

Application cum Flex STP Form HDFC CASH MANAGEMENT FUND – TREASURY ADVANTAGE PLAN

Offer of Units At Applicable NAV

CIG

(Please refer Product labeling available on cover page of the KIM)
Investors must read the KIM and the instructions (for Instructions refer page 31-36) before completing this Form. This Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / AGENT IN	IFORMATION (Investors applying	under Direct Plan must ment	tion "Direct" in ARN colum	n.) (Refer Instruction 1)		FOR OFFICE USE ONLY
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	(TIME STAMP)
34348					025124	
	EUIN box is left blank) (Refer Ins			20		
of the above distributor/sub b	EUIN box has been intentionally l roker or notwithstanding the advi	ett blank by me/us as this t ce of in-appropriateness, i	transaction is executed w f any, provided by the em	nthout any interaction ployee/relationship n	n or advice by the employed nanager/sales person of the	e/relationship manager/sales person e distributor/sub broker.
			Sign Here			Sign Here
	oplicant/ Guardian	-	Second Applicant			ird Applicant
	FOR APPLICATIONS THROUG	GH DISTRIBUTORS ON		2)		
In case the purchase/ subsc subscription amount and pay registered Distributor) based	ription amount is Rs. 10,000 or yable to the Distributor. Units wil on the investors' assessment of v	more and your Distributo I be issued against the ba various factors including th	r has opted in to receiv lance amount invested. e service rendered by the	e Transaction Charge Upfront commission e ARN Holder.	es, the same are deductib shall be paid directly by t	le as applicable from the purchase/ he investor to the ARN Holder (AMFI
	R INFORMATION (IF YOU HA					
Folio No.			The details in o	our records under the	folio number mentioned a	longside will apply for this application.
2. MODE OF HOLDING [PIG	ease tick (🗸) 🔲 Single	Joint	Anyone or Survivor			
3. UNIT HOLDER INFORMA	ATION (Refer instruction 4)		DATE OF BIRTH@		Pro	oof of date of birth@ Please (√)
	PPLICANT (In case of Minor, the	re shall be no joint holder	s)	DD MM	YYYY	Attached
Mr. Ms. M/s. Nationality			PAN#/ PEKRN#		love /	Ţ [Please tick (✓)] ☐ Proof Attached
,	ase of First / Sole Applicant is a N			ON (in case of non-in	dividual Investors)	(Mandatory)
Mr. Ms.		2				
Nationality PAN#/ PEKRN#		Designation		Cor	ntact No.	(Nandatory) Proof Attached
Relationship with Minor@ PI	lease (✓) Father Mother	Court appointed Legal G	Guardian	Proof of relationship w		Attached @ Mandatory
	RST / SOLE APPLICANT (Mandat					,
CITY		STA	TE		PIN	CODE
CONTACT DETAILS OF FIR	ST / SOLE APPLICANT	Country Code		STD Co	ode	
Telephone : Off.		Res.		F	ax	
eAlerts Mobile I/ We would like to rea	ister for mv/our HDFCMF Personal	eDocs Email ^	N) to transact online as p	er the terms & condition	ons displayed on website:wy	ww.hdfcfund.com (Email id mandatory).
On providing email id Inve	stors (individual with mode of hol	ding as single or anyone o	r survivor and for HUFs) s	shall receive HPIN to t	ransact online as per terms	s& conditions displayed on website.
	nvestors snall receive scheme wis IT OTHER DETAILS (Mandato	·	agea summary tnereot/ a	ccount statements/ st	atutory and other documen	ts by email. (Refer Instruction 10 & 12)
		,	dividual [Please attach	FATCA, CRS & Ultima	ate Beneficial Ownership	(UBO) Self Certification Form] (Refer
			Instruction 4 &			
		atriation Partnership ational Resident in India	Trust HUF QFI Sole			or through guardian BOI COCI Others (please specify)
4b. Occupation Details [PI	_ ,			Proprietorship No ernment Service	Student Profession	
Retired Agriculture	` '	thers	(please specify)	Timone del vico	- Ctadont Troiceoidi	Idi
4c. Gross Annual Income		elow 1 Lac 1 - 5	5 Lacs 5 - 10	Lacs 10 - :	25 Lacs	acs - 1 Crore >1 Crore
			OR			
c. Net-worth (Mandatory fo				as on		(Not older than 1 year)
4d. Politically Exposed Pers	son (PEP) Status (Also applicab	le for authorised signatories	/ Promoters/ Karta/ Truste	e/ Whole time Director	<u> </u>	m Related to PEP Not Applicable
4e. Non-Individual Investo	rs involved/ providing any o	f the mentioned servic	es Foreign Exchan	ge / Money Changer :	Services Gaming / None of th	Gambling / Lottery / Casino Services
5. JOINT APPLICANT DETA	AILS, If any (Refer instruction 4	(In case of Minor, there		•	None of the	o above
Mr. Ms. M/s. Nationality			PAN#/ PEKRN#		KYC #	[Please tick (✓)] ☐ Proof Attached (Mandatory)
a. Occupation Details [Pl	lease tick (√)] Service	Private Sector	Public Sector Go	vernment Service	Student Professi	
Retired Agricultur		Others	(please specify			
ACKNOWLEDGEMENT SLI	P (To be filed in by the Investor) [i	For any queries please contac	t our nearest Investor Ser v	ice Centre or call us at o	ur Customer Ser vice Number	180030106767 (Toll Free)]
	Head office : HDFC House, 2nd Flo	oor, H.T. Parekh Marg, 165-	-166, Backbay Reclamati	on, Churchgate, Mum	bai - 400 020.	
Date : Received from Mr. / Ms. / M/s	S.				3.3	
	f Units of Scheme / Plan Name	HDFC CAS	H MANAGEMENT FUND	– TREASURY ADVAN	TAGE PLAN	ISC Stamp & Signature
Option / Sub-option:	nent Instrument as detailed overleaf.	Places Note: All Durchesses	Payout Option:	f Chaquas / Damand D	rafte / Payment Instrument	
aiongwiai oneque / DD / Payl	noni manument da ueidheu uvelledi.		are subject to realisation of	ı oneques / deliidilü Di	urw / r ayrriciil iiiəli ülliklil.	

