

(Please read terms & conditions overleaf)

Enrolment Form No.

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

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

KEY PARTNER / AGENT INFORMATION

Name and AMFI Reg. No. (ARN)	Sub Agent's name and Code/ Bank Branch Code	M O Code
ARN-		

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp

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.

Date:

D

D

M

M

Y

Y

Y

Y

I/ We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit / Standing Instruction and agree to abide by the same. I /We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the SIP 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. I/ We hereby apply to the Trustee of HDFC Mutual Fund:

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 AND SIP DETAILS

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

Sole/1st Applicant

PAN#

KYC# (Mandatory for any amount) [Please tick (✓)]
☐ Attached

Name of Guardian

(In case first/sole holder is minor)

PAN#

KYC# (Mandatory for any amount) [Please tick (✓)]
☐ Attached

Second Applicant

PAN#

KYC# (Mandatory for any amount) [Please tick (✓)]
☐ Attached

Third Applicant

PAN#

KYC# (Mandatory for any amount) [Please tick (✓)]
☐ Attached

Please attach Proof. If PAN/KYC is already validated please don't attach any proof. Refer Item No 14 and 15.

Scheme

Plan

Option

Each SIP Amount (₹)

SIP Frequency
☐ Monthly*
☐ Quarterly (*Default Frequency) [Refer Item No. 6(iv)]

☐ **SIP Top-up (Optional)** (Please ✓ to avail this facility)
Top-up Amount (₹)
(The amount should be in multiples of ₹ 500 only)

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

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

SIP Period Start From

M

M

Y

Y

End On**

M

M

Y

Y

OR
☐ Default Date (December 2031)
**Please refer Item No. 6(ii) and 6(iii)

First SIP Transaction via Cheque No.

Cheque Dated

D

D

M

M

Y

Y

Amount@ (₹)

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.

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