



HDFC BSE REITS and Commercial Real Estate Index Fund

Application No.:

(An open ended scheme replicating/tracking BSE REITS and Commercial Real Estate Index (TRI))

Investors must read the Key Information Memorandum and the instructions before completing this Form.

This Form should be completed in English and in BLOCK LETTERS only.

Offer of Units of Rs. 10 each Per Unit for cash during the New Fund Offer Period (NFO) and at NAV based prices upon re-opening

New Fund Offer (NFO) Opens on:	September 15, 2026
New Fund Offer (NFO) Closes on:	September 17, 2026
Scheme Re-opens on:	Scheme will re-open for continuous Sale and Repurchase within 5 working days from the date of allotment of units under NFO

(Any modification to the New Fund Offer Period shall be announced by way of an Addendum uploaded on website of the AMC.)

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	Scheme Riskometer#	Benchmark Riskometer# (As at August 31, 2026)
- Returns that are commensurate (before fees and expenses) with the performance of the BSE REITS and Commercial Real Estate Index (TRI), over long term, subject to tracking error. - Investment in equity securities covered by the BSE REITS and Commercial Real Estate Index (TRI) *Investors should consult their financial advisers, if in doubt about whether the product is suitable for them. # The product labeling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made. For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund viz. www.hdfcfund.com	Moderate Risk Moderately High Risk High Risk Very High Risk Low to Moderate Risk Low Risk RISKOMETER The risk of the Scheme is Very high	Moderate Risk Moderately High Risk High Risk Very High Risk Low to Moderate Risk Low Risk RISKOMETER The risk of the Benchmark is Very high

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

ARN/RIA Code/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's/ Stock Broker's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN-							

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 7, 10, 12 AND 14 ONLY. Refer instruction 2).

Folio No.

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

2. MODE OF HOLDING [Please tick (✓)]

☐ Single

☐ Joint (Default)

☐ Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 3)

DATE OF BIRTH@/DATE OF INCORPORATION

D D M M Y Y Y Y

Proof of date of birth@

Please (✓) ☐ Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records(all unitholder)

Mr. Ms. M/s.

Nationality

PAN# / PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

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# / PEKRN#

DATE OF BIRTH

KYC Number

KYC # [Please tick (✓)] (Mandatory)

☐ Proof Attached

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

Proof of relationship with minor@ Please (✓) ☐ Attached

@ Mandatory

Refer instruction 4c

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code - Mobile

STD Code

STD Code

Res.

Telephone No. Office

Alerts Mobile

Docs Email of First / Sole holder ^

IN CAPITALS

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

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

☐ I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 8)

☐ I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 10.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 8)

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 3a)

CITY STATE PIN CODE

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 1800 3010 6767 / 1800 419 7676 (Toll Free)]

Date : D D M M Y Y Y Y

HDFC MUTUAL FUND

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

Application No.:

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

an application for subscription / redemption of _____ Units of HDFC BSE REITS and Commercial Real Estate Index Fund.

ISC Stamp & Signature

... continued overleaf

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

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual* [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 3 & 17)

☐ Resident Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Pvt. Ltd. Company ☐ Public Ltd. Company ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP ☐ Society/Club ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Foreign National Resident in India ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others (please specify)

LEI No. Expiry Date: DD MM YYYY

(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

* Trust/Societies/Section 8 companies to give below declaration

We are a “Non-Profit Organization” [NPO], which has been constituted for religious or charitable purposes referred to in clause (23) of section 2 of the Income-tax Act, 2025 (30 of 2025), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).
If yes, please quote Registration No. of Darpan portal of Niti Aayog.
(If not registered already, please register immediately and confirm with the above information)

☐ YES ☐ NO

4. JOINT APPLICANT DETAILS, If any (Refer instruction 3) (In case of Minor, there shall be no joint holders)

1. NAME OF SECOND APPLICANT

DATE OF BIRTH

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

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

CONTACT DETAILS OF SECOND APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

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

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2. NAME OF THIRD APPLICANT

DATE OF BIRTH

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

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

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

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5. ADDITIONAL KYC DETAILS (Refer instruction 3b)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	☐	☐	☐	☐	1 st Applicant	☐	☐	☐
Public Sector Service	☐	☐	☐	☐	2 nd Applicant	☐	☐	☐
Government Service	☐	☐	☐	☐	3 rd Applicant	☐	☐	☐
Business	☐	☐	☐	☐	Guardian	☐	☐	☐
Professional	☐	☐	☐	☐	Authorised Signatories	☐	☐	☐
Agriculturist	☐	☐	☐	☐	Promoters	☐	☐	☐
Retired	☐	☐	☐	☐	Partners	☐	☐	☐
Housewife	☐	☐	☐	☐	Karta	☐	☐	☐
Student	☐	☐	☐	☐	Whole-time Directors	☐	☐	☐
Proprietorship	☐	☐	☐	☐	Trustee	☐	☐	☐
Others (Please specify)								

