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APPLICATION FORM HDFC CHILDREN'S GIFT FUND

Open-ended Balanced Scheme

Application No. CG

www.hdfcfund.com

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 FOR OFFICE USE ONL (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1) (TIME STAMP)																					
ARN ARN Name Sub Agent's ARN Bank Branch Code Sub-Agent' Employee Unique Identification Number (EUIN)																					
Г	40700	, i —			-1							Sub-A	igent/E	mpioyee	- I				, 1		
ARN-	16709															=03	397()9			
EUIN Dec	EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)																				
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction												onor)									
or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-																					
appropri	ateness, if any, p	provided	by the e	mploye	e/relatio	nship n	nanager/s	alesp	ersor	n of the	distri	outor/su	b broke	er.					Sign H		
																		Secon	d Applic	ant (Do	nor)
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 th purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.																					
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 servic 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 Nationali	f Donor (Applie	cant) N	1r. / Ms.	/ M/s.			а а	 4N*/P	FKD	N*	<u> </u>							KYC* (Mandat	orv) 🗆	Proof Attack
							r.	-\IN 7F									 	[Please			rioui Allaci
Address (of Donor (App	licant)																			
																	 F	PIN			
CONTAC	T DETAILS				L	STD (Code													1	
Tel. : Off	f.					Tel. : I	Res.							Mobi	e						
Fax						Ema	il														
3. DON	OR (APPLIC	ANT) (OTHER	DETA	ILS (N	landa	atory) [Pleas	ie (🗸	[)]											
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 AO																					
Company BOI HUF Body Corporate Society / Club LLP Sole Proprietorship Others (please specify 3b. Occupation: Service Private Sector Public Sector Government Service Student Professional Housewift																					
Busin	less Re	tired		gricult	ure	Pr	oprieto	rship		Ot	hers				(ple	ase sp	oecify)				
3c. Gro	ss Annual I	ncome	(Rs.)		Below	1 Lac	_ 1	- 5 L	acs		5 - 1)R	0 Lacs		10 - 25	Lacs		>25 La	acs - 1 (Crore		>1 Crore
Net-v	vorth (Mand	atory fo	or Non-I	ndivid	uals) Rs						<u>л</u>		_as on	DD	M	M	YY	YY	(Not	older t	han 1 yea
	tically Exposi plicable for au					ers/ Ka	arta/ Trus	tee/ \	Who	le tim	e Dire	ctors)		l am P	EP	l am	Relate	d to PEP		Not A	pplicable
3e. Nor	n-Individual	Inves	tors in	volve	ed/		Fore	ign E	xcha		Mone	/ Chang	ger Serv	vices			Gambli he abo	ng / Lot ve	tery / C	Casino	Services
Relatior	nship with th	ne ben	eficiary	/ child																	
4. ADDI	TIONAL DOM	IOR (SE	COND	APPLI	CANT)			F	Reside	ent Ind	ividua	I 🗌 NI	RI								
4. ADDITIONAL DONOR (SECOND APPLICANT) Resident Individual NRI Mr. / Ms.																					
4a. Occupation: Service Private Sector Public Sector Government Service Student Professional Housewif Business Retired Agriculture Proprietorship Others (please specify)																					
Busin																					
	s Annual Inco	me (Re		alow 1	l ac	1 - 5		5 - 1	01=	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											
4b. Gros 4c. Polit	tically Expos	ed Per	son (Pl	EP) Sta	atus									l am P		_					
4b. Gros 4c. Polit (Also app 5 POWE	tically Expose plicable for au	ed Per	son (Pl d signat	E P) Sta tories/	atus Promot	ers/ Ka								I am P		_					
4b. Gros 4c. Polit (Also app 5 POWE Mr. / Ms./ PAN*/PEH	tically Expos plicable for au ER OF ATTOR M/s.	RNEY (F	son (Pl d signat	EP) State	atus Promot R DETA	ers/ Ka I LS	arta/ Trus	tee/ \	Who	le tim datory)	e Dire	ctors)		I am P		_					
4b. Gros 4c. Polit (Also app 5 POWE Mr. / Ms./ PAN*/PEH	tically Expos plicable for au ER OF ATTOR M/s.	RNEY (F	son (Pl d signat	EP) State	atus Promot R DETA	ers/ Ka I LS	arta/ Trus	tee/ \	Who	le tim datory)	e Dire	ctors)				_					
4b. Gros 4c. Polit (Also app 5 POWE Mr. / Ms./ PAN*/PEH Please a ACKNOWLI	tically Expos plicable for au ER OF ATTOR M/s. KRN* attach proof. EDGEMENT SLIP (T	Refer in the filled	son (Pl d signat	EP) Statories/	Atus Promot DETA	ers/ Ka	erta/ Tru:	kYC*	Who (Man . 17	le tim datory)	e Dire Pleas /C	ctors)	Proof A	Attached	EP] I am	Related	d to PEP		Not A	pplicable
4b. Gros 4c. Politi (Also app 5 POWE Mr. / Ms./ PAN*/PEH * Please a ACKNOWLI Applica	tically Expos plicable for au ER OF ATTOR M/s. KRN* _ attach proof. 	Refer in thorise	son (Pl d signat	EP) Statories/	Atus Promot DETA	ers/ Ka	erta/ Tru:	KYC*	Who (Man . 17	le time datory) for K	e Dire	ctors)	Proof A	Attached	EP] I am	Related	d to PEP		Not A	pplicable

