

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

Date:

To,

HDFC Mutual Fund.

Folio No:			
Plan (Please ✓ 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.