

[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

July 2018

Application No. (For new investory) Foilo No. (For existing UnithInder) Email Id Mobile No. Email Id Mobile No. Email Id Mobile No. Email Id Mobile No. Email Id Mobile OF FIRST / SOLE APPLICANT Mr. Ms. Ms. MAME OF THE SECOND APPLICANT Mr. Ms. Ms. MAME OF THE SECOND APPLICANT Mr. Ms. Ms. Applicant PAN/ PEKRN* (Mandatory) Sole / First Applicant Mr. Ms. Ms. Sole / First Applicant Image: Comparison of the mandatory for Micro Sile Rifer Item No. 11 and 12. Matter OF THE MIRD APPLICANT Mr. Ms. Ms. Sole / First Applicant Image: Comparison of the mandatory for Micro Sile Rifer Item No. 11 and 12. Sole / First Applicant Image: Comparison of the mandatory for Micro Sile Rifer Item No. 11 and 12. Matter OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-individual Including Sole Proprietor) Not mandatory for NRIs [Refer Item No. 12 (c)) Particulars Adahaar Number* Image: Comparison of the Matter Item No. 11 and 12. ADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual Including Sole Proprietor) Not mandatory for NRIs [Refer Item No. 12 (c)) Particulars Adahaar Number* Image: Comparison of the Mobile No.	Please tick ✓ as applicable: OTM Debit Mandate is alread	, ,													,								
JARY BA Color JARY PA Num Sax Auxil: Solution Jump Color Collection ARN-55371 EURIN Decision EURIN Procession EURIN Procession EURIN Procession BUIK Decision EURIN Procession EURIN Procession EURIN Procession EURIN Procession BUIK Decision EURIN Procession EURIN Procession EURIN Procession EURIN Procession BUIK Decision EURIN Procession EURIN Procession EURIN Procession European BUIK Decision EURIN Procession EURIN Procession European European BUIK Decision European European European European European BUIK Decision European European <td></td> <td>•</td> <td></td> <td>es 10</td> <td>) to 30</td> <td>) days</td> <td>depen</td> <td>Ů</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		•											es 10) to 30) days	depen	Ů						
EUN Declaration (only where EUN box is left black) (Fieler Item No. 2(ba) With hereby conting that the EUN box is been implicible (HT black by makes as this transaction is executed without any interaction or advice by the employee interaction or advice by the employ interaction or advice by the employee inte		· ·		lan m					t" in	lr fo	iternal C r Sub-Ag	, ode jent/		Identifio	cation I	Number	FU	JK UF	·FIC	E U S	EUN	ALY (TIM	ESTAMP
Web New y canting that the EURly box has been interfacionally left blank by med/us as this transaction is searched without any interaction of who of distributions the own of distribution of the own of the distribution of the distredistribution of the distribution of the distribution	ARN-55371												E	UIN	-E02	26687	•						
Felt Solv Applications through SPT (is a mean or per SPT installment A is a function of the set of a manage of the set of	I/We hereby confirm that relationship manager/ sale	the EUIN box has be es person of the above	en intentionally left e distributor/sub brol	blank	k bv	me/ twith	/us ista	as th nding	is t g th	ransa e advi	ction ce of i	is ex n-ap	cecu opro	ted v priate	vitho	ut any s, if an	inte y, pro	ractio ovide	on o d by	or adv the (vice empl	by the e oyee/rel	mployee/ ationship
Transaction Changes for Applications through Distributions only (Refer Item 10, 13) Date: Date:																							
It he bit commissed of precisions through SP (4 as manned as SP in stallarder All as a factor in bit his bit has a point of the second of a money of the restrict the bit his bit has a point of the second of the investors in a second of the bit his bit has a point of the second of the investors in a second of the bit his bit has a point of the second of the investors in a second of the investors in a second of the second of the investors in a second of the second of the second of the investors in a second of the second of the investors in a second of the s				4 a a 1			ond	Applic	ant									Thi	rd A	pplica	Int		
New Registration CHANGE OTM DEBIT MANDATE (Refer Itom No. 3) CANCELLATION (Refer Itom No. 7) 1) INVESTOR DETAILS	If the total commitment of inv Charges, the same are deduct issued against the balance of t Upfront commission shall be p	estment through SIP (i.e ible as applicable from the he installment amounts i	e. amount per SIP insta he installment amount a nvested.	llmen nd pa	t X r yabl	no. of le to t									nore a Chargo								
1) INVESTOR DETAILS	Please (\checkmark) any one. In the abser	ice of indication of the op	tion the form is liable to	be rej	ecte	d.																	
