



Application cum Flex STP Form

HDFC LOW DURATION FUND

Offer of Units At Applicable NAV

(Please refer Product labeling available on cover page of the KIM)

Investors must read the KIM and the instructions (for Instructions refer page 39-44) before completing this Form. This Form should be completed in English and in BLOCK LETTERS only.

CIG

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/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)	
ARN-4464	VIKRAM S BAGADTHEY				E032737	

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	First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

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

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. 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 UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 6, 10, 11 AND 13 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@ _____ Proof of date of birth@ Attached Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) DD MM YYYY

Mr. Ms. M/s. _____ PAN#/ PEKRN# _____

Nationality _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

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 and Aadhaar Updation Form] (Refer Instruction 4, 19 & 18 c) (Mandatory)

Resident Individual Partnership Trust HUF AOP PIO Company Fils 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)

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. _____ Designation _____ Contact No. _____

Nationality _____ PAN#/ PEKRN# _____

KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

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

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

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code _____ STD Code _____

Telephone : Off. _____ Res. _____ Fax _____

eAlerts Mobile _____ eDocs Email ^ _____

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)

On providing email-id investors shall receive the physical copy of scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in (Refer Instruction 10 & 12)

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. _____ PAN#/ PEKRN# _____

Nationality _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____ PAN#/ PEKRN# _____

Nationality _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

5. ADDITIONAL KYC DETAILS Mandatory (Refer instruction 4b)

Mandatory	Occupation details for				Politically Exposed Person (PEP) details:			
	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a PEP	<input type="checkbox"/>	Related to PEP	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	Promoters	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	Karta	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Others (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Ser vice Centre or call us at our Customer Ser vice Number 180030106767 (Toll Free)]

HDFC MUTUAL FUND Head office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. CIG

Date : _____

Received from Mr. / Ms. / M/s. _____

an application for Purchase of Units of Scheme / Plan Name **HDFC LOW DURATION FUND**

Option / Sub-option: _____ Payout Option: _____

alongwith Cheque / DD / Payment Instrument as detailed overleaf. Please Note: All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.

ISC Stamp & Signature

... continued overleaf

5. ADDITIONAL KYC DETAILS, If any (Refer instruction 4b) Contd.

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd 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 Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) _____ as on DD MM YYYY

Mandatory

AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs (Refer instruction 18c)

Particulars	Aadhaar Number* (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#
1st Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
2nd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
3rd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
Guardian		D D M M Y Y Y Y			<input type="checkbox"/>
POA		D D M M Y Y Y Y			<input type="checkbox"/>

* All the applicants whose Aadhaar Number is mentioned are required to sign the form.

If Aadhaar number is applied for, please enclose proof of enrolment.

6. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? 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	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
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]			

Mandatory

#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.

7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____
 PAN#/ PEKRN# _____
 KYC Number _____ KYC # [Please tick (✓)] (Mandatory) Proof Attached

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

Bank Name _____ Bank City _____
 Branch Name _____
 Account Number _____
 MICR Code _____ (The 9 digit code appears on your cheque next to the cheque number)
 Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____
 IFSC Code*** _____
 *** Refer Instruction 5C (Mandatory for Credit via 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)

Mandatory

July 2018

Particulars	
Scheme Name / Plan / Option / Sub-option / Payout Option	<input type="checkbox"/> HDFC Low Duration Fund - Retail Option - Regular Plan <input type="checkbox"/> HDFC Low Duration Fund - Retail Option - Direct Plan
Cheque / DD / Payment Instrument / UTR No. / Date	
Drawn on (Name of Bank and Branch)	
Amount in figures (Rs.)	

... continued overleaf

9. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS (refer instruction 11)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility
 I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

10. INVESTMENT DETAILS & PAYMENT DETAILS (This Scheme shall be the Transferor Scheme for Flex STP – Please (✓) Choice of Scheme / Plan / Option)

(Cheque / DD / Payment Instrument should be drawn in favour of "HDFC Low Duration Fund A/c PAN" or "HDFC Low Duration Fund A/c Investor Name" (refer instruction 8 & 9) - The name of the first/ sole applicant must be pre-printed on the cheque. Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.

<input type="checkbox"/> HDFC Low Duration Fund - Retail Option - Regular Plan		<input type="checkbox"/> HDFC Low Duration Fund - Retail Option - Direct Plan			
<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	<input type="radio"/> Daily (Reinvestment only)		<input type="radio"/> Weekly	<input type="radio"/> Monthly
		<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvestment
For Default Plan (viz. Direct / Regular Plan) refer instruction 7.					
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Demad Draft	<input type="checkbox"/> NEFT/ RTGS	<input type="checkbox"/> OTM/ Fund Transfer	
Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM					
Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment		<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')		
(i) Payment for [Please (✓)]	<input type="checkbox"/> Lump sum Investment	<input type="checkbox"/> Systematic Investment Plan (SIP) (Please attach duly filled and signed SIP Enrolment Form (For Investments through Auto Debit/ECS/ Standing Instruction))			
Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment		<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')		
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	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

11. FLEX SYSTEMATIC TRANSFER PLAN DETAILS - (Refer Terms & Conditions for Flex STP on page 66)

Name of 'Transferee' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).	(ONLY GROWTH OPTION)											
Amount and Frequency of Flex STP [Please (✓) any one]	Amount of Transfer per installment: Rs. _____ (The transfer amount shall be determined by formula in instruction 8(a) on page 66)												
	<input type="radio"/> Daily	No. of installments:* _____											
	<input type="radio"/> Weekly [Date of Transfer [Please (✓) any one] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday*	No. of installments:* _____											
	<input type="radio"/> Monthly* <input type="radio"/> Quarterly [Date of Transfer [Please (✓) any one] <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Enrolment Period*: From : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y
M	M	Y	Y	Y	Y								
M	M	Y	Y	Y	Y								

*Refer instruction No.9(b) and 9(c)+ Default Frequency/Date/Day [Refer instruction 7, 9(h) and 9(i)] on page 66.

12. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

[Please (✓) and sign] I/We do not wish to Nominate

First / Sole Applicant

Second Applicant

Third Applicant

OR

I/We wish to nominate as under:

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

13. DECLARATION & SIGNATURE/S (refer instruction 14)

SIGN HERE

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

I/We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an 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 by any order/ruling/judgement 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) The information given by me /us in or along with this application form is true and correct and 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.

(c) 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/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.

(d) 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 or 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.

(e) 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.

(f) 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 20):

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 authentication and sharing of Aadhaar data:

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/ disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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

First / Sole Applicant / Guardian

SIGN →

Second Applicant

SIGN →

Third Applicant

SIGN →

SIGNATURE (S)

July 2018