



HDFC Bank Investment Services Account



We understand your world

Application No.: _____

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 account 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)	

	PAN No*	Cust ID*
1st / sole holder		
2nd holder		
3rd holder		
Guardian		
Karta		

Email Id*:

(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)

Contact Number*: (R) (O) (Mobile)

HDFC Bank Account Number (in case of existing customer):

AOF Application Number (in case of new account)

Nomination : I/We do hereby nominate the person on the day of in respect of units held by me/ us.

Name and Address of Nominee

Date of Birth (in case nominee is a minor) Relationship with Applicant:

Declaration
I/ We have read and understood the Terms and Conditions (a copy of which is in my/ our possession) applicable to Investment Services Account. I/ We agree to abide by the same. I/ We declare that the particulars given above are true to the best of my/ our knowledge as on the date of making such applications. I/ We undertake to inform, in writing, of any change in the particulars furnished above. I/ 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. I/ 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 entered 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. I/ We agree and declare that any and all tax liability will be my/ our sole responsibility. I/ We shall execute and deliver to the Bank, from time to time such other documents as may be specified by the Bank for compliance or updating of records if any. I/ 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 conditions and including those excluding/limiting your Liability. I/We agree that the Bank A/c linked to the Investment Services Account will not be closed till the time all my investment holdings are either redeemed or transferred to physical form method. I/ We undertake to make the applicants to the investments aware of the provisions of the terms and conditions and the same will be binding on the applicants by use of the facility provided herein. I/ We will be jointly and severally bound by the terms and conditions of the Bank's Investment Services Account.

I/We agree to pay the quarterly maintenance charge for Investment Services Account

Mandate for Investment Service Account

I/ We authorize HDFC Bank Ltd to link the above mentioned HDFC Bank Account/ New account maintained/ being opened by me/ us to the Investment services account and to transfer funds in any form and manner including but not limited to by way of debit/ credit of my/ our account and issue pay-orders/ demand drafts/ bankers cheque, from my/ our account for the purchase, redemption, switch, receipt of dividends or any such acts for Mutual Fund units in pursuance of the Instructions given by me/ us from time to time. I/ We hereby state that all the acts, deeds and things done by the Bank based on such instructions shall be binding on me/ us. This mandate by me/ us is to be adhered to by the Bank in respect of actions permitted by the RBI and/ or relevant regulations as applicable train time to time.

I/ We, the second and third holders, irrevocably constitute the first holder as my/ our agent.

I/ We, the second and third holders agree that the instructions given by the first holder to purchase mutual funds will be funded through the Bank account mentioned herein.

I/ We, the second and third holders agree that the instructions may be given by the first holder in name of the first holder only or first jointly with any other persons to the exclusion of second & third holders.

The second and the third holders will not raise any objections to the bank acting on such Instructions

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of the Sole/ first Bank account holder	Signature of the Second Bank account holder	Signature of the Third Bank account holder

*Mandatory

All applicants needs to be KYC compliant for opening Investment Services Account.

For Office use

Signature Verified ☐ Yes

Bank Account E/S Account OR Single ☐ Yes

Customer Details Verified ☐ Yes

Net Banking / Phone Banking Activated ☐ Yes (Application for Net Banking/ Phone Banking to be signed by the **First holder**)

RM Name

RM Signature

RM Employee Code

Primary RM Name:	<input type="text"/>	Primary RM CAMS Code:	<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"/>
Shadow RM Name:	<input type="text"/>	Shadow RM CAMS Code:	<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"/>
Branch Name:	<input type="text"/>	Branch Code:	<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"/>
LC Code (For use by Coex only):	<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"/>
		Date of form filling:	<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"/>

I hereby confirm that all the documents have been seen and verified with originals.

RM Name

RM Signature

RM Employee Code

BM Name

BM Signature

BM Employee Code

(To be verified either by RM/ BM or PBG Advisor)

	CHECKLIST	TICK HERE
1	Ensure that ----- NAME/ PAN NO / CUST ID of all the applicants are mentioned.	<input type="checkbox"/>
2	In case first applicant is MINOR ----- NAME/ PAN NO / CUST ID of Gaurdian is mentioned	<input type="checkbox"/>
3	In case applicant is HUF ----- NAME/ PAN NO / CUST ID of Karta is mentioned	<input type="checkbox"/>
4	HDFC Bank A/c. No is mentioned ----- In case of existing Bank Customers	<input type="checkbox"/>
5	Signature of all Bank Account Holder present on the form	<input type="checkbox"/>
6	Signatures Verified ----- Tick in Box – YES/NO	<input type="checkbox"/>
7	Customer Details Verified ----- Tick in Box – YES/NO	<input type="checkbox"/>
8	RM Name/ RM Signature/ RM EMP Code is present on the form	<input type="checkbox"/>
9	Primary RM CODE/ Shadow RM CODE (in case of shadow credit) is mentioned	<input type="checkbox"/>
10	Branch Name/ Branch Code of the RM is mentioned	<input type="checkbox"/>
11	Any alteration on the form is countersigned by all the applicants	<input type="checkbox"/>
12	Email ID & Contact Numbers of the Customers is mentioned	<input type="checkbox"/>
13	Application for Net banking / Phone banking to be signed by the First holder (if not registered)	<input type="checkbox"/>
14	CVL Print out of KYC verification is attached with ISA form with proper attestation	<input type="checkbox"/>
15	Debit Mandate attached	<input type="checkbox"/>

