

Enrolment Form for SIP/ Micro SIP

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



(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)
 Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

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.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN- 16709					E039709	
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.						
Sign Here _____ First/ Sole Applicant/ Guardian		Sign Here _____ Second Applicant		Sign Here _____ 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
<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)			<input type="checkbox"/> 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.						
Upront 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 hereby confirm and declare as under:-

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of ECS (Debit Clearing)/ Direct Debit / Standing Instruction facilities.

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.

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

<input type="checkbox"/> NEW REGISTRATION	<input type="checkbox"/> CHANGE IN BANK ACCOUNT	<input type="checkbox"/> CANCELLATION (Refer Item No. 11)
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INVESTOR & INVESTMENT DETAILS

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

	SIGNATURE (Refer Item No. 3(c))
Sole/1st applicant PAN# _____ KYC# (Mandatory) <input type="checkbox"/> Proof Attached or PEKRN# _____ [Please tick (✓)]	<input checked="" type="checkbox"/>
Name of Guardian (In case Applicant is minor) PAN# _____ KYC# (Mandatory) <input type="checkbox"/> Proof Attached or PEKRN# _____ [Please tick (✓)]	
Second Applicant PAN# _____ KYC# (Mandatory) <input type="checkbox"/> Proof Attached or PEKRN# _____ [Please tick (✓)]	
Third Applicant PAN# _____ KYC# (Mandatory) <input type="checkbox"/> Proof Attached or PEKRN# _____ [Please tick (✓)]	

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

<input type="checkbox"/> Regular Plan (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> Direct Plan (Purchase/ Subscription made directly with the Fund) Mention DIRECT in Key Partner/ Agent Information
For Default Plan (viz. Direct / Regular Plan) refer instruction 4.	
Scheme/Plan Option _____	
Lock-in Period (Applicable to HDFC Children's Gift Fund) <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)	

ARN - 16709 E039709		ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)	
HDFC MUTUAL FUND			
Date:	Head Office : HUL 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/ Micro SIP' application for		
Scheme / Plan / Option	_____		
instalment Amount (Rs.)	_____		
Please Note: All purchases are subject to realisation of cheques			

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 20)

Marriage
 Dream Home
 Dream Car
 Children's Education
 Children's Marriage
 World Tour
 Retirement
 Target Amount

SIP & DEBIT DETAILS (Please note that a minimum of 30 days is required to set up the ECS/ Direct Debit)

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

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

SIP/ Micro SIP Period Start From End On** OR Default Date (December 2032) **Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro SIP Transaction via Cheque No. Cheque Dated 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.

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only)
 (Refer Item No. 7 e) SIP Top-up Frequency: Half-yearly Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

Maximum amount of debit (SIP+Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

UNIT HOLDING OPTION **DEMAT MODE*** **PHYSICAL MODE (Default)** (refer instruction 10)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

NSDL	DP Name <input type="text"/>	DP ID <input type="text"/>	Beneficiary Account No. <input type="text"/>
CDSL	DP Name <input type="text"/>	Beneficiary Account No. <input type="text"/>	

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

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/our payment towards my/our investment in the Scheme of HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We hereby authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

Bank Account Number

I/We have read and agree to comply with the terms and conditions mentioned overleaf and be bound by the same. I/We hereby declare that the particulars given above are true and correct and agree to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction.. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account.

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 Folio no. on the reverse of the cheque. (MANDATORY)

1st Account Holder's Signature (As in Bank Records)	<input checked="" type="checkbox"/>	2nd Account Holder's Signature (As in Bank Records)	<input type="checkbox"/>	3rd Account Holder's Signature (As in Bank Records)	<input type="checkbox"/>
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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