HDFC Bank Investment Services Account

Application No.:

HDFC	ВА	NK
We understan	d your	world

I/We request you to open an investment services account to transact in Mutual Funds and link the same to the existing / new Bank account mentioned below: (The holding pattern of Investment Service Account should be similar to the Bank Holding pattern and cannot be changed later)

Name of the bank accoun	t holder																							
1st / sole holder																								
2nd holder																								
3rd holder																								
Guardian Name (in case the first Applicant is a Minor)																								
Karta Name (in case the first Applicant is a HUF)																								
			PA	N No	*												Cus	st ID	*					
1st / sole holder																								
2nd holder																								
3rd holder																								
Guardian																								
Karta																								
Email Id*:																								
	(The pro	oduct o	offering	cove	ers, pi	oduct	informa	ation,	, resea	arch	report	s / sta	ateme	ent (if	any)) whi	ch w	ould	be s	ent r	egula	arly to	this ID)	
Contact Number*: (R)								(C	O)											(Mc	obile)			
HDFC Bank Account Nu	mber (ir	n case	of exis	ting c	custor	mer):																		
AOF Application Number	r (in cas	se of ne	ew acc	ount)																				
Nomination : I/We													do	here	eby n	omir	nate	the p	ersc	n on	the			day of
																			in r	espe	ct of	units	held by me/ us.	
Name and Address of Nominee																								
Date of Birth (in case no	minee is	s a mir	nor)								Rela	tionsl	hip wi	th Ap	plica	ant:								
Declaration If We have read and understood the Terms and Conditions (a copy of which is in my/ our possession) applicable to Investment Services Account. If We agree to abide by the same. If We declare that the particulars given above are true to the best of my/ our knowledge as on the date making such applications. If We undertake to inform, in writing, of any change in the particulars furnished above. If We further agree that any false/ misleading information given by me/ us or suppression of any material fact will render my/ our account liable for termination. If We declare that all the details in my/ our relationship record are true and correct and any instruction given to you to transact business on my/ our behalf shall be in due conformity with the applicable laws as may for the time being be in force. Any tax implication arising out of any transactions enter in to pursuant to these terms and conditions would be as per the provisions of the Income Tax Act, 1961, or any modification or re-enactment thereof. If We agree and declare that any and all tax liability will be my/ our sole responsibility. If We shall execute and deliver to the Bank, for time to time such other documents as may be specified by the Bank for compliance or updating of records if any. If We have read and understand the terms and conditions applicable to the bank's Investment Services Account and agreed to be bound by the said terms and condition and including those excluding/limiting your Liability. If We agree that the Bank A/c linked to the Investment Services Account will not be closed till the time all my investment beldings are either redeemed or transferred to physical form method. If we will be jointly and severally bound by the terms and conditions and conditions and the same will be binding on the applicants by use of the facility provided herein. If We will be jointly and severally bound by the terms and conditions of the Bank's Investment Services Account. If We authorize HDFC Bank Ltd to link the above mentioned HDFC Bank																								
Signature	of the										Sign	ature	of the	е									Signature of the	

