Enrolment Form for SIP/ Micro SIP

[For Investments through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]

(Please read terms & conditions overleaf)

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

HDFC MUTUAL FUND
www.hdfcfund.com

Enrolment Form no.

SIP/ Micro SIP via **ECS (Debit Clearing)** in select cities or via **Direct Debit/Standing Instruction** in select banks / branches only.

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

ARN	ARN Name	Sub-Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN- 15341				E038968

FOR OFFICE USE ONLY (TIME STAMP)

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Item No. 3a)

I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this is an "execution-only" transaction without any interaction or advice by the employee / relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one) Date: D D M M Y Y Y Y

☐ I confirm that I am a **First time** investor across Mutual Funds. **(Rs. 150 deductible as Transaction Charge and payable to the Distributor)**

☐ I confirm that I am an existing investor in Mutual Funds. **(Rs. 100 deductible as Transaction Charge and payable to the Distributor)**

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

I/ We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of enrolment for Systematic investment Plan (SIP) and of ECS (Debit Clearing) / Direct Debit / Standing Instruction facilities and agree to abide by the same. I /We hereby apply to the Trustee of HDFC Mutual Fund for SIP application under of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/ We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. **The ARN holder 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.**

Applicable to PEKRN Holders: I, the first / sole holder, also hereby declare that I do not hold a Permanent Account Number and hold only a single PAN Exempt Reference No. (PEKRN) issued by KYC Registration Authority and that my existing investments together with the current application will not result in aggregate investments exceeding Rs.50,000/- in a rolling 12 months period or in a financial year.

Applicable to application under Direct Plan: I/We hereby declare and confirm that I/We have read and understood the Scheme related documents pertaining to the "Direct Plan" and also confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. HDFC Mutual Fund/HDFCAMC/Trustee shall not be liable for any consequences arising out of such investments.

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

☐ **NEW REGISTRATION** ☐ **CHANGE IN BANK ACCOUNT** ☐ **CANCELLATION** (Refer Item No. 11)

INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder)

SIGNATURE (Refer Item No. 3(c))

Sole/1st applicant

PAN# or PEKRN# **KYC# (Mandatory) [Please tick (✓)]** ☐ Proof Attached

Name of Guardian (In case Applicant is minor)

PAN# or PEKRN# **KYC# (Mandatory) [Please tick (✓)]** ☐ Proof Attached

Second Applicant

PAN# or PEKRN# **KYC# (Mandatory) [Please tick (✓)]** ☐ Proof Attached

Third Applicant

PAN# or PEKRN# **KYC# (Mandatory) [Please tick (✓)]** ☐ Proof Attached

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

Scheme

(Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Plan Option

Each SIP/ Micro SIP Amount (Rs.) Frequency ☐ Monthly+ ☐ Quarterly (+Default Frequency) [Refer Item No. 6(iv)]

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date:

HDFC MUTUAL FUND
Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020

Enrolment Form No.

ISC Stamp & Signature

Received from Mr./Ms./M/s. 'SIP/ Micro SIP' application for

Scheme / Plan / Option

Total Amount (Rs.)

Please Note: All purchases are subject to realisation of cheques

☐ **SIP Top-up (Optional)** (Please ✓ to avail this facility)
(Refer Item No. 7 e)

Top-up Amount (Rs.) _____ (The amount should be in multiples of Rs. 500 only)

SIP Top-up Frequency: ☐ Half-yearly ☐ Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

SIP/ Micro SIP Date ☐ 1st ☐ 5th ☐ 10th+ ☐ 15th ☐ 20th ☐ 25th **(+Default Date) [Refer Item No. 6(iv)]**

SIP/ Micro SIP Period Start From M M Y Y Y Y

End On** M M Y Y Y Y OR Default Date (December 2032)

**Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro SIP Transaction via Cheque No. _____ **Cheque Dated** D D M M Y Y Y Y **Amount@ (Rs.)** _____

Mandatory Enclosure (if 1st Installment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque

@The first cheque amount should be same as each SIP Amount.

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

DEMAT ACCOUNT DETAILS*

(Optional - refer instruction 10)

Investor opting to hold units in demat form may provide a copy of the DP statement to match the demat details as stated in the application form.

	NSDL	CDSL
DP Name	_____	_____
DP ID		
Beneficiary Account No.		

I/we hereby authorise HDFC Mutual Fund/HDFC Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.

BANK DETAILS

Bank Name _____

Branch Name _____ Bank City _____

Account Number _____

9 Digit MICR Code _____ ◄ (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) _____

Accountholder Name as in Bank Account _____

Authorisation of the Bank Account Holder (to be signed by the Investor)**

** To, The Branch Manager, _____(Name of the Bank)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my payment towards my investment in HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

Bank Account Number

I/We hereby declare that the particulars given above are correct and express my/ our willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ We would not hold the user institution responsible. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account. I/ We have read and agreed to the terms and conditions mentioned overleaf.

Applicable to SIP Top-up facility (not available under Micro SIP):

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

Please write SIP Enrolment Form no. / Folio no. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)		**2nd Account Holder's Signature** (As in Bank Records)		**3rd Account Holder's Signature** (As in Bank Records)	

BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date) | **Bank Account Number**

For Office Use only (Not to be filled in by Investor)

Recorded on _____ Scheme Code _____

Recorded by _____ Credit Account Number _____