Non-Individual Investors involved/ providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	☐	☐	☐	☐	10-25 lac	☐	☐	☐	☐
1-5 lac	☐	☐	☐	☐	25 lac- 1 cr	☐	☐	☐	☐
5-10 lac	☐	☐	☐	☐	> 1 cr	☐	☐	☐	☐

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year)

as on DD MM YYYY

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Number

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

eAlerts Mobile

eDocs Email of PoA holder ^

IN CAPITALS

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)
HDFC BSE REITS and Commercial Real Estate Index Fund			

Please Note: All Purchases are subject to realisation of cheques / Payment Instrument.

7. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 3)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Mandatory

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
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 the individual is a citizen/ green card holder of USA. In case of USA/ Canada citizens, kindly provide the mandatory annexures.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. UNIT HOLDING OPTION ☐ DEMAT MODE* (Enclose Latest Client Master / Demat Account Statement) ☐ PHYSICAL MODE (Default) (refer instruction 11)

*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	DP Name _____	DP ID	☐ I ☐ N	Beneficiary Account No.	_____
CDSL	DP Name _____	Beneficiary Account No.	_____		

9. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer instruction 5 & 6 for Scheme details and instruction 7 & 9 for Payment Details)

The name of the first/ sole applicant must be pre-printed on the cheque.

☐ Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	☐ Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information				
Scheme/Plan/Sub Option/ Frequency					
☐ Growth Option ☐ Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)	☐ Payout ☐ Reinvestment				
Mode of Payment	☐ Cheque ☐ NEFT/ RTGS/ Fund Transfer ☐ One Time Mandate (OTM)				
Name of Bank: HDFC Bank Limited Branch: Manekji Wadia Building, Ground Floor, Nanik Motwani Marg, Fort, Mumbai Beneficiary Name: HDFC BSE REITS AND COMMERCIAL REAL ESTATE INDEX FUND NFO COLLECTION A/C Account No: 57500001095919 RTGS/ NEFT IFSC Code: HDFC0000060 Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM					
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ Payment Instrument/ UTR No.	Cheque/ Payment Instrument/ UTR Date	Amount of Cheque / Payment Instrument / RTGS/ NEFT in figures (Rs.)	Net Cheque Amount
Cheque Amount (in words):					

10. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ IDCW Payments if any) (refer instruction 4)

(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 9 above.)

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

Mandatory

Bank Name			
Branch Name	Bank City		
Account Number	Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)		
IFSC Code***	*** Refer Instruction 5C (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)		

11. MODE OF PAYMENT OF REDEMPTION / IDCW PROCEEDS (refer instruction 9)

The redemption / IDCW proceeds will be directly credited to the investor's bank account.

Please continue on next page

12. NOMINATION FOR UNITS IN NON-DEMAT MODE Please refer to instruction no. 13 (Nomination is mandatory for all folios held Singly)

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

OR

☐ I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time.
I understand that –

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

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 folio / account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

1. Mandatory Details

S. No.	Details	1st Nominee	2nd Nominee	3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Relationship with the Applicant (Select one)	☐ Spouse☐ Mother☐ Father ☐ Daughter☐ Son ☐ Others (Please specify)	☐ Spouse☐ Mother☐ Father ☐ Daughter☐ Son ☐ Others (Please specify)	☐ Spouse☐ Mother☐ Father ☐ Daughter☐ Son ☐ Others (Please specify)
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

2. I want the following nomination details to be printed in the account / holding statements (tick one of the boxes below):

☐ Name of the Nominee(s)

☐ Whether nomination given: Yes / No (Default)

3. A. Optional details of nomination:

S. No.	Information	1st Nominee	2nd Nominee	3rd Nominee
a)	% Share of nominee** (equal share if % is not specified)	_____%	_____%	_____%
b)	Mobile of nominee***			
c)	Email ID of nominee***			
d)	Specify Personal identifier document	☐ 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 _____
e)	Guardian Name (in case Nominee is Minor)			

**Any odd lot after division shall be transferred to the first nominee mentioned in the form.
*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

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

Signature(s) - As per mode of holding in MF Folio(s)

Name(s) of holder(s)	Signature(s) of holder****
Sole / First Holder ☐ Mr. ☐ Ms.	
Second Holder ☐ Mr. ☐ Ms.	
Third Holder ☐ Mr. ☐ Ms.	