Signature of the Sole/ first Bank account holder

Signature of the Second Bank account holder

Signature of the Third Bank account holder

Fo	r Office (use																			
Sig	gnature V	erified	Yes		Banl	(Accoun	nt E/S A	Account	OR Sin	gle	Yes		Custome	r Details	Verifie	ed	Yes				
Ne	et Banking	g / Phor	ne Banking Activa	ted	Yes	(Applic	ation f	or Net B	Banking/	Phone	Banking	g to be	e signed by the First	holder)							
R۱	/I Name						F	RM Sign	ature					RM Er	nploye	ee Cod	е				
	Primary	RM Na	me:										Primary RM CAMS	Code:							
	Shadow	RM Na	me:										Shadow RM CAMS	Code:							
	Branch N	Name:											Branch Code:								
	LC Code	e (For u	se by Coex only):										Date of form filling:								
Ιh	ereby cor	nfirm th	at all the documer	nts have	been	seen and	d verifi	ed with	originals	3 .											
R۱	/I Name						F	RM Sign	ature					RM Er	nploye	ee Cod	е				
ΒN	/I Name						E	3M Sign	ature					BM Er	nploye	ee Cod	е				
(To	be verifi	ed eithe	er by RM/ BM or F	BG Adv	visor)																
Г																					
		CHEC	KLIST																	HER	
	1	Ensure	that NAME	/ PAN N	10 / CL	IST ID o	of all the	e applica	ants are	mentio	ned.										
	2	In case	first applicant is I	MINOR -	N <i>A</i>	ME/ PA	N NO	/ CUST	ID of G	aurdian	is ment	ioned									
	3	In case	applicant is HUF	NA	ME/ P	AN NO /	CUST	ID of K	arta is r	nention	ed										
	4	HDFC	Bank A/c. No is m	entione	d I	n case o	of existi	ing Banl	k Custoi	mers											
	5	Signat	ure of all Bank Ac	count H	older p	resent o	on the f	orm													
	6	Signatu	res Verified	Tick in B	ox – Y	ES/NO															
	7	Custon	ner Details Verified	iT b	ck in B	ox – YES	S/NO														
	8	RM Na	me/ RM Signatur	e/ RM E	MP C	ode is pr	resent	on the fo	orm												
	9	Primar	y RM CODE/ Sha	dow RI	M COD	E (in cas	se of s	hadow o	credit) is	mentio	oned										
	10	Branch	Name/ Branch C	ode of th	ne RM	is mentio	oned														
	11	Any alt	eration on the forr	n is cou	ntersig	ned by a	all the a	applican	ts												
	12	Email II	D & Contact Num	bers of t	he Cu	stomers i	is men	tioned													
	13	Applica	tion for Net banki	ng / Pho	ne bar	nking to b	be sigr	ned by th	he First	holder	(if not i	regist	ered)								
	14	CVL Pr	int out of KYC ver	ification	is atta	ched wit	th ISA	form wit	h prope	r attesti	on										
	15	Debit M	landate attached																		

⁽i) The ISA account Holding pattern has to be lines with the Bank account Holding pattern. For example, For Bank Account with the A, B & C as holders the ISA Holding patterns can be (i) A, B & C.... (ii) A & B..... (iii) A & C only. The holding pattern once registered cannot be changed in future.

⁽ii) KYC certification for all the holders of the ISA account is mandatory. Pls attach the KYC certification copies or duly filled KYC application froms for all the proposed holders.

CLIENT RISK PROFILE AND SUITABILITY FORM

(For Offline Mutual Fund transactions)

Custo	mer II)			:					Att	ach Barcod	e stic	ker (FTS)->	
Custo	mer N	lame				t Holder			,					
						Holder								
	_		_			Holder								
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Your F	Risk Pı	rofile is_				(Plea	ise turn Overlea	f to ident	ify the	sam	ne)			
(Lump	sum \						1	1					1	1
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2														
3														
(Switc	h)													
Sr		e would	l like to Sw	itch	Plan/	I/We wo	uld like to	Plan/	Swit	ch	Switch	Pro	duct Risk	Permissible
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☐ Th	e fun	d is <u>not</u>	appropriat	e for N	/ly/Our risl	k profile bu	t I would like to	still inve	st on "e	exec	cution only l	basis'	,	
	(Permiss	ible Risk R	ating <	Product R	isk Rating	OR							
	ľ	No Prod	uct Risk Ra	ting as	signed as t	the fund is	not part of curr	ent Recon	nmend	ed I	ist of HDFC	Bank)	
1 st	/Solo	Holder	Signature				2 nd Holders Sigr	nature				Std IIV	Iders Signat	ure
	/3016	Tiolucis	Jigilatule				2 Holders Sign	iature				, 110	iueis signati	
							(For Bank Use	Only)						
			_				_				_			
Signat	ure V	erified:	Ba	nk Acc	ount E/S A	ccount or S	ingle: C	ustomer D	Details	Veri	ified:			
Is the	client	Risk pro	ofile match	ing wi	th the Inve	estment (Ye	es / No)							
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						ill the same	RM Signa	ature					KIVI EMP COC	ie
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Applic	ation	Receipt	Date: DD	/MM/	YYYY				Tir	ne o	of Receipt: I	HH/M	IM	
		•		-							•			

