

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

May 2018

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.
☐ 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.

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	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-55371					EUIN-E026687	

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	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.

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 OTM DEBIT MANDATE (Refer Item No. 7(e)(iv))	<input type="checkbox"/> CANCELLATION (Refer Item No. 11)
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1) INVESTOR DETAILS

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

First/ Sole Applicant Details

Mobile No.		Email Id	
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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)	KYC Number	KYC Mandatory	Proof Attached
Sole / First Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA Holder			<input type="checkbox"/>	<input type="checkbox"/>

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 (In case of Non-individual Investors)/ PoA HOLDER

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR

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)

HDFC MUTUAL FUND	
Date:	Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.
Application/ Folio No.	
Received from Mr./Ms./M/s.	SIP application
Scheme / Plan / Option	Scheme 1
	Scheme 2
	Scheme 3
ISC Stamp & Signature	

Scheme Name (1)										Plan			Option/Sub-option						
										<input type="checkbox"/> Regular <input type="checkbox"/> Direct									
SIP Installment					Start Month/Year				End Month/Year (Default Dec 2040)*					SIP Frequency (Please refer Instruction 6)					
Amount (₹) _____					<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>					<input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly					
SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7)																			
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th+ <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th																			
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<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily SIP										SIP TOP-UP CAP					CAP Month-Year*:				
Amount (₹) ^ _____ OR Percentage ^s (%) _____										CAP Amount*: ₹ _____					OR				
Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*										Frequency: Yearly					<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				
(Investor has to choose only one option)																			

Scheme Name (2)				Plan		Option/Sub-option									
				<input type="checkbox"/> Regular <input type="checkbox"/> Direct											
SIP Installment			Start Month/Year		End Month/Year (Default Dec 2040)*			SIP Frequency (Please refer Instruction 6)							
Amount (₹) _____			<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>			<input type="checkbox"/> Daily ⁺⁺ <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly							
SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7)															
<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th	<input type="checkbox"/> 8th	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th ⁺	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	<input type="checkbox"/> 13th	<input type="checkbox"/> 14th	<input type="checkbox"/> 15th	<input type="checkbox"/> 16th
<input type="checkbox"/> 17th	<input type="checkbox"/> 18th	<input type="checkbox"/> 19th	<input type="checkbox"/> 20th	<input type="checkbox"/> 21st	<input type="checkbox"/> 22nd	<input type="checkbox"/> 23rd	<input type="checkbox"/> 24th	<input type="checkbox"/> 25th	<input type="checkbox"/> 26th	<input type="checkbox"/> 27th	<input type="checkbox"/> 28th	<input type="checkbox"/> 29th	<input type="checkbox"/> 30th	<input type="checkbox"/> 31st	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily SIP					SIP TOP-UP CAP					CAP Month-Year [#] :					
Amount (₹) ^ _____ OR Percentage ^s (%) _____					CAP Amount*: ₹ _____ OR					<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>					
Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺					Frequency: Yearly					(Investor has to choose only one option)					

Scheme Name (3)										Plan				Option/Sub-option											
										<input type="checkbox"/> Regular <input type="checkbox"/> Direct															
SIP Installment										Start Month/Year				End Month/Year (Default Dec 2040)*						SIP Frequency (Please refer Instruction 6)					
Amount (₹) _____										<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>						<input type="checkbox"/> Daily ⁺⁺ <input type="checkbox"/> Monthly ⁺ <input type="checkbox"/> Quarterly					
SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7)																									
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Amount (₹) ^ _____ OR Percentage ^s (%) _____										CAP Amount*: ₹ _____ OR															
Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly ⁺										Frequency: Yearly															
										CAP Month-Year*: <div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>															
(Investor has to choose only one option)																									

Default, if not selected. • ⁺⁺Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-Up frequency. • ^ TOP UP amount has to be in multiples of Rs.100 only. *Please see Instruction 7(c){i}*. • \$The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. Top-up will be applicable from next effective SIP installment.

***TOP-UP CAP amount:** Please refer Instruction 7(c){ii}] **# TOP-UP CAP Month-Year:** Please refer Instruction 7(c){ii}]

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

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

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: **Account Number:**

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

(refer instruction 10)

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

5) DECLARATION AND SIGNATURE(S)

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.

SIGNATURE (S)

Third Unit holder

**Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.**



Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
4. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
5. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.
6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
11. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
12. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
13. There is no maximum duration for enrolment.
An investor has an option to choose the 'End Date' of the SIP by filling the date or the Default Date i.e. December 2040 will be the end date.
14. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
15. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.



Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.