papelaciator No. (for new investor)/ Folio No. (for existing Unitholder) investory Folio No. Gale First Applicant Second Applicant Second Applicant Second Applicant Second Applicant Gale first Applicant Second Applicant Second Applicant Second Applicant Second Applicant Second Applicant Cardian/OA Holder Pass attach Prod. If NAPPEONNANC a sinder y widded plass dart atch ary prod. PESNI matching for Meter Item No. 11 and 12. Author FHE GUARDIAH (In case of minor) / CUNTACT PERSON - DESIGNATION (In case of N-methem No. 11 and 12. Author FHE Guardian Noncomet [*] Date of British Plass attach Product INNAPPEONNENC a sinder y widded plass dart atch ary product PESNI matching Investory Pok HOLDER Author FHE GUARDIAH (In case of minor) / CUNTACT PERSON - DESIGNATION (In case of N-methem No. 11 and 12. Author FHE GUARDIAH (In case of minor) / CUNTACT PERSON - DESIGNATION (In case of N-methem No. 11 and 12. Author St			CHANGE OTM DEBIT	MA	NDA	TE (Ref	er Itei	mΝ	lo. 3)					[NCE	LLAT	10N	(Ref	er Ite	em No. 7)
Tere Second Applicant PARCE FIRES VOLCANT No: Make OF THE SECOND APPLICANT No: Make OF THE THIRD APPLICANT No: Make OF THE SUPPLICANT NO: MAKE OF THIRD MAKE AN MURBER A SUPPLICANT NO: MAKE OF THIRD APPLICANT NO: MAKE O	1) INVESTOR DETAIL	_S																					
Mode Emaile AMARE OF INERST, YOLE APPLICANT Mr. Ms. Mr. Ms. Mr. Ms. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr.		or)/ Folio No. (For existing	g Unitholder)																				
AMA E OF FIRST / SOLE APPLICANT Mr. Ms. Ms. Mr. Ms. Ms. Ms. Ms. Ms. Mr. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms			Email Id																				
Addle of The THIRD APPLICANT Mr. Ms. Ms. Applicant PAN/ PEKNY (Mandatory) KYC Number Mr.WC, Markatory (Mandatory) Sole / First Applicant Sole / S	NAME OF FIRST / SOLE APPLIC	ANT Mr. Ms. M/s.																					
Applicant PMN PEKN* (Mandatory) KVC Number MANCAUV Personal Number Sole / First Applicant Image: Sole / First Applicant Imagee: Sole / F	NAME OF THE SECOND APPLIC	ANT Mr. Ms. M/s.																					
Applicant No model Maddatory Attache Sole / First Applicant Image: Sole / First Applicant </td <td>NAME OF THE THIRD APPLICAN</td> <td>T Mr. Ms. M/s.</td> <td></td>	NAME OF THE THIRD APPLICAN	T Mr. Ms. M/s.																					