6a. BENEFICIARY CHILD INFORMATION (refer Instruction 5)											
Name of the Beneficiary Child Mast. / Miss.											
Nationality Date of Birth@ (Mandatory) PAN/PEKRN (If available) Address of the Ben	D M M Y Y @ Proof attached [Please (//)] D eficiary Child										
6b. PARENT / LEGAL GUARDIAN OF UNIT HOLDER (BENEFICIARY CHILD) (refer Instruction Name of the Parent / Legal Mr. / Ms.	on 5)										
Status: Individual 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	Office										
Residence	eAlerts Mobile No.										
PAN*/PEKRN* KYC* (Mandatory) [Please (//)] Proof Attached eDocs E-mail^ Image: Comparison of the proof	transact online as per the terms & conditions displayed on										
website: www.hdfcfund.com (Email id mandatory). On providing email id Investors shall receive HPIN to transact online as per terms& conditions displayed on website. ^ 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)											
* Please attach proof. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC @ Mandatory											
Occupation: Service Private Sector Public Sector Government Business Retired Agriculture Proprietorship Others	nt Service Student Professional Housewife (please specify)										
Gross Annual Income (Rs.) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs											
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 Resident NRI/PIO/OCI Others (please spec	tify) Student 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@ □ □ M Y Y Y Please (✓) □Proof Attached@ □										
guardian of Alternate Child@ [Please (/)] Father Mother Court appointed Legal Guardian	Proof of relationship attached@ Please (√) □ @ Mandatory										
Address of the Alternate Child											
Status (of the Alternate Child) [Mandatory (Please ✓)]	PIN Occupation (of the Alternate Child) [Mandatory (Please /)]										
Resident NRI/PIO/OCI Others	Student Others (please specify)										
8. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification) (Refer instruction 5b)	4										
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 Gu	ardian Yes No										
If Yes, please provide the following information [mandatory] Please indicate all countries in which you are resident for tax purposes and the ass	sociated 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 7 (Mandatory to attach proof, as the pay-out bank account is different from the bank account mention											
Account No. Name of the Bank											
Branch Bank City											
MICR Code**	FSCCode*** (Refer Instruction 7C) // // // // // // // // // // // // //										
** (Refer Instruction 12) (Mandatory for Dividend Payout via ECS) d	o not find this on your cheque leaf, please check for the same with your bank)										
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 PAYN									
	the redem	ption / d	ividend procee				irnished in Section 9) vi nd draft instead of dire		edit/ NEFT/ECS facility credit through NEFT 🛛
11. INVESTMENT D Form No. on the							or) must be pre printed	on the che	que.) (Please write Application
Plan (Please √) 🗌	Investmer	nt Plan (I	Equity Oriente	d) 🗌 S	avings Plan	(Debt Oriented)	Units subject to Lock-	in Period [F	Please √] ◯ Yes ◯ No (Default
			otion routed thr Agent Informati		stributor)		Option (Purchase/ Subson DIRECT in Key Partne		de directly with the Fund) formation
			For Defa	ult Optic	on (viz. Direct	t / Regular Option)	refer instruction 8		
		ind crossed	d "A/c Payee onl y	/" (Invest			ame) (PAN of Beneficiary n must mention "Direct"		"HDFC Children's Gift Fund-(Plan Plan name.)
Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ Payme Instrume UTR Da	nt ent/	Amount of Cheo DD / Paymer Instrument / RT NEFT in figures	it I GS/	DD Charges, if any	Net Cheque/ DD Amount	Drawn on Bank / B	ranch	Pay-In Bank Account No. (For Cheque Only)
Mode of Payment	(Please ✓)		Third	Party Man	datory Enclosur	e(s)*		
Cheque				the ch	eque then a	a copy of the bank			ty (Donor) is not pre-printed on ccount or letter from the bank
Pay Order Demand Draft Banker's Cheque				debite instruc	d for issue tions to deb	of the instrument bit carry the bank ac	or Copy of the acknow	wledgeme of the thir	ame and Bank Account Number nt from the bank, wherein the d party as an account holder are for issuance of the instrument.
RTGS NEFT Fund Transfer				Сору о	of the Instru	ction to the Bank s	stating the Bank Accou	nt Numbe	r which has been debited.
