

**Application for conversion into New Personal Accident Insurance Cover**  
**HDFC Children Gift Fund**

Date:

To,

HDFC Mutual Fund.

Folio No.:		
Plan (Please <input checked="" type="checkbox"/> as applicable):	<input type="checkbox"/> Investment	<input type="checkbox"/> Savings
Name of Unit holder (Child):		
Name of the Parent/ Legal Guardian: <small>(As mentioned in the Application form used for initial investment)</small>		
Date of Birth of Parent/ Legal Guardian:		
Mobile No. _____		Email : _____

I / We have read and understood the terms and conditions of the New Group Personal Accident Insurance Cover ("new Policy") as detailed in the Addendum dated 17<sup>th</sup> July 2009. I/We hereby opt for the terms of the new Policy in terms of the Addendum dated 17th July 2009 to the Scheme Information Document/Key Information Memorandum of HDFC Children's Gift Fund and agree to abide by the same. I/We declare that the information given above is correct, complete and truly stated.

\_\_\_\_\_  
Signature of the Parent/ Legal Guardian

**BANKER'S ATTESTATION**

Name :		
Designation :		
Employee Code :		
Signature with Bank's Seal		

"All fields are mandatory"

*Note: The signature of the parent/ legal guardian should be attested by bank manager as over a period of time the signature might have undergone change.*

**Acknowledgement for Application for conversion into**  
**New Personal Accident Insurance Cover**

Folio No.:

Date: \_\_\_\_\_

Received from Mr./Ms. : \_\_\_\_\_

Scheme/Plan Name : \_\_\_\_\_

ISC stamp and signature.