****If nomination is submitted:
Wet signature (signature of witness shall not be required). However, if thumb impression (instead of wet signature) is affixed, then the same shall be witnessed by two persons and details of such witnesses shall be duly provided in this form.

Name(s) of holder(s)	Thumb Impression	Witness Name & Address	Witness Signature
Sole / First Holder ☐ Mr. ☐ Ms.			
Second Holder ☐ Mr. ☐ Ms.			
Third Holder ☐ Mr. ☐ Ms.			

13. RESOLUTION OF DISPUTES (For Institutional or corporate clients) (Refer instruction 19)

☐ Smart ODR **OR** ☐ by harnessing any independent institutional mediation, independent institutional conciliation and/or independent arbitration institution in India.

14. DECLARATION & SIGNATURE/S (refer instruction 12)

I / We have read, understood the terms and conditions of the scheme related documents and the addendum issued therein till date, Key Information Memorandum of the Schemes as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I / We hereby apply to the Trustees for allotment of Units of the Scheme(s) of HDFC Mutual Fund ("Fund") and confirm and declare as under:

- (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling / judgment etc. passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We 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.
- (b) I / We will be bound by the Fund's terms and conditions as amended from time to time.
- (c) The information given by me /us in or along with this application form is true and correct and I/we shall furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund. I/We undertake to promptly inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- (d) 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 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, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (e) I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/ Stock Broker registered in the concerned folio, if applicable.
- (f) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/ Fund/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (g) 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.
- (h) 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.**

Consent for Telemarketing (Refer Instruction 18):

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.hdfcfund.com>) ("Policy") of HDFC AMC/ Fund.

I/We hereby accord my/our consent to HDFC AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with HDFC AMC, in accordance with the Privacy Policy.

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.

For NRIs/ PIO/ OCIs/ FPIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

For NRIs/ PIO/OCIs Please (✓) ☐ Repatriation basis ☐ Non-repatriation basis

SIGN HERE

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Payment Instrument.)

First/ Sole Applicant/ Guardian/ PoA Holder

Second Applicant

Third Applicant

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(An open ended scheme replicating/tracking BSE REITS and Commercial Real Estate Index (TRI))

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APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

(The Application Form should be completed in **English** and in **BLOCK LETTERS** only.)

ASBA Application No.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)						FOR OFFICE USE ONLY (TIME STAMP)	CAMS bar code
ARN/RIA Code/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)		
ARN-							

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN			
	First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1, 1c, 1d and proceed to section 2. Refer Instruction 1).

Folio No. / Folio details in our records will apply for this application provided the details match with your demat account.

1a. UNIT HOLDER INFORMATION

(Names should be in the same sequence as appearing in your demat account. In case of discrepancies, the Application is liable to get rejected. Refer Instruction 3)

DATE OF BIRTH@/DATE OF INCORPORATION (Mandatory in case of Minor)

DD MM YYYY
Proof of date of birth@ Please (✓)

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC BSE REITS and Commercial Real Estate Index Fund)

TO BE RETAINED BY THE SCSB (To be filled by the Sole/First Applicant)		HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020		Date : _____
Received from Mr./Ms. _____ Address _____		SCSB Account Details		ASBA Application No. _____
Tele./Fax _____	Mobile No. _____	Bank Account No. _____	Bank Name & Address _____	Total Amount to be blocked (Rs. in figures) _____ (Rs. in words) _____
E-mail: _____				
Sign Here First / Sole Applicant / Guardian / PoA		Sign Here Second Applicant		Sign Here Third Applicant

ACKNOWLEDGEMENT SLIP FOR SCSB (HDFC BSE REITS and Commercial Real Estate Index Fund)

TO BE GIVEN BY THE SCSB (To be filled by the Sole/First Applicant)		HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400020		Date : _____
Received from Mr./Ms. _____ Address _____		SCSB Account Details		ASBA Application No. _____
Tele./Fax _____	Mobile No. _____	Bank Account No. _____	Bank Name & Address _____	Total Amount to be blocked (Rs. in figures) _____ (Rs. in words) _____
E-mail: _____				
SCSB Stamp Signature, Date & Time of Form Submission				