Second Applicant Third Applicant Third Applicant Third Applicant Third Applicant Third Applicant Guardian/POA Holder The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-Individual Investors) / POA HOLDER The SUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (IN case of Non-Individual Including SOLP POPrietor) Not mandatory for NRIs (Refer Item No. 12 (c)) The SUARDIAN (In case of menorement is mentioned are required to sign fue form. The SUARDIAN (In case of Residence Contered Contered Contered Contered Contered Contered C	Applicant	PAN/ PEKR	N [#] (Mandatory)										KY	C Num	ıber							KYC Mandato	Proof Attache
Third Applicant	Sole / First Applicant																						
Guardian/POA Holder	Second Applicant																						
Please attach Proof. If PAN/PEKRIWYC is already validated please don't attach any proof. PEKRIM mandatory for Micro SIP. Refer Item No. 11 and 12. AME OF THE GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION (in case of Non-individual Investors)/ PoA HOLDER Mr. Ms. ReLATIONSHIP WITH MINOR AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs [Refer Item No. 12 (c)] Perticulars Aadhaar Number* Ist Applicant Image: Control of the sole of Birth PIN Code Mobile No. Enrolment You Applicant Image: Control of the sole of Birth PIN Code Mobile No. Enrolment Guardian Image: Control of the sole of Birth PIN Code Mobile No. Enrolment You Applicant Image: Control of the sole of Birth PIN Code Mobile No. Enrolment Guardian Image: Control of the sole of Birth PIN Code Mobile No. Image: Control of the sole of Birth	Third Applicant																						
Please attach Proof. If PNA/PEKRM/VC is already validated please don't attach any proof. PEKRM mandatory for Mos SIP. Refer Item No. 11 and 12. AME OF THE GUARDIAN (in case of minor) / CONTACT PERSON - DESIGNATION (in case of Non-individual Investors)/ POA HOLDER Mr. Ms. Mr. Ms. RELATIONSHIP WITH MINOR AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs [Refer Item No. 12 (c)] Particulars Aadhaar Number* (Please enclose copy of front & back side) Date of Birth PIN Code Mobile No. Enrolment 2nd Applicant Date of Date of Date Note POA Date of Date Note POA Date of Date Note POA Quardian Date of Date Note POA	Guardian/POA Holder												+				+				-		
Particulars Aadhaar Number* (Please enclose copy of front & back side) Date of Birth PIN Code Mobile No. Enrolment Proof# 1st Applicant 1 <td>IAME OF THE GUARDIAN (In c Mr. Ms. M/s. Relationship with Minor</td> <td>ase of minor) / CONTAC</td> <td>T PERSON - DESIGNAT</td> <td>ION (</td> <td>in ca</td> <td>ise of</td> <td>f No</td> <td>n-ind</td> <td>ivid</td> <td>ual Inv</td> <td>estors</td> <td>)/ Po/</td> <td>A HO</td> <td>LDER</td> <td></td> <td>for NI</td> <td>RISI</td> <td>Refer I</td> <td>Item</td> <td>No 1</td> <td>2 (c)</td> <td></td> <td></td>	IAME OF THE GUARDIAN (In c Mr. Ms. M/s. Relationship with Minor	ase of minor) / CONTAC	T PERSON - DESIGNAT	ION (in ca	ise of	f No	n-ind	ivid	ual Inv	estors)/ Po/	A HO	LDER		for NI	RISI	Refer I	Item	No 1	2 (c)		
1st Applicant 1st Applicant 2nd Applicant 3rd Applicant 3rd Applicant Guardian 90A 1 90A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <td>Particulars</td> <td></td> <td></td> <td></td> <td>IVIU</td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>_</td> <td></td> <td></td> <td></td> <td>us [i</td> <td></td> <td></td> <td></td> <td>2 (0)]</td> <td></td> <td>nrolment</td>	Particulars				IVIU		_					-	_				us [i				2 (0)]		nrolment
2nd Applicant 3rd Applicant Guardian Guardian Guardian POA All the applicants whose Aadhaar Number is mentioned are required to sign the form. # If Aadhaar number is applied for, please enclose proof of enrolment. IVWE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (~) (Refer Item No. 15) Purchase of Residence Children's Education Children's Marriage Retirement Others Please Specify 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. KSC Stamp & Signature SIP application		e enclose copy of front	& back side)						v	<u></u>		-		1 1	+			-		<u>т</u> т			_
3rd Applicant 3rd Applicant Guardian Guardian POA All the applicants whose Aadhaar Number is mentioned are required to sign the form. # If Aadhaar number is applied for, please enclose proof of enrolment. I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (<) (Refer Item No. 15)				U	D	IVI	IVI	Y	Y	Y Y		+	-	$\left \right $	+	+		_	-	\vdash	_		_
Guardian Guardian POA POA All the applicants whose Aadhaar Number is mentioned are required to sign the form. # If Aadhaar number is applied for, please enclose proof of enrolment. I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (~) (Refer Item No. 15) Purchase of Residence Children's Education Children's Marriage Retirement Others Please Specify ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) 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.				D	D	IVI n.e.	IVI NA	Y	ř V	r Y	\square	+	-	$\left \right $	+	+	-		+	\vdash	+	+	