* HDFC Mutual Fund documents/information							right to seek informa	tion and /o	or obtain such other additional
12. DECLARATION	IS & SIGN	ATURE(S	(Refer Instruct	ion 10 a	nd 14)				
compliance with applid (1) I/We have read, HDFC Children's	cable Indian understooc Gift Fund of ible to inves	and foreig and here f HDFC M st in favor	gn laws. I / We he eby agree to cou utual Fund ('Fuu ur of the minor	ereby cor mply wit nd') indio	nfirm and dec h the terms cated above.	clare as under:- and conditions of t	he scheme related docu	ments and	confirm that my application is in apply for allotment of Units of to make this investment as per
	HDFC Asset	Manage	ment Company	Limited	(AMC)/ Fun	id and undertake t			ditional information as may be ars and Transfer Agent (RTA) in
(4) That in the event therefrom.	t, the abov	e informa	ation and/or an	y part of	f it is/are fou	und to be false/unt	rue/misleading, I/We w	ill be liabl	e for the consequences arising
may be provided SEBI registered i including but not	by me/us to intermediar t limited to	o the Mut ries for si Financial	tual Fund, its Sp ingle updation/ Intelligence Un	onsor/s, ′ submis it-India (Trustees, As sion, any In (FIU-IND) etc	set Management C dian or foreign sta without any intim	Company, its employees atutory, regulatory, juc ation/advice to me/us.	, agents ar licial, quas	iding the changes/updates that id third party service providers, i- judicial authorities/agencies
(6) I/We will indemn transactions.	ify the Func	d, AMC, Tr	rustee, RTA and	other in	termediarie	s in case of any disp	ute regarding the eligil	oility, validi	ity and authorization of my/our
him/them for the	different o ONFIRM TH	ompeting I AT I/WE	g Schemes of va HAVE NOT BEE	rious Mu E N OFFE	itual Funds f RED/ COMN	rom amongst whic	h the Scheme is being re	commend	r any other mode), payable to ed to me/us. R ANY INDICATIVE YIELD BY
THE FUND/AMC									
1. I/We declare that t	he paymen	t made or	n behalf of mind	or is in co					
rules, regulations,	re that the a , notificatio pever nature	amount in ons or dir e that the	nvested in the F ections issued I Fund/ AMC ma	und is th by any re ly suffer	rough legiti egulatory au as a result of	imate sources only uthority in India. I f accepting the afor	and is not for the purpo We shall be solely liab	le/respons	ravention or evasion of any act, ible for any claim, loss and/ or ds processing the transaction in
Third Party Paymen 1. I/We hereby confirm									
2. I/We confirm that Scheme(s) on beha	I/We are th alf of the mi	ne guardi nor.	ian of the Mino				ction to the funds recei	ved towar	ds Subscription of Units in this
For Foreign National I/We will redeem my/d arising out of the failu	our entire ir	nvestmen	nt/s before I/We				I/We shall be fully liable	e for all con	sequences (including taxation)
For NRIs/ PIO/OCIs o	nly:								
						n-repatriation basis		Date	E D D M M Y Y Y Y
SIGN HERE (Please write Application Folio No. on the rever Cheque / Demand		~							
Payment Instrum	ent.)		Dono	r		Additic	onal Donor	I	Parent / Legal Guardian

CHECKLIST

🕫 Please ensure that your Application Form is complete in all respects and signed by all Donors and Parent/ Legal Guardian (wherever applicable):

• Name, Address and Contact Details are mentioned in full. • Status of Donor is correctly indicated. • Bank Account Details are entered completely and correctly. • Permanent Account Number (PAN) of Donor and additional Donor are mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment. • Please attach proof of KYC Compliance status if not already validated. • Appropriate Plan / Option is selected.

- Your investment Cheques and bank drafts must be drawn in favour of "HDFC Children's Gift Fund-(Plan Name) (PAN of Unitholder)" or "HDFC Children's Gift Fund-(Plan Name) (Unitholder's Name)" dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- 🖙 Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Companies / Trusts / Societies/ Partnership Firms / LLP	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	1			
2.	List of Authorised Signatories with Specimen Signature(s) @	1			1
3.	Notarised Power of Attorney				1
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable		1		
5.	PAN Proof	1	1	√ #	1
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	4	1	√ #	1
7.	Proof of Date of Birth			1	
8.	Proof of Relationship with Guardian			1	
9.	PIO / OCI Card (as applicable)		1		

@ Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.