Primary RM Name	Primary RM CamsCode	
Shadow RM Name	Shadow RM CamsCode	
Branch Name	Branch Code	

Any offline transaction done without submission of this form to TPP Operations shall be highlighted as an exception

INSTRUCTIONS

- 1. This form needs to be filled up to complete the client profiling and suitability as required by SEBI guidelines.
- 2. This form should not to be submitted to the AMC.
- 3. To identify customer's Risk Profile basis the response to questionnaire use below table:

Action	Priority	Risk Profile
Sell Off	Preserve money	Conservative
Sell Off	Grow Money	Conservative
Sell Off	Maximise Money	Moderate
Hold On	Preserve money	Conservative
Hold On	Grow Money	Moderate
Hold On	Maximise Money	Aggressive
Buy More	Preserve money	Moderate
Buy More	Grow Money	Aggressive
Buy More	Maximise Money	Aggressive

4. Product Risk Rating and Recommendations

	Scoring of Recommended Funds			SEBI Riskomete	r		
		Low Risk	Low to Moderate Risk	Moderate Risk	Moderately High Risk	High Risk	Very High Risk
	Overnight funds	1	2	3	4	5	6
	Liquid funds	1	2	3	4	5	6
	Ultra Short duration		2	3	4	5	6
4	Low duration		2	3	4	5	6
	Money market		2	3	4	5	6
6	Floater fund		2	3	4	5	6
7	Short duration		2	3	4	5	6
8	Banking & PSU fund		2	3	4	5	6
9	Arbritage fund		2	3	4	5	6
	Medium duration fund			3	4	5	6
11	Medium to Long duration fund			3	4	5	6
12	Long duration fund			3	4	5	6
13	Dynamic Bond			3	4	5	6
14	Gilt funds			3	4	5	6
15	FMP's			3	4	5	6
16	Corporate Bond fund			3	4	5	6
17	Conservative Hybrid fund			3	4	5	6
18	Aggressive Hybrid fund				4	5	6
19	Gilt with 10 year constant duration				4	5	6
20	Dynamic Asset Allocation or Balanced Advantage fund				4	5	6
21	Equity Savings fund				4	5	6
22	Multi-Asset Allocation				4	5	6
23	Index funds				4	5	6
24	Large cap funds				4	5	6
25	Gold funds				4	5	6
26	ELSS				4	5	6
27	Multi Cap funds					5	6
28	Dividend Yield funds					5	6
29	Large & Mid cap funds					5	6
30	Value & Contra fund					5	6
31	Focussed funds					5	6
32	Credit Risk funds						6
33	Mid cap funds						6
34	Small Cap funds						6
35	Sectoral/Thematic funds						6
36	FOF- Overseas funds						6

			Asset Allocation			
Client Profile	Permissible Fund Score	Debt	Equity	Gold		
	Stole				Other Conditions	Suitability
<u>Conservative</u>	Upto 4	70%	25%	5%	Non Recommended Funds	Not suitable
	W-1-5	40%	55%	5%	Closed Ended funds / FMPs	Upto 15% of client portfolio
<u>Moderate</u>	Upto 5	40%	33%	576	Single Fund exposure	Upto 10% of client portfolio
<u>Aggressive</u>	All	20%	75%	5%	Single AMC exposure	Upto 25% of client portfolio



APPLICATION FORM FOR NEW INVESTORS

 $(Please\ read\ Product\ labeling\ details\ available\ on\ cover\ page\ and\ instructions\ before\ filling\ this\ Form)$