POA All the applicants whose Aadhaar Number is mentioned are required to sign the form. # If Aadhaar number is applied for, please enclose proof of enrolment. I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (~) (Refer Item No. 15) Purchase of Residence Children's Education Children's Educati				D	D	IVI NA	IVI NA	ĭ V	T	T Y	+	+	+	$\left \right $	+	+	+	+	┢	\vdash	+	+	
All the applicants whose Aadhaar Number is mentioned are required to sign the form. # If Aadhaar number is applied for, please enclose proof of enrolment. I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (~) (Refer Item No. 15) Purchase of Residence Children's Education Children's Marriage Retirement Others <u>Please Specify</u> 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.						IVI	IVI	T V	T V	T T	\vdash	+	-	++	+	+		_	┢	\vdash	_		
I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 15) Purchase of Residence Children's Education Children's Marriage Retirement Others <u>Please Specify</u> Target Amount ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) HDFC MUTUAL FUND Date: 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.		ar Number is montioned		form	D	-# If	And	haarn			nnliad	for n					nroln	mont					
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. ISC Stamp & Signature Received from Mr./Ms./M/s. SIP application														encio	ose pi			nent.					
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. ISC Stamp & Signature Received from Mr./Ms./M/s. SIP application	Purchase of Residence	Children's Edu	ucation Childre	en's l	Marı	riage			Ret	ireme	nt		Othe	rs_			PI	lease	Spe	cify			
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. ISC Stamp & Signature	Target Amount																						
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. ISC Stamp & Signature			ACKNOWLEDGE	MEN	JT_9	SI IP) (Te	o he	fille	ed in J	hv the	Ini	it ha	lder)		_				_	_		
Date: 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			AGRIGUEDUL	_	_	_		_	_	_	sy inc	-011	ie mu	harding									
Application/ Folio No. SIP application	Date:	Head Office : HDF	C House, 2nd Floor, H.T.								eclama	tion,	Chu	chgat	e, Mu	mbai -	400 (020.		IS	C Sta	mp & Sia	nature
	Application/ Folio No.																				- Cul		
Scheme / Plan / Option Scheme 1	Received from Mr./Ms./M/	S.									SIP a	pplic	catio	n									
Scheme 2	Scheme / Plan / Option																						

I

Scheme Name	se tick (✓)] ⑴	Plan	Optio	on/Sub-option
		Regular Direct		
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default	Dec 2040)* SIP Fre Y Y	quency (Please refer Item iii) ☐ Monthly ⁺ ☐ Quarterly
	6th 7th 8th	9th10th ⁺ 1		14th 15th 16tt
□ 17th □ 18th □ 19th □ 20th □ 21st □ □ SIP TOP-UP (✓) Not available for Daily SIP		25th 26th 2 IP TOP-UP CAP		CAP Month-Year*:
requency (✓): ☐ Half Yearly ☐ Yearly ⁺ Fr	equency: Yearly (/	AP Amount*: ₹		
Scheme Name	(2)	Plan Regular	Opu	on/Sub-option
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default	Dec 2040)* SIP Fre Y Y	quency (Please refer Item iii) ☐ Monthly ⁺ ☐ Quarterly
	dates) (Please refer Item 5) 6th 7th 8th 22nd 23rd 24th			☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
SIP TOP-UP (\checkmark) Not available for Daily SIP	, <u> </u>	IP TOP-UP CAP Amount*: ₹	OR	CAP Month-Year*:
· / Uh	equency: Yearly (/	Investor has to choose only one	option)	on/Sub-option
Summe Name	(v)	Plan Regular		
SIP Installment Amount (ぞ)	Start Month/Year	End Month/Year (Default	Dec 2040)* SIP Fre Y Y	quency (Please refer Item iii) ☐ Monthly ⁺ ☐ Quarterly
	dates) (Please refer Item 5) ☐ 6th	 9th 10th⁺ 1⁺ 25th 26th 2⁺ 		☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
011	ercentage ^s (%) ^{C.}	IP TOP-UP CAP AP Amount*: ₹	OR	CAP Month-Year*:
lefault, if not selected. • ⁺⁺ Triggered and processed only on a quency. • ^ TOP UP amount has to be in multiples of Rs.100 or	all Business Days and SIP TOP up t nly. <i>Please see Item v (a)</i>) • \$The n	ninimum TOP UP Percentage has	n case of Quarterly SIP, only t to be 10% and in multiples of 1	% thereafter, of the existing SIP installm
befault, if not selected. • ⁺⁺ Triggered and processed only on a quency. • ^ TOP UP amount has to be in multiples of Rs.100 or restors/unitholders subscribing for this facility are required to su OP-UP CAP amount: Please refer Item v (b){1}] aximum amount of debit (SIP + Top-up) under direct or rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by chequ	all Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days prio # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated (e) Blank cancelled (facility shall not be available. • I minimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b){2}] bank accounts with State E b D D M M Y	n case of Quarterly SIP, only the to be 10% and in multiples of 1 pplicable from next effective SII ank of India shall not excession of the text of tex of tex of tex of tex of text of tex of	% thereafter, of the existing SIP installm [•] installment. eed Rs. 5,00,000/- per installme (Rs.)
