

TRANSACTION REQUEST FOR PURCHASE / SWITCH / REDEMPTION (Please use separate transaction slip for each scheme.

For upating your contact details, please submit a separate request)

TIMESTAMP (FOR OFFICE USE ONLY)

Folio Number :		Scheme / Plan / Option* :			
Name of Sole/ First Unit Holder:		(Switch-out scheme for switch request)			
*Investors applying under Direct Plan must menti			KIM will apply if the choice of	Plan / Option is not indicated	
KEY PARTNER / AGENT INFORMATION	•				
ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN - ARN-64917		ARN -			E434563
Note : Upfront commission shall be paid directly by		egistered Distributor) based on th	e investors' assessment of vari	ous factors including the serv	ice rendered by the ARN Holder.
Important: Please strike off any unused po		ne on the reverse of the chec	uue/DD/Payment Instrumer	nt no)	
Payment Mode: (Please tick any one	<u>'</u>		que DD	☐ Funds Transfer	☐ RTGS / NEFT
Cheque/DD/Instrument No:	IF APPLICABLE Payme	ent Date/Instrument Date	: / / Am	ount (Rs.) :	
Bank Name:MANDATO	DRY FOR OTM	Branch:		City :	
Investors desiring to get allotment of ur					
DP Name	, DE			CDSE	
DP ID					
Beneficiary Account No.					
Please attach a copy of the DP statement / Clie IMPORTANT: Names, mode of holding, PAN d			. The units will be credit	ed to the beneficiary (de	mat) account only after
successful verification with the depositor	ory records and realization of pay	ment.			
SWITCH REQUEST (Please tick a	iny one only) All Free Units	No. of units :		nount (in Rs.) :	
To Scheme / Plan / Option : ^ Investors applying under Direct Plan must men			'IM will apply if the choice of DI	on / Ontion is not indicated	aple
REDEMPTION - Subject to Loc	-			an / Option is not indicated.	availil
Redeem All Free Units No. of Units			*	e)	nation
		IFSC Code :			for electronic payment)
Note: If a redemption request is submitted alongs the request for changing the bank account details	with a request for changing the bank accou			, ,	· / / di
For investors who have registered for M		ne above folio:			agelia
The redemption should be processed into the					folio):
Name of the Bank :					
Account No. : # Important Note: If the bank account mention	Account Type : oned above is different from those alrea		Bank City: e bank account details are no		n will be processed into
the "Default" bank account registered for the redemption proceeds into any of the bank acc	aforesaid folio. HDFC Mutual Fund or HI counts registered with us for the aforesa	DFC Asset Management Compa	ny Ltd. will not be liable for an	loss arising to the unitholde	er(s) due to the credit of request, I/we authorise
you to send the entire such (lesser) balance beccharation: I/We am/are not prohibited	· · · · · · · · · · · · · · · · · · ·	anu ardar/miling/indgamant at	a of any requisions hads incl	uding CERT T/Wo confirm th	
compliance with applicable Indian and forei 1) I/We have read, understood and hereby agree to com	gn laws. I/We hereby confirm and d	leclare as under:-			
the load structure. 2) The amount invested in the Scheme(s) is through legit					
 I/We hereby confirm that, the details provided in/with may be required and further undertake that I/We shall 	n this form are true and correct and undertake to I be liable, in the event the details and/or any pa	to inform the AMC/Fund/Registrars an art thereof is found to be false/untrue/	d Transfer Agent ('RTA') in writing a misleading.	bout any change in the said detai	ls and to furnish additional details as
 I/We hereby authorize you to disclose, share, remit in and/or third party service providers, SEBI registered in 	intermediaries for single updation/submission,	or any part of it including the changes any Indian or foreign statutory, regu	/updates that may be provided by r atory, judicial, quasi- judicial autho	ne/us to the Fund, its Sponsor/s, T rities/agencies including but not I	rustees, AMC, its employees, agents imited to Financial Intelligence Unit-
India (FIU-IND) etc. without any intimation/advice to a 1/10 I/We will indemnify the Fund, AMC, Trustee, RTA and c	other intermediaries in case of any dispute rega				
 The ARN holder (AMFI registered Distributor) has dis which the Scheme is being recommended to me/us. I/WE HEREBY CONFIRM THAT I/WE HAVE NOT 					_
Applicable to Foreign Nationals Resident	t in India only: I/We will redeem my/	our entire investment/s before I			
(including taxation) arising out of the failure to re Applicable to NRIs/PIO/OCIs only: I/W	e confirm that my application is in cor	npliance with applicable Indian			
Ple Declaration for Purchase/Switch transa	ase (✓) Yes No If Yes, (✓)		n-repatriation basis		
I/We hereby confirm that the EUIN box h manager/sales person of the above distrib	nas been intentionally left blank b	me/us as this transaction	is executed without any	interaction or advice by	the employee/relationship
of the distributor/sub broker.	outory sub broker of notwichstanding		UNIT HOLDERS IF MODE OF HOLD		
ature(s)					
<u> </u>					
Sole/ First Unit holder/ Gua	ardian/ POA case there is any change to your KYC	▲ Second Unit hold			hird Unit holder
Important aicre. Inc	and submit the same a	t the point of service of any K	C Registration Agency	a Kre change request re	/////
(To be filled and signed by f	FATCA & CRS - SELF C			EMENTADY	
	folio(s) with Single holders only. In ca), FATCA & CRS - SELF CERTIFICATIO			EMENTART	
ATTENTION PAN :	Name:				
•	s Country of Birth/Citizenship/Natio				
If yes, then please submit a Declaration: I have read and understood the	a Supplementary Know Your Client (k	**		-	
YOUR CLIENT (KYC), FATCA & CRS - SELF CE correct and complete. I hereby agree and complete.	ERTIFICATION FORM and hereby cor	nfirm that the information pro	vided by me/us on this Forr	n is true.	
modification to this information promptly. I 'Foreign Account Tax Compliance Act (FATCA	further agree to abide by the prov A) and Common Reporting Standard	isions of the Scheme related s (CRS) on Automatic Exchar	documents inter alia provinge of Information (AEOI)'.	sions on I hereby	
authorize you to disclose, share, remit in any may be provided by me to the Mutual Fund,	y form/manner/mode the above info its Sponsor/s, Trustees, Asset Mana	rmation and/or any part of it agement Company, its emplo	including the changes/upd yees, agents and third part	ates that y service	
providers, SEBI registered intermediaries for authorities/agencies including but not limited	or single updation/ submission, any d to Financial Intelligence Unit-India (/ Indian or foreign statutory (FIU-IND) etc without any inti	regulatory, judicial, quasi mation/advice to me.	- judicial	Sign of Sole Holder