ARN-0005	-broker/Branch Code epresentative EUIN	The upfron investor's a confirm the manager/s manager/s my/our co you, to the S	t commis issessmer at the EUI ales pers ales pers insent to s SEBI-Regi	sion on nt of vari IN box h son of the on of the hare/pr stered I	investmious factors fa	nent ma stors incl n intenti ve distri putor/su he trans ent Advi	de by ti luding : ionally butor/ ib brok actions iser/ SE	he inves service left blad sub bro er." App data fe EBI Regi	stor, if an rendere nk by m oblicable ed/port istered I	nny, sha ed by t ne/us notw only tfolio Portfo	all be he AF as thi ithsta if RIA noldin lio Ma	paid to N Holes s trans Inding Code, igs/Na Inager	the AF der. Ap action the ad 'Portfa V etc. i whose	RN Ho plical is exclusive dvice folio M in resp code	older (ble or ecute of in- Iana pect or is me	AMFI in All with the appropries Roger's Roger's Roger's Roger's Roger appropries Roger and the appropries Roger's Roger appropries Roger appro	regis ARN i out a priat tegis our in d her	tered dis s mention ny inter- eness, if tration I vestment ein."	stribu oned l action any, Numb	tor) d but E or ac provi per is der Di	irectly UIN box lvice by ded by mentio rect Pla	by the x is left the e the e ened: ' n of al	invest t blan mploy mploy I / We I Schen	or, bas k: "I/W ee/rela ee/rela hereby nes ma	ed of the le hereby ationship give you naged by
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MY DETAILS (To be filled in Block L My Name (Should match with PAN Card)	etters. Please provide the	followin	ig detai	ils in f	ull; Pl	lease	refer	instr	uctior	ns)				P.A	N/I	PEKR	RN (1st Ap	oplic	cant)				КҮС
My Guardian's Name (if minor*)/POA/Cor	ntact Person													PA	N/I	PEKF	RN (Guard	lian,	/PO.	A)				KYC
On behalf of Minor" (* Attach Mandatory Documents as per instruction #Minor investments can be made only from the bank	,	D D					nal au	Pı	ate of	ittacl	hed	_	_	i ard Fath		nam	ed Mot			Cour	t App	oint	ed		
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3rd Applicant Name (Should match with F	AN Card)													PA	N/I	PEKF	RN (3rd A	ppli	cant)				KYC
MY CONTACT DETAILS (As per KY	/C records. To be filled in I	Block Le	tters) N	NRI In	vesto	rs sho	ould r	nenti	on the	eir O	ver	seas	addre	ess (Ref	er ins	stru	ctions	s).						
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BANK ACCOUNT I	DETAILS (Avail	Multiple Bank	Registration Fa	acility)					
My Bank Name	ZETTES (TVUIT	Prarripre Bank	Tregistration re						
,					A /C T			huno [novn [70.1
Bank A/C No.					A/C Type S	SavingsCurr	entNRE	NRO FCNR	Others
Branch Address									
City			Pin		IFSC code: (11	digit)			
ADDITIONAL INFO	ORMATION								
Applicant			KIN No. (If KYC d	one via CKYC)			Date of Birth		Gender
1st						D D /	/ M M	/ Y Y	□ M □ F
2nd						D D /	/ M M	/ Y Y	
3rd						D D /	/ M M	/ Y Y	
						- -		/ I I	
G or POA ** #Date of Birth - Mandatory if CK	YC ID mentioned ^G	Guardian: ^POA: Po	wer Of Attorney			D D /	/ M M	/ Y Y	☐ M ☐ F