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 or vestors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b) {1}] laximum amount of debit (SIP + Top-up) under direct of irst SIP Transaction via Cheque No. landatory Enclosure (if 1st Installment is not by chequ he name of the first/ sole applicant must be pre-printed 2B) INVESTMENT DETAILS FOR FLEX SIP	all Business Days and SIP TOP up f nly. <i>Please see Item v</i> (a)) • \$The n bmitthe request at least 30 days prio # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated te) Blank cancelled of I on the cheque.	facility shall not be available. • I minimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b){2}] bank accounts with State E b D D M M Y	n case of Quarterly SIP, only ti to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc Y Y Y A Amount@ heque @The as eacl	% thereafter, of the existing SIP installme ⁹ installment. eed Rs. 5,00,000/- per installmer (Rs.) first cheque amount should be sa h/total SIP Amount.
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 or vestors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b){1}] aximum amount of debit (SIP + Top-up) under direct of rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by chequ he name of the first/ sole applicant must be pre-printed	all Business Days and SIP TOP up f nly. <i>Please see Item v</i> (a)) • \$The n bmitthe request at least 30 days prio # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated te) Blank cancelled of I on the cheque.	facility shall not be available. • I minimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b){2}] bank accounts with State E b D D M M Y	n case of Quarterly SIP, only ti to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc Y Y Y Y Amount@ heque @The as eact Plan	% thereafter, of the existing SIP installment eed Rs. 5,00,000/- per installmen (Rs.) first cheque amount should be sa h/total SIP Amount. Option/Sub-option
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 on vestors/unitholders subscribing for this facility are required to su OP-UP CAP amount: Please refer Item v (b){1}] aximum amount of debit (SIP + Top-up) under direct or rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by cheque the name of the first/ sole applicant must be pre-printed B) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment	all Business Days and SIP TOP up 1 nly. <i>Please see Item v (a)</i>) • \$The n bmitthe request at least 30 days prio # TOP-UP CAP Month-Year: F debit facility for investors with Cheque Dated te) Blank cancelled of I on the cheque. [Please tick (✓)]	facility shall not be available. • I ininimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b) {2}] bank accounts with State E i D D M M Y cheque Copy of cl	n case of Quarterly SIP, only ti to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc y y y y Amount@ heque @The as eacl Plan Regular Direct incy [Please refer Item No. E	% thereafter, of the existing SIP installment. eed Rs. 5,00,000/- per installmen (Rs.) first cheque amount should be sa h/total SIP Amount. Option/Sub-option Growth
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 or vestors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b) {1}] aximum amount of debit (SIP + Top-up) under direct of rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by chequ he name of the first/ sole applicant must be pre-printed B) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment Amount (₹) Maximum R SIP Date (Please (✓) one or more of the following of 1st 2nd 3rd 4th 5th	All Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days price # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated ie) Blank cancelled of I on the cheque. [Please tick (✓)] s. 1.00.000 dates) (Please refer Item No. 5)	facility shall not be available. • I ininimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b) {2}] bank accounts with State E d D D M M Y cheque Copy of cl	n case of Quarterly SIP, only th to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc y y y A Amount@ heque @The as eacl Plan Regular Direct ncty [Please refer Item No. E nthly* Quarterly 1th 12th 13th	% thereafter, of the existing SIP installment eed Rs. 5,00,000/- per installmen (Rs.) first cheque amount should be sain /total SIP Amount. Option/Sub-option Growth J Start Month/Year