- (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)

Customer ID : Attach Barcode sticker (FTS)->
Customer Name : 1st Holder
2nd Holder
3rd Holder
Bank Account Number :
Pan No :

CLIENT RISK PROFILE QUESTIONNAIRE

1. What would you do if your investment falls 10%? (Please tick on any one option)

Sell Off		Hold On		Buy More	
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2. What shall be your priority for investments? (Please tick on any one option)

Preserve Money		Grow Money		Maximise Money	
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Your Risk Profile is (Please turn Overleaf to identify the same)

(Lumpsum \ SIP)

Sr No	I/We would like to invest in the following scheme/s	Plan/Option	Investment Amt	Recommended \ Non - Recommended	Product Risk Rating	Permissible Risk Rating
1						
2						
3						

(Switch)

Sr No	I/We would like to Switch from	Plan/Option	I/We would like to Switch in	Plan/Option	Switch Amt	Switch Units	Product Risk Rating	Permissible Risk Rating
1								
2								
3								

Declaration:

I/We agree with my/our risk profile as above and after taking into account the recommended asset allocation relevant to my risk profile, SEBI Risk-O-Meter of the fund and other suggestions mentioned overleaf I/We confirm that:

(Tick any one)

- ☐ The fund is appropriate for My/Our risk profile (Permissible Risk Rating >= Product Risk Rating)
- ☐ The fund is not appropriate for My/Our risk profile but I would like to still invest on "execution only basis"
(Permissible Risk Rating < Product Risk Rating OR
No Product Risk Rating assigned as the fund is not part of current Recommended list of HDFC Bank)

1st/Sole Holders Signature

2nd Holders Signature

3rd Holders Signature

(For Bank Use Only)

Signature Verified: ☐ Bank Account E/S Account or Single: ☐ Customer Details Verified: ☐

Is the client Risk profile matching with the Investment (Yes / No)_____

RM Name:_____ RM Signature _____ RM Emp Code_____

(Only AMFI certified RMs with valid EUIN can fill the same)

Application Receipt Date: DD /MM/YYYY

Time of Receipt: HH/MM

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 Riskometer					
No	SEBI Fund category	Low Risk	Low to Moderate Risk	Moderate Risk	Moderately High Risk	High Risk	Very High Risk
1	Overnight funds	1	2	3	4	5	6
2	Liquid funds	1	2	3	4	5	6
3	Ultra Short duration		2	3	4	5	6
4	Low duration		2	3	4	5	6
5	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	Arbitrage fund		2	3	4	5	6
10	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			Other Conditions	Suitability
Client Profile	Permissible Fund Score	Debt	Equity	Gold		
Conservative	Upto 4	70%	25%	5%	Non Recommended Funds	Not suitable
Moderate	Upto 5	40%	55%	5%	Closed Ended funds / FMPs	Upto 15% of client portfolio
					Single Fund exposure	Upto 10% of client portfolio
Aggressive	All	20%	75%	5%	Single AMC exposure	Upto 25% of client portfolio

Correspondence Address (Please provide full address)*

Correspondence Address (Please provide full address)	
HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Tel.					Office										Residence				
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[illegible]

Mobile No.* provided pertains to: [Please tick (✓)]

- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

*if above any option is not *ticked* (✓) or selected then **[Self]** option is considered as a default.

2nd Unitholder : Mobile

Overseas Address (Mandatory for NRI / FII Applicants)

(Please refer to the instruction No. II (b) 2)

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Email [£]	
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Email ID* provided pertains to: [Please tick (✓)]

- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

<input type="checkbox"/> Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)] <input type="checkbox"/> Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]	
Please ✓ any of the frequencies to receive Account Statement through e-mail [£] : <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> Annually	
* Mandatory information – If left blank the application is liable to be rejected. ** Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement Fund. ⁵ For KYC requirements, please refer to the instruction Nos. II b(5) & X	# Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2) £ Please refer to instruction no. IX

6. MODE OF HOLDING [Please tick (✓)] ☒ Single ☐ Joint ☐ Anyone or Survivor (Default)

7. TAX STATUS [Please tick (✓)]

- ☐ Resident Individual ☐ NRI ☐ Partnership FIRM ☐ Government Body ☐ FPI category I ☐ NPS Trust ☐ Bank
- ☐ On behalf of Minor ☐ Company ☐ AOP/BOI ☐ FPI category II ☐ NON Profit Organization/Charities ☐ FPI category III ☐ Mutual Funds
- ☐ HUF ☐ Body Corporate ☐ Private Limited Company ☐ Public limited company ☐ Mutual Funds FOF Schemes ☐ Defence Establishment
- ☐ Financial Institution ☐ Trust/Society/NGO ☐ Limited Partnership (LLP) ☐ Sole Proprietorship ☐ Others (Please specify) _____

8. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- ☐ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- ☐ Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- ☐ Reason C ⇒ Others, please state the reason thereof:

Address Type of Sole/1st Holder:

Address Type of 2nd Holder:

Address Type of 3rd Holder:

- ☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business

Annexure I and **Annexure II** are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

10. KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)_____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Second Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)_____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Third Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)_____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____