HDFC MUTUAL FUND
BHAROSA APNO KA

COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTION

Request For	Change of Bank Details / Mode of payout	PAN & KYC Updation	Updation of contact details	Change/Updation of IFSC Code	Consolidation of Folios	Nominee Updation / Cancellation	HDFCMF eServices
Fill Section (s)	A+B+M	A+C+M	A+D+M	A+E+M	A+F+M	A+H+M	A+G+C+M

For Existing Unitholder(s) holding units in physical mode. Please read documentation requirements and Terms and Conditions overleaf. Please fill in the information below legibly in English and in CAPITALS.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

DATE ____ ____ ____ (DD MM YYYY)

A. UNIT HOLDER INFORMATION

Folio No(s)

Sole/First Unit Holder

B. CHANGE OF BANK MANDATE / MODE OF PAYMENT [Refer (i) from instructions overleaf]

If you wish to change the mode of payout in your folio(s) to 'NEFT/RTGS', fill only the IFSC Code section below and submit a cancelled original cheque leaf OR a copy of cheque leaf.

A/c No. | Account Type [Please tick (✓)] ☐ Savings ☐ Current ☐ NRE ☐ NRO FCNR ☐ Others

Bank Name :

Branch : | Bank City : | State :

IFSC Code | MICR Code

NOTE :

Unitholders will receive redemption/ IDCW proceeds directly into their bank account via Direct Credit/ NEFT/ECS facility.
Important: The charges, if any, levied by the unit holder's bank for receiving payments (i.e. IDCW / redemption proceeds) through NEFT / RTGS and crediting the unitholder's account, will be borne by the unit holder.

C. PAN AND KYC UPDATION

Sole / First Applicant / Guardian	☐ KYC Letter attached	**Date of Birth**	D D M M Y Y Y Y
Second Applicant	☐ KYC Letter attached	**Date of Birth**	D D M M Y Y Y Y
Third Applicant	☐ KYC Letter attached	**Date of Birth**	D D M M Y Y Y Y

D. NEW CONTACT DETAILS

Sole / First Applicant / Guardian

STD Code | TEL. (Off.) | TEL. (Res.) | Fax

Mobile | E-mail^

This mobile number belongs to (Mandatory Please ✓): Self Spouse Guardian (for minor) Dependent Children Dependent Siblings Dependent Parents POA PMS Custodian

This email id belongs to (Mandatory Please ✓): Self Spouse Guardian (for minor) Dependent Children Dependent Siblings Dependent Parents POA PMS Custodian

Second Applicant

STD Code | TEL. (Off.) | TEL. (Res.) | Fax

Mobile | E-mail^

This mobile number belongs to (Mandatory Please ✓): Self Spouse Guardian (for minor) Dependent Children Dependent Siblings Dependent Parents POA PMS Custodian

This email id belongs to (Mandatory Please ✓): Self Spouse Guardian (for minor) Dependent Children Dependent Siblings Dependent Parents POA PMS Custodian

Third Applicant

STD Code | TEL. (Off.) | TEL. (Res.) | Fax

Mobile | E-mail^

This mobile number belongs to (Mandatory Please ✓): Self Spouse Guardian (for minor) Dependent Children Dependent Siblings Dependent Parents POA PMS Custodian

This email id belongs to (Mandatory Please ✓): Self Spouse Guardian (for minor) Dependent Children Dependent Siblings Dependent Parents POA PMS Custodian

^ On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof/ account statements / statutory and other documents by email. It is deemed that the unit holder is aware of all the security risks associated with online communication including possible third party interceptions of documents sent via email.

E. CHANGE/UPDATION OF IFSC CODE (Only for registered bank account as per our record)

IFSC Code | A/c No.

Bank Name :

Branch : | Bank City : | State :

Documents to be submitted - Cancelled original cheque

A change of IFSC request should be submitted along with "Cancelled" original personalised cheque leaf (bearing account number and first named unitholder on the face of the cheque). Unit holders should without fail cancel the cheque and write 'Cancelled' on the face of it to prevent any possible misuse.

Note: Unit holders are requested to submit the "Cancelled" original personalised cheque leaf at any of the Investor Service Centre (ISC) of Mutual Fund.

Kindly also provide the Bank Statement/Passbook with current entries not older than 3 months having the Name, IFSC code and Bank Account Number of the unit holder.

F. CONSOLIDATION OF FOLIOS [Refer (iii) from instructions overleaf]

I / We wish to consolidate all my / our investments under specified folios into one folio.
Folios to be consolidated (i.e. source folios):

NOTE: For additional folios, if any, use a separate form.

