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**TRANSACTION REQUEST FOR
PURCHASE / SWITCH / REDEMPTION**

TIMESTAMP (FOR OFFICE USE ONLY)

Name of Unit Holder : _____ Folio Number : _____

1st Joint Unit Holder : _____ Scheme / Plan / Option* : _____
(Switch-out scheme for switch request)

2nd Joint Unit Holder : _____

*Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

KEY PARTNER / DISTRIBUTOR INFORMATION (Investors applying under Direct Plan must mention "Direct" in the ARN column below.)

ARN	ARN Name	ARN Sub Distributor's ARN/Branch Code	Internal Code for Sub-Distributor/ Employee	Employee Unique Identification Number (EUIIN)
ARN No -15341	S Muralidharan			E038968

Declaration for "execution-only" Purchase/Switch transaction (only where EUIIN box is left blank)

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee / relationship manager / sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

▲ TO BE SIGNED BY ALL UNIT HOLDERS IF MODE OF HOLDING IS JOINT. ALTERATIONS, IF ANY, SHOULD BE COUNTERSIGNED.

Signature(s)

Sole/ First Unit holder/Guardian_____
▲ Second Unit holder_____
▲ Third Unit holder**Important: Please strike off any unused portion of this sheet.**☐ **ADDITIONAL PURCHASE** (Please write your folio number and name on the reverse of the cheque/DD/Payment Instrument no.)Amount (in Rs.): _____ Drawn on: **BANK NAME** Cheque/DD/Payment Instrument no. : _____☐ **SWITCH REQUEST (Please tick any one only)** ☐ All Free Units ☐ No. of units : _____ ☐ Amount (in Rs.) : _____

To Scheme / Plan / Option ^ : _____

*Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

☐ **REDEMPTION - Subject to Lock-in Period, if any (Please tick only one of the below options.)**Redeem ☐ All Free Units ☐ No. of Units _____ ☐ Amount (in Rs.) _____ (in words) _____

IFSC Code : _____ (If not provided earlier for electronic payment)

Note : If a redemption request is submitted alongwith a request for changing the bank account details, the redemption will be processed into the registered/default bank account in the aforesaid scheme/folio and the request for changing the bank account details will not be processed.

For investors who have registered for Multiple Bank Accounts facility* in the above folio:

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us (This bank account has already been registered in the folio):

Name of the Bank : _____ Branch : _____

Account No. : _____ Account Type : _____ Bank City : _____

*** Important Note:** If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HDFC Mutual Fund or HDFC Asset Management Company Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio. If the balance in my/our account does not cover the amount / units of the redemption request, I/we authorise you to send the entire such (lesser) balance to me/us.

Note : 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. In case the Additional Purchase amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, Rs.100/- will be deducted from the purchase amount and paid to the Distributor. Units will be issued against the balance amount invested. I/We have read and understood the terms and contents of the Scheme Information Document(s) including addenda, Key Information Memorandum including load structure(s) of the respective Scheme(s) 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 the Scheme(s) of HDFC Mutual Fund, as indicated and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN Holder 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 confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by HDFC Mutual Fund / HDFC Asset Management Company Limited / its distributor for this investment. I/We am/are authorised to undertake this transaction.

Declaration for Foreign National Resident in India only:

I / We confirm that I am / We are foreign national(s) presently resident in India. I/We undertake to redeem my/our entire investment / encash all other proceeds including dividend due to me / us before I/We change my/our residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem/encash on account of change in residential status.

▲ TO BE SIGNED BY ALL UNIT HOLDERS IF MODE OF HOLDING IS JOINT. ALTERATIONS, IF ANY, SHOULD BE COUNTERSIGNED.

Signature(s)

Sole/ First Unit holder/Guardian_____
▲ Second Unit holder_____
▲ Third Unit holder

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ACKNOWLEDGEMENT
(To be filled in by the Unit holder)

TIMESTAMP (FOR OFFICE USE ONLY)

Folio No. : _____ Sole/First Unit Holder: _____

Scheme / Plan / Option : _____ (SWITCH-OUT SCHEME FOR SWITCH REQUEST)

☐ **ADDITIONAL PURCHASE**Amount (in Rs.): _____ Drawn on: **BANK NAME** Cheque/DD/Payment Instrument no. : _____☐ **SWITCH REQUEST (Please tick any one only)** ☐ All Free Units ☐ No. of units : _____ ☐ Amount (in Rs.) : _____

To Scheme / Plan / Option : _____

☐ **REDEMPTION** ☐ All Free Units ☐ No. of units : _____ Amount (in Rs.) : _____**Our Contact Numbers:** 1800 3010 6767 / 6000 6767 (Do not prefix with any STD Code) **email:** cliser@hdfcfund.com **Website :** www.hdfcfund.com