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) (Name of the unitholder needs to as per PAN records (all unitholder)

Mr.	Ms.	M/s.																										
Nationality			PAN#/ PEKRN#																									
KYC Number			KYC #												[Please tick (✓)] (Mandatory)												Proof Attached	

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#/ PEKRN#		DATE OF BIRTH												D	D	M	M	Y	Y	Y	Y																														
KYC Number		KYC #												[Please tick (✓)] (Mandatory)												Proof Attached																									
Relationship with Minor@ Please (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian																								Proof of relationship with minor@ Please (✓) ☐ Attached																								@ Mandatory		Refer instruction 4c	

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code - Mobile																											
STD Code				STD Code				Res.				Telephone No. Office															
eAlerts Mobile				eDocs Email of First / Sole holder ^												IN CAPITALS											

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

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

☐ I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 8)

☐ I/ We would like to register for online access to transact on HDFCFMOnline Investors as per the terms & conditions displayed on website: www.hdfcfund.com (Email id mandatory) (only for non individuals and individuals with mode of holding as 'Joint'). Refer Instruction 10.

^ On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (✓)] Opt-in ☐ (Refer Instruction 8)

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 3a)

CITY								STATE								PIN CODE							

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

Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual* *[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory) (Refer Instruction 3 & 17)*

☐ Resident Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Pvt. Ltd. Company ☐ Public Ltd. Company ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP

☐ Society/Club ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Foreign National Resident in India ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others *(please specify)*

LEI No. Expiry Date: DD MM YYYY

(Mandatory for Non - Individuals transacting / proposing to transact for an amount of Rs. 50 crores or more)

* Trust/Societies/Section 8 companies to give below declaration

We are a “Non-Profit Organization” [NPO] which has been constituted for religious or charitable purposes referred to in clause (23) of section 2 of the Income-tax Act, 2025 (30 of 2025), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ YES	☐ NO
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (If not registered already, please register immediately and confirm with the above information)		

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

1a. UNIT HOLDER INFORMATION (Names should be in the same sequence as appearing in your demat account. In case of discrepancies, the Application is liable to get rejected. Refer Instruction 3) (Contd...)

NAME OF SECOND APPLICANT

DATE OF BIRTH												D	D	M	M	Y	Y	Y	Y										
Mr.	Ms.	M/s.																											
Nationality			PAN#/ PEKRN#																										
KYC Number			KYC #												[Please tick (✓)] (Mandatory)												Proof Attached		

CONTACT DETAILS OF SECOND APPLICANT

eAlerts Mobile												eDocs Email of First / Sole holder ^												IN CAPITALS											
This mobile number belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS																																			
This email id belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS																																			

NAME OF THIRD APPLICANT

DATE OF BIRTH

D

D

M

M

Y

Y

Y

Y

Mr. Ms. M/s.

Nationality

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

Proof Attached

CONTACT DETAILS OF THIRD APPLICANT

eAlerts Mobile

eDocs Email of First / Sole holder ^

IN CAPITALS

This mobile number belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

This email id belongs to (Mandatory Please ✓):

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ Guardian

☐ POA

☐ Custodian (for FPIs only)

☐ PMS

1b. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory)

Proof Attached

eAlerts Mobile

eDocs Email of PoA holder ^

IN CAPITALS

Please attach Proof. Refer instruction No 14 for PAN/PEKRN and No 16a for KYC (KRA). Refer instruction No 16b for KYC Identification Number issued by CKYCR.

1c. ADDITIONAL KYC DETAILS (Mandatory) (Refer instruction 3)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	☐	☐	☐	☐	1 st Applicant	☐	☐	☐
Public Sector Service	☐	☐	☐	☐	2 nd Applicant	☐	☐	☐
Government Service	☐	☐	☐	☐	3 rd Applicant	☐	☐	☐
Business	☐	☐	☐	☐	Guardian	☐	☐	☐
Professional	☐	☐	☐	☐	Authorised Signatories	☐	☐	☐
Agriculturist	☐	☐	☐	☐	Promoters	☐	☐	☐
Retired	☐	☐	☐	☐	Partners	☐	☐	☐
Housewife	☐	☐	☐	☐	Karta	☐	☐	☐
Student	☐	☐	☐	☐	Whole-time Directors	☐	☐	☐
Proprietorship	☐	☐	☐	☐	Trustee	☐	☐	☐
Others (Please specify)								