		<u> </u>	wer errittenie,		ord A I			C PO4	
Details		Applicant			3 rd Applicant			G or POA	
Mobile No.									
Email Id.									
DEPOSITORY ACC	OUNT DETAILS	S (Optional. To	be filled if inv	estor wishes to	hold the units in Demat	mode). Refer i	nstructions.		
NSDL: DP Name			DP I	D I N		Beneficiary	y Ac No.		
CDSL: DP Name						Beneficiary		_	
Please ensure that the sequence	e of names as mentio	ned in this Applicati	on Form matches wi	th the sequence of n	ames in the Demat account. Encl	osed Client M	laster List OR	DP statement	
KNOW YOUR CUS	TOMER (KYC)	DETAILS (Pleas	e Tick/ Specify. 1	he application is	liable to get rejected if detai	ls not filled.)			
Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applican	t 3 rd Applicant	Guardian
Resident Individual					Private Sector				
NRI (Repatriable) / NRI (Non-Repatriable) /					Public Sector				
Minor (Repatriable) /					Government Service				
Minor (Non-Repatriable / PIO / OCI)				Business				
Sole Proprietorship		-	-	-	Professional				
Minor through Guardian	☐ Company/F	- Cornor	- ate □ Partners	- hin	Agriculturist				
	□HUF	☐ Bank	_	iiip	Retired				
	□ AOP	☐ FI/FII/			Housewife				
	We are falling	g under "Non-Pro stituted for reli clause (15) of so (61), and is registo degistration Act, 1	ofit Organization	" [NPO] which	Student				
	referred to in	clause (15) of section 1611.	ection 2 of the In	ncome-tax Act,	Others (Please specify)				
Non Individual	the Societies R State legislation	legistration Act, 1 on or a Company r s Act, 2013 (18 of	860 (21 of 1860) egistered under	or any similar the section 8 of	Politically Exposed Pers	on (PEP) detail	s: Is a PEP	Related to PEP	Not Applicable
	the Companies	s Act, 2013 (18 of	2013).		1 st Applicant				
		uote the NPO Re	gistration Numb	er provided by	2 nd Applicant				
	(If not registered	already, please regis	ster immediately and	l confirm with the	3 rd Applicant				
	details, MF / AM portal and/or rep	already, please regis on. In absence of reco C/ RTA will be requis oort to the relevant as	red to register your uthorities as applica	entity on the said ble.)	Guardian				
Others (Please specify)					Authorised Signatories				
Gross Annual Income F	Range (in Rs.)				Promoters Partners				
Below 1 lac					Karta				
1-5 lac					Whole-time Directors/Tu	rstee			
5-10 lac									
10-25 lac									
25 lac- 1 cr									
1 -5 cr									
5 - 10 cr > 10 cr									
OR Networth in Rs.									
(Mandatory for Non Individual) (not older than 1 year)	as on	as on	as on DDDMMYYY	as on					
₹1800 425 4255 or 1800 2	58 4255 (from 9 am to	9 nm Monday to Cata	av)	— — — — — — — — — — — — — — — — — — —	nklintempleton.com		→ www fran	klintempletonindia.co	
Checklist	lress are correctly Mobile number a nation provided for S details provided Documents/ Trust	re mentioned or each applicant d for each applica	Pay-I Pay-I		pplicants	not p Dem □ Non □FA	ore-printed on p and Draft is use Individual inve	stors should attac d Declaration For	er if

