

Investors must read the Key Information Memorandum and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / AGENT INFORMATION

Name and AMFI Reg. No. (ARN)	Sub Agent's name and Code/Bank Branch Code	M O Code
ARN- 60528		
Name	KAPIL JAIN	

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp

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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 2 and please tick (✓) any one)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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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.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proceed to section 5. Refer instruction 3).

Folio No. /

The details in our records under the folio number mentioned alongside will apply for this application.

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

2. STATUS (of First/Sole Applicant)

[Please tick (✓)]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Company	<input type="checkbox"/> FII
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> BOI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> LLP	
<input type="checkbox"/> Society / Club	<input type="checkbox"/> Others _____	(please specify)		

MODE OF HOLDING

[Please tick (✓)]

<input type="checkbox"/> Single
<input type="checkbox"/> Joint
<input type="checkbox"/> Anyone or Survivor

OCCUPATION (of First/Sole Applicant)

[Please tick (✓)]

<input type="checkbox"/> 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)	

3a. UNIT HOLDER INFORMATION (refer instruction 4)

DATE OF BIRTH

Mandatory for minors

DD MM YYYY

Proof of date of birth

Mandatory for minors

Please (✓)

Attached

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

Mr. Ms. M/s.

Nationality PAN#

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

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.

Nationality Designation Contact No.

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

Relationship with Minor@ [Please (✓)] Father Mother Court appointed Legal Guardian

Proof of relationship with minor@ Please (✓) Attached @ Mandatory in case of Minor.

NAME OF THE SECOND APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Second Applicant not allowed in case of minor as first/sole applicant)

Mr. Ms. M/s.

Nationality PAN#

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

NAME OF THE THIRD APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Third Applicant not allowed in case of minor as first/sole applicant)

Mr. Ms. M/s.

Nationality PAN#

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

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address may not be sufficient)

CITY STATE PIN CODE

OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs) (P. O. Box Address may not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT (refer instruction 9)

STD Code

Telephone : Off. Res. Fax

eAlert Mobile eDocs Email*

^ 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.

3b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN KYC [Please tick (✓)] Proof Attached (Mandatory)

Please attach Proof. If PAN/KYC is already validated please don't attach any proof. Refer instruction No. 15 for PAN and No 17 for KYC.

4. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (refer instruction 5) Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

For unit holders opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.

Account No. Name of the Bank

Branch Bank City

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS _____ (please specify)

IFSC Code***

The 9 digit MICR Code number of my/our Bank & Branch is**

*** Refer Instruction 5 C (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) (** Refer Instruction 10) (The 9 digit code appears on your cheque next to the cheque number)

... continued overleaf

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 60006767 or 18002336767 (Toll Free)]

HDFC MUTUAL FUND Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020

Date : App. No. : HGF

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

an application for Purchase of Units under Growth Option of **HDFC GOLD FUND** alongwith Cheque / DD No. _____ dated _____

drawn on _____ Rs. _____

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

ISC Stamp & Signature

5. MODE OF PAYMENT OF REDEMPTION VIA DIRECT CREDIT / NEFT / RTGS (refer instruction 10) [Please tick (✓)]

Unitholders will receive redemption directly into their bank account (as furnished in Section 4) via Direct credit / NEFT / RTGS
 I/We want to receive the redemption (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT / RTGS system into my / our bank account [Please tick (✓)]

6. eSERVICES OPTIONS (SAVE PAPER, SAVE TREES) [Please tick (✓)] (refer instruction 11)

HDFCFMFOne & HDFCFMFMobile - I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online
 Mandatory information to be provided:
 a) Email address: _____
 (if the address given herein is different from the email address under section 3(a), the email address under section 6(i) will be considered during registration for HPIN).
 b) Mother's maiden name: _____
 I/ We have read and understood the terms and conditions and confirm that I/ we shall be bound by them (Terms & Conditions available in the eServices booklet as well as on our website)

7. INVESTMENT DETAILS (refer instruction 6)

Currently the scheme offers Growth Option only.

8. PAYMENT DETAILS (refer instruction 7 & 8) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.) Please attach a separate Cheque/ Demand Draft for each Scheme. Please write Cheque/ DD in favour of 'HDFC Gold Fund A/c PAN' or 'HDFC Gold Fund A/c First Investor Name'.

(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))
(ii) Payment Type [Please (✓)]	<input type="checkbox"/> Non-Third Party Payment		<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Cheque / DD No.	Drawn on Bank / Branch Name		
Cheque / DD Date	Pay-In Bank Account No. (For Cheque Only)		
Amount of Cheque/DD/RTGS in figures (Rs.) (i)	Account Type [Please (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT	
DD charges, if any, in figures (Rs.) (ii)		<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
Total Amount (i) + (ii)	in figures (Rs.)	<input type="checkbox"/> OTHERS _____ (please specify)	
	in words		

9. DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT / GUARDIAN - (Optional - refer instruction 12)

NSDL		CDSL	
DP Name	_____	_____	
DP ID*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Beneficiary Account No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

*Investor willing to invest in demat option, may provide a copy of the DP statement to match the demat details as stated in the application form.

10. NOMINATION (refer instruction 14) (Mandatory for new folios of Individuals where mode of holding is single)

This section is to be filled in only by investors who opt to hold the Units in non-demat form.

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

First / Sole Applicant	Second Applicant	Third Applicant		
Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Nominee / Guardian of Nominee (Optional)	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				

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

I / We have read and understood the terms and contents of the Scheme Information Document of HDFC Gold Fund and Statement of Additional Information of HDFC Mutual Fund. I / We hereby apply to the Trustee of HDFC Mutual Fund for allotment of Units of HDFC Gold Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We have understood the details of the Scheme and I / we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. **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.** I/ We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We declare that the information given in this application form is correct, complete and truly stated.

Applicable to NRIs only :

I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

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

DD	MM	YYYY
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SIGNATURE(S)	First / Sole Applicant / Guardian	Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.
	Second Applicant	
	Third Applicant	

HDFC ASSET MANAGEMENT COMPANY LIMITED

A Joint Venture with Standard Life Investments Limited
Registered Office :

Ramon House, 3rd Floor, H.T. Parekh Marg,
 169, Backbay Reclamation, Churchgate, Mumbai 400 020
 Tel.: 022-66316333 Toll Free no. 1800 233 6767
 Fax : 022-22821144

Registrar and Transfer Agent:

Computer Age Management Services Pvt. Ltd,
 Unit: HDFC Mutual Fund
 5th Floor, Rayala Tower, 158, Anna Salai, Chennai - 600 002.
 Telephone No: 044-30212816
 Fax No: 044-42032955