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 or vestors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b) {1}] aximum amount of debit (SIP + Top-up) under direct of rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by chequ he name of the first/ sole applicant must be pre-printed RB) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment Amount (₹)	all Business Days and SIP TOP up 1 all Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days price # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated ie) Blank cancelled of Ion the cheque. [Please tick (✓)] s. 1.00.000 dates) (Please refer Item No. 5) 6th 7th	facility shall not be available. • I minimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b){2}] bank accounts with State E j D D M M Y cheque Copy of cl SIP Freque 9th 10th ⁺ 11 25th 26th 27	n case of Quarterly SIP, only the to be 10% and in multiples of 1 pplicable from next effective SII ank of India shall not exception of the shall not except	% thereafter, of the existing SIP installmer P installment. eed Rs. 5,00,000/- per installmer (Rs.) first cheque amount should be san h/total SIP Amount. Option/Sub-option Growth Start Month/Year M M Y Y Y 14th 15th 16th 30th 31st
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 of vestors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b) {1}] laximum amount of debit (SIP + Top-up) under direct of rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by cheque ne name of the first/ sole applicant must be pre-printed CB) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment Amount (₹)	All Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days prio # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated te) Blank cancelled of I on the cheque. [Please tick (✓)] 1.00.000 dates) (Please refer Item No. 5) 6 th 7 th 8 th 22nd 23rd 24th	facility shall not be available. • I minimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b){2}] bank accounts with State E j D D M M Y cheque Copy of cl SIP Freque 9th 10th ⁺ 11 25th 26th 27	n case of Quarterly SIP, only ti to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc Y Y Y A Amount@ heque @The as eacl Plan Regular Direct Intly* Quarterly tht 12th 13th 7th 28th 29th ears 20 Years Plan	% thereafter, of the existing SIP installmen installment. eed Rs. 5,00,000/- per installmen (Rs.) first cheque amount should be san h/total SIP Amount. Option/Sub-option Growth Start Month/Year Start Month/Year Start Month/Year Start Month/Year Start Month/Year Start Month/Sub-Option Option/Sub-option Option/Sub-option Option/Sub-option
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 ovestors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b) {1}] aximum amount of debit (SIP + Top-up) under direct or rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by cheque name of the first/ sole applicant must be pre-printed B) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment Amount (₹)	all Business Days and SIP TOP up 1 all Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days prid # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated ie) Blank cancelled of Ion the cheque. [Please tick (✓)] s. 1.00.000 dates) (Please refer Item No. 5) 6th 7th Bth 22nd 23rd 24th 3 Years 5 Years	facility shall not be available. • I ininimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b) {2}] bank accounts with State E i D D M M Y cheque Copy of cl SIP Freque 9th 10th ⁺ 11 25th 26th 25 s ⁺ 10 Years 15 Ye	n case of Quarterly SIP, only ti to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc Y Y Y A Amount@ heque @The as eacl Plan Regular Direct mcy [Please refer Item No. E nthly* Quarterly 1th 12th 13th 7th 28th 29th ears 20 Years Plan Regular Direct ncy [Please refer Item No. E	% thereafter, of the existing SIP installment. eed Rs. 5,00,000/- per installment (Rs.) first cheque amount should be sa h/total SIP Amount. Option/Sub-option Growth Start Month/Year Start Mo