Target folio~**[MANDATORY]** :

1. This folio has to be one of the source folios.
2. After consolidation, the unit holder(s) agree that the details in the target folio will be applicable even if there were different details in source folio(s)
3. All Joint holders should sign, even in case of 'Anyone or Survivor'.
4. In case there is no nominee in the target folio, please fill section H.

ACKNOWLEDGEMENT SLIP (To be filed in by the Investor)

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

DATE D D M M Y Y Y Y | **FOLIO NO.**

ISC Stamp & Signature

Received from Mr. / Ms.

[For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

e-mail us at: hello@hdfcfund.com or **visit our website: www.hdfcfund.com** **Missed Call Number - +91 85069 36767**

Please sign overleaf

G. HDFCMF *e*Services

☐ **HDFCMF*Online*** : I / We would like to transact online and so would like to request for Online Access

E-mail: _____ Mother's Maiden Name: _____

The Online Access will be provided subject to form being complete in all aspects. I/We have read and understood the terms and conditions applicable to **HDFCMF*Online*** facility and confirm that I / We shall be bound by them. Terms and conditions are available at our Investor Service Centres or on our website www.hdfcfund.com. Furnishing of your PAN & KYC proof is compulsory for investments irrespective of value. In the absence of PAN & KYC proof such application will not be accepted. In case you have already submitted the PAN proof /KYC compliance proof for the folio(s) mentioned under Section A, you need not attach the document(s) again. **For updation of PAN & KYC, please fill Section C.** For Non-Individual Investors, it is mandatory to provide the Board Resolution along with this request with clear instruction of "Online access is needed" in the Board Resolution.

H. REGISTRATION / CHANGE / CANCELLATION OF NOMINATION [Refer (iii) from instructions overleaf]

☐ I/We wish to make a nomination. [As per details given below] **OR**

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account/ folio in the event of my / our demise, as trustee and on behalf of my/ our legal heir(s)*. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory information				
1	**Name of the nominee(s) (Mr./Ms.)**			
2	**Share of each Nominee#**	%	%	%
3	**Date of Birth (for Minor)**	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
4	**Relationship with the Applicant (select one)**	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son Others _____(please specify)	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son Others _____(please specify)	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son Others _____(please specify)
5	**Nominee/ Guardian (in case of Minor) Identification details** *[Please tick any one of the following and provide ID Number and no copies required].*	☐ PAN _____ ☐ Aadhaar (masked last 4 digits) **** **** _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____	☐ PAN _____ ☐ Aadhaar (masked last 4 digits) **** **** _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____	☐ PAN _____ ☐ Aadhaar (masked last 4 digits) **** **** _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____
6	**Address of Nominee(s)/ Guardian in case of Minor** City / Place: State & Country	**Pincode:**	**Pincode:**	**Pincode:**
7	**Mobile of nominee(s)/ Guardian in case of Minor**			
8	**Email ID of nominee(s)/ Guardian in case of Minor**			
Non-mandatory details				
9	**Nominee Guardian Name (in case Nominee is Minor)**			

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) with % ☐ Nomination: Yes / No (Default)

This nomination shall supersede any prior nomination made by the account holder(s), if any

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Scheme / Plan / Option

Scheme 1

Scheme 2

Scheme 3

[For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

e-mail us at: hello@hdfcfund.com or visit our website: www.hdfcfund.com Missed Call Number - +91 85069 36767

H. REGISTRATION / CHANGE / CANCELLATION OF NOMINATION [Refer (iii) from instructions overleaf] *(Contd...)*

Signature(s) – As per mode of holding in demat accounts / MF Folio(s).

	Name of the Holder	Signature / Thumb Impression*
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:

** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.*

If % is not specified, then the assets shall be distributed equally among all the nominees. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Note: *The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)*

I. Change of Mode Of Operation (Applicable only if there are more than one applicant in the Folio)

☐ Joint ☐ Any One or Survivor(s)

J. Power of Attorney (POA) ☐ Registration ☐ Cancellation *Please refer the instructions for the documents to be submitted.

Name of POA Holder: _____ PAN No. of POA

K. Change of Income Distribution cum capital withdrawal Option

Scheme Option _____ ☐ Payout to Reinvestment ☐ Reinvestment to Payout

L. Release Unclaimed Amount

☐ I would request you to kindly release the unclaimed amount in the folio to the registered bank account.

M. UNITHOLDER(S) SIGNATURE(S)

Note:

1. To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/cancellation of nomination and/or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'.
2. Alterations in the form, if any should be countersigned.

Declaration :

"I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

First/Sole Unitholder/Guardian	Second Unitholder	Third Unitholder
_____	_____	_____