JOINT APPLICANT DETAILS, If an	y (Contd) (Refer instruction 4) (In case of Mi	nor, there shall be no joint holders)	
b. Gross Annual Income (Rs.)	Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs	10 - 25 Lacs \square >25 Lacs - 1 Crore \square >1 Crore	OR Net worth Rs
c. 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
2. NAME OF THIRD APPLICANT Mr. Ms. M/s. Nationality		PAN#/ PEKRN#	
a. Occupation Details [Please tides] Retired Agriculture	Service	Public Sector Government Service Sture (please specify)	dent Professional Housewife Busin
b. 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.
c. Politically Exposed Person (PEF # Please attach Proof. Refer instruction N) Status (Also applicable for authorised signatories/ o 16 for PAN/PEKRN and No 18 for KYC.	Promoters/ Karta/ Trustee/ Whole time Directors)	I am PEP I am Related to PEP Not Applicable
FATCA INFORMATION/ FOREIGI	I TAX LAWS (for Individual including Sole	Proprietor) (Self Certification) (Refer instruction	1 4)
Address Type: Residential	red for all applicant(s)/ guardian or Business Residential Business Country of Birth / Citizenship / Nationality	Registered Office (for address mentioned in / Tax Residency other than India?	form/existing address appearing in Folio)
If Yes, please provide the follow Please indicate all countries in v		the associated Tax Reference Numbers below.	
Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			
#To also include USA, where	he individual is a citizen/ green card holder o	f USA. ^ In case Tax Identification Number is	not available, kindly provide its functional equival
POWER OF ATTORNEY (PoA) HO)LDER DETAILS		
Name of PoA Mr. Ms. M/s.	<u> </u>		
PAN#/ PEKRN#			tach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for
(Mandatory to attach proof, in case	HE FIRST / SOLE APPLICANT (For redempti the pay-out bank account is different from the ba	nk account mentioned under Section 10 below.)	
	demat form, please ensure that the bank account	linked with the demat account is mentioned here.	
Bank Name Branch Name		Bank City	
Account Number		Jame City	
MICR Code		(The 9 digit code appears on your cheque next to the	cheque number)
Account Type (Please ✓)	Savings Current NRO N	NRE FCNR Others (please specify)	redit via NEFT / RTGS) (11 Character code appearing on you cheque leaf, please check for the same with your bank)
IFSC Code***	DTION / DIVIDEND DDOCEEDS VIA NEET /		cheque leaf, please check for the same with your bank)
		ECS / DIRECT CREDIT (refer instruction 11)	CC facility
· ·	·	nt (as furnished in Section 8) via Direct credit/ NEFT/E d draft instead of direct credit / credit through NEFT syste	•
Particulars			
cheme Name / Plan / Option / Sub-opti ayout Option	on / HDFC CASH MANAGEMEN ADVANTAGE PLAN - Retai		SH MANAGEMENT FUND - TREASURY GE PLAN - Direct Plan - Retail Option
neque / DD / Payment Instrument / UT	R No. / Date		
awn on (Name of Bank and Branch)			
mount in figures (Rs.)			