Non-Individual Investors involved/ providing any of the mentioned services

☐ Foreign Exchange / Money Changer Services

☐ Gaming/Gambling/Lottery/Casino Services

☐ Money Lending / Pawning

☐ None of the above

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	☐	☐	☐	☐	10-25 lac	☐	☐	☐	☐
1-5 lac	☐	☐	☐	☐	25 lac- 1 cr	☐	☐	☐	☐
5-10 lac	☐	☐	☐	☐	> 1 cr	☐	☐	☐	☐

OR Networth in Rs. (not older than 1 year) (Mandatory for Non Individual)

as on

DDMMYYYY

1d. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification) (Refer instruction 3D)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor ☐ Yes ☐ No	Second Applicant/ Guardian ☐ Yes ☐ No	Third Applicant ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
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 the individual is a citizen/ green card holder of USA. In case of USA/ Canada citizens, kindly provide the mandatory annexures.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

2. INVESTMENT DETAILS - [Please tick (✓)] (Refer Instruction 5)

☐ Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	☐ Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information
Scheme/Plan/Sub Option/ Frequency	
☐ Growth Option ☐ Income Distribution cum Capital Withdrawal (IDCW) Option (The amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains.)	☐ Payout ☐ Reinvestment

3. SCSB/ ASBA ACCOUNT DETAILS OF THE APPLICANT (Refer Instruction 20B) (Application Money to be blocked from this Account)

Pay-in Bank Account No.		Name of the Bank	
Branch		Bank City	
Account Type [Please tick (✓)]	☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS	(please specify)	

Total Amount to be blocked Amount in figures (Rs.) _____

in words (Rupees) _____

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

4. BANK ACCOUNT (PAY-OUT) DETAILS OF FIRST / SOLE APPLICANT (Refer Instruction 4)

Fill in these details only if the ASBA Account details provided in Section 3 are different from the Bank Account details linked with the Demat Account as mentioned under Section 5 below. Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 3 above.

Account No.		Name of the Bank	
Branch		Bank City	
Account Type [Please tick (✓)]	☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS	(please specify)	
IFSC Code***	_____	MICR Code**	_____

(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)

*** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS/ IMPS) (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 11 (The 9 digit code appears on your cheque next to the cheque number)

5. DEMAT ACCOUNT DETAILS - (Mandatory - Refer Instruction 11)

NSDL	CDSL
DP Name	
DP ID	
Beneficiary Account No.	

... continued

6. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios. For existing folios, mandatory to follow instruction no. 13)

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

OR ☐ I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time.

I understand that –

- (i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.
- (ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).
- (iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

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 folio / account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

1. Mandatory Details

S. No.	Details	1st Nominee	2nd Nominee	3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)			
2	Relationship with the Applicant (Select one)	☐ Spouse ☐ Mother ☐ Father ☐ Daughter ☐ Son ☐ Others _____ (Please specify)	☐ Spouse ☐ Mother ☐ Father ☐ Daughter ☐ Son ☐ Others _____ (Please specify)	☐ Spouse ☐ Mother ☐ Father ☐ Daughter ☐ Son ☐ Others _____ (Please specify)
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

2. I want the following nomination details to be printed in the account / holding statements (tick one of the boxes below):

- ☐ Name of the Nominee(s)
- ☐ Whether nomination given: Yes / No (Default)

3. A. Optional details of nomination:

S. No.	Information	1st Nominee	2nd Nominee	3rd Nominee
a)	% Share of nominee** (equal share if % is not specified)	_____ %	_____ %	_____ %
b)	Mobile of nominee***			
c)	Email ID of nominee***			
d)	Specify Personal identifier document	☐ 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 _____
e)	Guardian Name (in case Nominee is Minor)			

**Any odd lot after division shall be transferred to the first nominee mentioned in the form.

*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

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

Signature(s) - As per mode of holding in MF Folio(s)

Name(s) of holder(s)	Signature(s) of holder****
Sole / First Holder ☐ Mr. ☐ Ms.	
Second Holder ☐ Mr. ☐ Ms.	
Third Holder ☐ Mr. ☐ Ms.	

****If nomination is submitted:

Wet signature (signature of witness shall not be required). However, if thumb impression (instead of wet signature) is affixed, then the same shall be witnessed by two persons and details of such witnesses shall be duly provided in this form.

Name(s) of holder(s)	Thumb Impression	Witness Name & Address	Witness Signature
Sole / First Holder ☐ Mr. ☐ Ms.			
Second Holder ☐ Mr. ☐ Ms.			
Third Holder ☐ Mr. ☐ Ms.			