Œ	FATCA/CRS/UBO DETAILS:	For Individuals (N	Mandatory). Non	Individual Investo	rs including HUI	F should mand	latorily fill separat	e FATCA/CRS/UB	O details form
Г	Details	Sole/1st	Applicant	2nd App	olicant	3rc	l Applicant	Guard	lian/POA
r	Place & Country of Birth	-							·
T	Nationality								
r	Father's Name								
	Are you a tax resident of any country other than India?	Yes	☐ No	Yes If Yes.	No Mandatory to fill be	Yes		Yes	No No
H	Country of Tax Residency#								
\perp	Identification Type								
L	[TIN or other, please specify]								
L	Tax Identification Number								
#	To also include USA, where the individual	is a citizen/ green car	d holder of USA. ^In	case Tax identification	is not available, kind	lly provide its fun	ctional equivalent.		
U	☞ NOMINATION DETAILS								
	I/We, the above-named unitholde							nits held my/our folio	(s) listed below in the
	event of my / our death and by cancelli		made by me / us pro	eviously in respect of t	he units held by me	/ us in the indicat	ted folio(s).		
	Name and address of Nominee(s) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth*	Name and of Guar		Signature of Nominee / Guardian [Optional]	Guardian's Relationship with Nominee*	Allocation % to each nominee [Mandatory] (Aggregate should be 100%]
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian	
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian	
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian	
	* Applicable in case the Nominee is a Mino	yr (Also, please attach e	conv of the minor's hi	irth cartificate or School	I Laguina Cartificata a	er Passnort or Othe	urs equivalent proof)		
	OR I/We DO NOT wish to nominat involved in non-appointment of nomir such other competent authority, based	re: I / We do hereby c nee(s) and further are	onfirm that I / We do aware that in case o	o not wish to appoint a of death of all the acco	any nominee(s) for r	ny mutual fund u	nits held in my / our n		
I	DECLARATION (SIGNATURE/S						Date	Place	
Httl se u o d h lr u ttl m se o o T	laving read and understood the contents of the Addenda issued therein till date (togethe chemes of FTMF for units of scheme(s) of F ndertaking, I/We hereby confirm that (i) I af any 'US Person' (iii) the money used for in isclosed the details of commissions (in the ave not received nor been induced by any note; its subsidiary and associate entities inclindertaken or activities performed by them hem in good faith or on the basis of information of the information of advising / informing me/us of the information of advising / informing me/us of the information of the information of the information of the information of advising informing me/us of the information of advising informing me/us of the information of the information of the information of the information of advising informing me/us of the information of advising informa	the Statement of Addit er referred as Scheme I TMF as indicated above um/ we are not residen westment is my/our ov form of trail commissis rebate or gifts, directly uding their employees in accordance with the tion provided by me/ us, i utors or any other part the same. I/ We hereby application. I/We confinated or any of its author and WhatsApp. I am a	ocuments) and after or, and agree to abide by the control of the c	evaluating and acknowly all applicable laws and are not applying for Unite sources (iv) the tax red, offered by competing g this investment and anagerial persons (colleand for any consequent not intimating / delay updates to such informating to the internation provided to Frivided my/our Aadhaar call on my registered n	ledging the risk factor the terms and condit to so hehalf of any resistency status (FATCA) schemes of various men not in contraventic ectively referred as Frees in case of any of the inintimating such chation as and when prelian or foreign governanklin Templeton upodetails for KYC purponobile number irresp	cs, I / we hereby ap- cions mentioned in ident of Canada (i A/CRS) and UBO of nutual funds falling on or evasion of an ranklin Templeton he above particula langes. I/We herebovided by me/ us nmental, statutory, dated and to provi- use absolutely at or ective of its registri	me Information Documingly to the Franklin Tem the Scheme Documents i) I /we am/are not a 'Usetails mentioned above g in the category of sche y applicable laws. I / We j harmless against any Irs being false, incorrect y authorise Franklin Ter alongwith the details of regulatory, administratide any additional inform ir volition. By registering ation in Do Not Disturb	ent (SID); Key Informat pleton Trustee Services. Notwithstanding the § 5 Person' and are not ap are true and correct an me(s) being recommer further agree to hold I losses, costs, damages a or incomplete or for th mpleton to use, disclose investment made by m vive or judicial authoritic nation / documentatior g my mobile number, I I (DND) registry of TRA	s Pvt. Ltd., Trustees to the generality of the aforesaic plying for Units on behall d (v) the ARN holder has ded to me/us and I / we TMF, Franklin Resources artising out of any actions e activities performed by share, remit in any form e/us, to any of its agents ss / agencies without any that may be required by ereby authorize Franklin I. I have opted to receive
	Sole / First Unit Ho	older	-	Second Un	nit Holder			Third Unit Holder	

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