Default, if not selected. • **Triggered and processed only on a quency. • ^ TOP UP amount has to be in multiples of Rs.100 or exerts/unitholders subscribing for this facility are required to su OP-UP CAP amount: Please refer Item v (b){1}] aximum amount of debit (SIP + Top-up) under direct or st SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by cheque e name of the first/ sole applicant must be pre-printed B) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Date (Please (✓) one or more of the following of 1st 2nd 3rd 4th 5th 17th 18th 19th 20th 21st 7enure of SIP - Please (✓) (Please refer Item No. D) SIP Installment Imount (₹) Maximum R SIP Date (Please (✓) one or more of the following of 1st 2nd 3rd 4th 5th 19th 19th 20th 21st 1 Tenure of SIP - Please (✓) (Please refer Item No. D) SIP Date (Please (✓) one or more of the following of 1st 2nd 3rd 4th 5th 19th 19th 20th 21st 1 Tenure of SIP - Please (✓) one or more of the following of 1st 2nd 3rd 4th 5th 1 SIP Date (Please (✓) one or more of the following of 1st 2nd 3rd 4th 5th 15th 1	All Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days prid # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated (Please tick (✓)] 100.000 101 (Please refer Item No. 5) 6 6th 7 th 8 th 2 2nd 2 3rd 2 4th 3 Years 5 Years 1.00.000 1 ates) (Please refer Item No. 5) 6 6th 7 th 8 th 2 2nd 2 3rd 2 4th 3 Years 5 Years 1.00.000 1 ates) (Please refer Item No. 5) 6 6th 7 th 8 th	facility shall not be available. • I ininimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b) {2}] bank accounts with State E i D D M M Y cheque Copy of cl SIP Freque 9th 10th ⁺ 11 25th 26th 22 s ⁺ 10 Years 15 Ye SIP Freque	n case of Quarterly SIP, only th to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc y y y A Amount@ heque @The as eacl neque @The as eacl neque @The as eacl netheque @The as eac	% thereafter, of the existing SIP installment. eed Rs. 5,00,000/- per installment (Rs.) first cheque amount should be sa n/total SIP Amount. Option/Sub-option Growth Start Month/Year 14th 15th 16tt 30th 31st Option/Sub-option Growth Start Month/Year M M Y Y Y Y
Default, if not selected. • **Triggered and processed only on a quency. • ^ TOP UP amount has to be in multiples of Rs.100 or exerts/unitholders subscribing for this facility are required to su OP-UP CAP amount. Please refer Item v (b) {1}] aximum amount of debit (SIP + Top-up) under direct or rst SIP Transaction via Cheque No. andatory Enclosure (if 1st Installment is not by cheque name of the first/ sole applicant must be pre-printed. B) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment Immount (₹) Maximum R SIP Date (Please (✓) one or more of the following of 17th 18th 19th 20th 21th 17th 18th 19th 18th 19th 18th 18th 19th 18th 18th 18th 18th 18th 18th 18th 18	All Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days prio # TOP-UP CAP Month-Year: F debit facility for investors with Cheque Dated (e) Blank cancelled (I on the cheque. [Please tick (✓)] 1.00.000 dates) (Please refer Item No. 5) 6 6th 7 th 8 th 22nd 23rd 24th 3 Years 5 Years 1.00.000 dates) (Please refer Item No. 5) 6 6th 7 th 8 th	facility shall not be available. • 1 ininimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b) {2} bank accounts with State F i D D M M Y cheque Copy of cl SIP Freque 9th 10th ⁺ 11 25th 26th 21 s ⁺ 10 Years 15 Ye SIP Freque More SIP SIP SIP SIP SIP SIP SIP SIP SIP SIP	n case of Quarterly SIP, only th to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc y y y A Amount@ heque @The as eacl network as e	% thereafter, of the existing SIP installment. eed Rs. 5,00,000/- per installment (Rs.) first cheque amount should be sa n/total SIP Amount. Option/Sub-option Growth Start Month/Year Option/Sub-option Growth Option/Sub-option Growth Start Month/Year M M Y Y Y
