child

PIN

6b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction 5)

Name of the Parent / Legal guardian of Beneficiary Child Mr. / Ms.

Status:

☐ Individual

☐ Non - Individual

[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 5b & 18) (Mandatory)

Tel. : STD Code

Country Code

Office

Residence

eAlerts Mobile No.

PAN\*/PEKRN\*

KYC\* (Mandatory) [Please (✓)]

☐ Proof Attached

eDocs E-mail^

☐ I/ We would like to register for my/our HDFCFMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website: [www.hdfcfund.com](http://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 (✓)]

☐ Father

☐ Mother

☐ Court appointed Legal Guardian

Proof of relationship with minor@ Please (✓)

☐ Attached

Date of Birth of the parent / legal guardian of the Unit holder (Mandatory)

D

D

M

M

Y

Y

Y

Y

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

Occupation:

☐ Service

☐ Private Sector

☐ Public Sector

☐ Government Service

☐ Student

☐ Professional

☐ Housewife

☐ Business

☐ Retired

☐ Agriculture

☐ Proprietorship

☐ Others

(please specify)

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.

Politically Exposed Person (PEP) Status

(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ I am PEP

☐ I am Related to PEP

☐ Not Applicable

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@

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

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 & CRS INFORMATION (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 ☐ Yes ☐ No Parent/ Legal 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	Beneficiary Child	Parent/ Legal Guardian
Place/ City of Birth		
Country of Birth		
Country of Tax Residency#		
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.

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.



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) <input type="text"/>		
MICR Code** <input type="text"/>	(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)			

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 (Default)				
<input type="checkbox"/> Regular Option (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information		<input type="checkbox"/> Direct Option (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information				
For Default Option (viz. Direct / Regular Option) refer instruction 8						
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)
Mode of Payment (Please ✓)			Third Party Mandatory Enclosure(s)*			
Cheque <input type="checkbox"/>			In case the account number and account holder name of the third party (Donor) is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.			
Pay Order <input type="checkbox"/>			Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument <b>or</b> Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available <b>or</b> Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.			
Demand Draft <input type="checkbox"/>						
Banker's Cheque <input type="checkbox"/>						
RTGS <input type="checkbox"/>			Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.			
NEFT <input type="checkbox"/>						
Fund Transfer <input type="checkbox"/>						
* HDFC Mutual Fund/HDFC Asset Management Company Limited ("HDFC AMC") reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.						

12. DECLARATIONS & SIGNATURE(S) (Refer Instruction 10 and 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:-

(1) 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.

(2) 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).

(3) 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.

(4) 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.

(5) 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.

(6) 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.

(7) 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.

**(8) 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.**

**Third Party Payment Declarations applicable to Donor:**

1. I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.

2. I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same.

3. I/We hereby declare that the amount invested in the Fund is through legitimate sources only and is not for the purpose of contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form.

**Third Party Payment Declarations applicable to Parents/ Legal Guardian:**

1. I/We hereby confirm that the information provided herein by the Donor is true and correct.

2. I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

**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 only:**

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

Please (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, (✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-repatriation basis	Date :	D	D	M	M	Y	Y	Y	Y
<b>SIGN HERE ↻</b> (Please write Application Form No./ Folio No. on the reverse of the Cheque / Demand Draft/ Payment Instrument.)	X Donor	X Additional Donor	Parent / Legal Guardian							