								PAN" or "HDFC Cash Manag e write Application Form No			
HDFC Cash Managem	ent Fund ividend	- Treasury Ad	vantage Pla	n - Retail Option		HDFC Cash Mana	igement Fu	nd - Treasury Advantage	Plan - Re	tail Option - Direct Plan	
		Reinvestment	only)	O Weekly				Monthly			
						Reinvestm Regular Plan) refer				Reinvestment	
(i) Payment for [Please (<)]		Lump	sum Investment	System	natic Investment F	Plan (SIP)	[Please attach duly fillled a	Auto Debit	/ECS/ Standing Instruction)]	
Payment Type [Please	1 /2	Non-Th	ird Party Pa	Cheque / DD /			ase attach '	Third Party Payment Decla			
Cheque/ DD/ Payment Instrument/ Payment UTR No. UTF		Institute DD/ prayment Instrument/ UTR Date Payment Instru RTGS/ NEFT in fig		Instrüment / in figures (Rs.)	if any	Net Cheque/ DD Amount	Drav	Orawn on Bank / Branch		Pay-In Bank Account No. (For Cheque Only)	
LEX SYSTEMATIC TRA	NSFER P	PLAN DETAILS	G - (Refer Ter	ms & Conditions	for Flex STP	on page 46)					
Name of 'Transferee' Scheme/Plan/Option		(11	nvestors apply	ring under Direct F	Plan must me	ntion "Direct" agai	nst the Sche	eme name).		(ONLY GROWTH OPTIO	
Amount and Frequency of STP [Please (✓) any one]	Flex	Amount of Tran	ısfer per insta	Ilment: Rs	(The transfer amou	nt shall be d	etermined by formula in inst	truction 8(a	a) on page 46)	
. , , , , , , , , , , ,		Oaily					No	o. of installments:*			
		○ Weekly [Date of Transfer [Please (✓) any one] ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thur				y □ Friday ⁺					
		○ Monthly ⁺ ○ Quarterly					En	rolment Period*:			
ון			Date of Transfer [Please (\checkmark) any one] \Box 15th \Box 10th \Box 20th \Box 25th					From: M M Y Y Y Y To : M M Y Y Y Y			
Defendant in the Car			וו וווווו	☐ 15th ☐ 20	th 25th		To	- M M Y Y Y	Υ		
OMINATION (refer instr	uction 15	Default Frequency	//Date/Day [Re	efer instruction 7, 9	9(h) and 9(i)]			: M M Y Y Y (For Units in Non-Dema	at Form)		
OMINATION (refer instr	uction 15	Default Frequency 5) (Mandator not wish to Nom	//Date/Day [Re	efer instruction 7, 9	O(h) and 9(i)]			(For Units in Non-Dema	at Form)	cant	
OMINATION (refer instr [Please (✓) and sign] ☐	I/We do n	Default Frequency 5) (Mandator not wish to Nom	//Date/Day [Re	efer instruction 7, 9	O(h) and 9(i)]	mode of holding		(For Units in Non-Dema	,	cant	
OMINATION (refer instruction of the control of the	uction 15 I/We do n	Default Frequency 5) (Mandator not wish to Nom Applicant	//Date/Day [Re y for new for inate	efer instruction 7, 9	Second	mode of holding	is single)	(For Units in Non-Dema	Third Applie	Proportion (%) in which the units will be shared b	
[Please (√) and sign] □	uction 15 I/We do n	5) (Mandator not wish to Nom Applicant	r/Date/Day [Re	efer instruction 7, 9	Second OR Nam	mode of holding	is single)	(For Units in Non-Dema	Third Applie	Proportion (%) in which	
OMINATION (refer instruction of the control of the	uction 15 I/We do n rst / Sole A s under:	5) (Mandator not wish to Nom Applicant	r/Date/Day [Re y for new for inate elationship with	efer instruction 7, 9	Second OR Nam	d Applicant	is single)	(For Units in Non-Dema	Third Applie	Proportion (%) in which the units will be shared b each Nominee	
OMINATION (refer instruction of the content of the	uction 15 I/We do n st / Sole A s under:	5) (Mandator not wish to Nom Applicant	r/Date/Day [Re y for new for inate elationship with	efer instruction 7, 9	Second OR Nam	d Applicant	is single)	(For Units in Non-Dema	Third Applie	Proportion (%) in which the units will be shared to each Nominee	

ECLARATION & SIGNATURE/S (refer instruction 14)				
I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-		(Please write Application Form No. / Folio No.		
(1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ('Fund') indicated above.			on the reverse of the Cheque / Demand Draft / Payment Instrument.)	
(2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.				
(3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.		First / Sole Applicant / Guardian		
(4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/ misleading, I/We will be liable for the consequences arising therefrom.				
(5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.	(S)			
 i) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. 		Second Applicant		
(7) 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.	SIGNATURE(S)	Аррисан		
(8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.				
For Foreign Nationals Resident in India only:				
I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.		Third		
For NRIs/ PIO/ OCIs only:		Applicant		
I/We confirm that my application is in compliance with applicable Indian and foreign laws. Please (<)				