APPLICATION FORM FOR SIP

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



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

OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH or ECS modalities.

July 2017

1)

Please tick 🗸 as applicable:	
OTM Debit Mandate is already registered in the folio.	[No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.

Enrolment Form no. KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) FOR OFFICE USE ONLY (TIME STAMP) ARN/ RIA Code ARN/ RIA Name Internal Code for Sub-Agent/ Employee Employee Unique Identification Number (EUIN) Sub-Agent's ARN Bank Branch Code 131906 E-121369 OM FINANCIAL SERVICES EUIN Declaration (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 transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. 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: I confirm that I am a First time investor across Mutual Funds. I confirm that I am an existing investor in Mutual Funds (Rs. 150 deductible as Transaction Charge and payable to the Distributor) (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.

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

NEW REGISTRATION	CHANGE OTM DEBIT MANDATE (Refer Item No. 7(e)(iv))	CANCELLATION (Refer Item No. 1

I) INVESTOR DETAILS							
Application No. (For new investor)/ Fo First/ Sole Applicant Details	lio No. (For existing Unit	holder)					
Mobile No.		Email Id					
NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.						
NAME OF THE SECOND APPLICANT	Mr. Ms. M/s.						
NAME OF THE THIRD APPLICANT	Mr. Ms. M/s.						

Applicant	PAN/ PEKRN [#] (Mandatory)			I	KYC N	umbe	r			1	KYC Mandatory	Proof Attached
Sole / First Applicant												
Second Applicant												
Third Applicant												
Guardian/POA Holder												

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

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.		
RELATIONSHIP WITH	MIN	OR

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (<) (Refer Item No. 19)	

Purchase of Residence	Children's Education	Children's Marriage	Retirement	Others _	Please Specify
Target Amount					

	ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)	
Date:	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	
Application/ Folio No.		ISC Stamp & Signature
Received from Mr./Ms./M/s.	SIP application	
Scheme / Plan / Option	Scheme 1	
	Scheme 2	
	Scheme 3	

2) INVESTMENT DETAILS [Please tick (\checkmark)]				
Scheme Name (1)	Plan		Option/	/Sub-option
	Regular] Direct		
SIP Installment Start Month/Year		(Default Dec 2036)*	•	Jency (Please refer Instruction 6)
Amount (₹) M M Y <th< th=""><th>M M Y</th><th>Y Y Y</th><th>Daily⁺⁺</th><th>☐ Monthly⁺ ☐ Quarterly</th></th<>	M M Y	Y Y Y	Daily ⁺⁺	☐ Monthly ⁺ ☐ Quarterly
SIP Date (Please (~) one or more of the following dates) (Please refer Instruction 7 1st 2nd 3rd 4th 5th 6th 7th 8th 17th 18th 19th 20th 21st 22nd 23rd 24th	') □ 9th □ 10th ⁺ □ 25th □ 26th	11th 12th	☐ 13th ☐ 29th	☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
□ SIP TOP-UP (✓) Not available for Daily SIP SIP	SIP TOP-UP CAP		-	CAP Month-Year#:
	CAP Amount*: ₹ (Investor has to choose c	nly one ontion)	0R	M M Y Y Y Y
Scheme Name (2)	Plan		Ontion	/Sub-option
	Regular	Direct	Οριιοιί	
SIP Installment Start Month/Year		(Default Dec 2036)*	SIP Frequ	Jency (Please refer Instruction 6)
Amount (₹) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		, , ,	Daily ⁺⁺	☐ Monthly ⁺ ☐ Quarterly
SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7	7)			
☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th	 9th 10th⁺ 25th 26th 	□ 11th □ 12th □ 27th □ 28th	☐ 13th ☐ 29th	☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
		27.01		CAP Month-Year [#] :
Amount (₹) ^ OB Percentage ^s (%) C	CAP Amount*: ₹ (Investor has to choose of		OR [M M Y Y Y Y
Scheme Name (3)	Plan		Option /	/Sub-option
	🗌 Regular] Direct		
SIP Installment Start Month/Year	End Month/Year ((Default Dec 2036)*	SIP Frequ	Jency (Please refer Instruction 6)
Amount (₹)	M M Y	Y Y Y	Daily ⁺⁺	☐ Monthly ⁺ ☐ Quarterly
SIP Date (Please (<) one or more of the following dates) (Please refer Instruction 7	')	☐ 11th ☐ 12th ☐ 27th ☐ 28th	☐ 13th ☐ 29th	☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
Amount (₹) ^ OB Percentage ^s (%)	SIP TOP-UP CAP CAP Amount*: ₹ (Investor has to choose c		00	CAP Month-Year*: M M Y Y Y
 ⁺Default if not selected. • ⁺⁺Triggered and processed only on all Business Days and SIP TOP up facilit • ^ TOP UP amount has to be in multiples of Rs.100 only. <i>Please see Instruction</i> 7(c) {i} • \$The mir Investors/unitholders subscribing for this facility are required to submit the request at least 30 days principle. 	nimum TOP UP Percentag	e has to be 10% and in mu	Itiples of 1% the	reafter, of the existing SIP installment.
*TOP-UP CAP amount: Please refer Instruction 7(c){ii}] # TOP-UP CAP Month-Year: Maximum amount of debit (SIP+Top-up) under direct debit facility for investors wi			shall not exce	ed Rs. 5,00,000/- per installment.
First SIP Transaction via Cheque No. Cheque Date	d D D M M	Y Y Y Y	Amount@ (R	is.)
Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled The name of the first/ sole applicant must be pre-printed on the cheque. Blank cancelled	cheque Co	py of cheque	-	rst cheque amount should be same total SIP Amount.
3) BANK DETAILS				
OTM Bank Details to be debited for the SIP (OTM already Registered)				
Bank Name: Account Numb	ber:			
NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Ma				

SDL	DP Name				DP ID	I N					Ben	eficiary ount No.						
SL	DP Name					Beneficiary Account No.												
stor	opting to hold units in demat form, n	nay provide a	a copy of th	e DP staten				nat detai	ls as sta	ted in th	e applic	ation forn	ـــــــــــــــــــــــــــــــــــــ			<u> </u>		
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amo	ngst which the Scheme is being reco	mmended to	o me/us.		00111113310	ni or any oth), payai		II/ UIGIII		uniereniti	omhen	ily oclic	11163 (Jus mui	luaiiui
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