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 of vestors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b) {1}] laximum amount of debit (SIP + Top-up) under direct of irst SIP Transaction via Cheque No. landatory Enclosure (if 1st Installment is not by chequ ne name of the first/ sole applicant must be pre-printed 2B) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment Amount (₹)	all Business Days and SIP TOP up 1 all Business Days and SIP TOP up 1 nly. Please see Item v (a)) bmitthe requestat least 30 days prid # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated ee) Blank cancelled of leon the cheque. [Please tick (✓)] s 1.00.000 lates) (Please refer Item No. 5) 6th 7th 3 Years 5 Years s 1.00.000	facility shall not be available. • I facility shall not be available. • I inimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b) {2}] bank accounts with State E i D bank accounts with State E i D bank accounts with State E cheque Copy of cl SIP Freque 9th 10th ⁺ 25th 26th 25th 26th 25th 26th 99th 10th ⁺ 10 Years 15 Years SIP Freque Mon 99th 10th ⁺ 25th 26th 25th 26th 25th 26th 10 Years 15 Years	n case of Quarterly SIP, only ti to be 10% and in multiples of 1 pplicable from next effective SI Bank of India shall not exc Y Y Y A Amount@ heque @The as eacl Plan Regular Direct Incy [Please refer Item No. E nthly* Quarterly 1th 12th 13th 7th 28th 29th ears 20 Years Plan Regular Direct Incy [Please refer Item No. E nthly* Quarterly 1th 12th 13th 7th 28th 29th ears 20 Years Plan Regular Direct Incy [Please refer Item No. E nthly* Quarterly 1th 12th 13th 7th 28th 29th ears 20 Years	% thereafter, of the existing SIP installment. eed Rs. 5,00,000/- per installment (Rs.) first cheque amount should be sa n/total SIP Amount. Option/Sub-option Growth Start Month/Year Option/Sub-option Growth Option/Sub-option Growth Start Month/Year M M Y Y Y
Default, if not selected. • ⁺⁺ Triggered and processed only on a equency. • ^ TOP UP amount has to be in multiples of Rs.100 or westors/unitholders subscribing for this facility are required to su TOP-UP CAP amount: Please refer Item v (b) {1}] laximum amount of debit (SIP + Top-up) under direct of irst SIP Transaction via Cheque No. landatory Enclosure (if 1st Installment is not by chequ he name of the first/ sole applicant must be pre-printed 2B) INVESTMENT DETAILS FOR FLEX SIP Scheme Name (1) SIP Installment Amount (₹)	All Business Days and SIP TOP up 1 nly. Please see Item v (a)) • \$The n bmitthe request at least 30 days prid # TOP-UP CAP Month-Year: F lebit facility for investors with Cheque Dated (Please tick (✓)] (Please tick (✓)] (In the cheque. [Please tick (✓)] (Please refer Item No. 5) 6 th	facility shall not be available. • I ininimum TOP UP Percentage has or to the SIP date. Top-up will be a Please refer Item v (b) {2}] bank accounts with State F i D D M M Y cheque Copy of cl SIP Freque 9th 10th ⁺ 11 25th 26th 221 s ⁺ 10 Years 15 Ye SIP Freque More SIP Freque More SIP Freque SIP Freque More SIP Freque SIP Freque SIP Freque SIP Freque SIP Freque SIP Freque More SIP Freque SIP Freque SIP Freque More SIP Freque More SIP Freque SIP Freque More SIP Freque SIP Freque More SIP Freque SIP Freq	n case of Quarterly SIP, only th to be 10% and in multiples of 1 pplicable from next effective SII Bank of India shall not exc y y y y Amount@ heque @The as eacl network as e	% thereafter, of the existing SIP installment. P installment. eed Rs. 5,00,000/- per installment. (Rs.) first cheque amount should be san/total SIP Amount. Option/Sub-option Growth Start Month/Year M M Y Y Y Y 14th 15th 30th 31st Option/Sub-option Growth 14th 15th 14th 15th 14th 31st 0ption/Sub-option Growth 14th 15th 14th 15th 14th 15th 14th 15th 30th 31st

				Demat Account details are mandatory if the investor wishes to hold the investor opting to hold units in demat form, may provide a copy of the D CDSL DP Name Investor opting to hold units in demat form, may provide a copy of the D 5) DECLARATION AND SIGNATURE(S) We hereby confirm and declare as under:- We have read, understood and agree to comply with the terms and conditi do INACH/ECS (Debit Clearing) / Direct Debit / Standing Instruction facilities ARN holder has disclosed to me/us all the commissions (in the form on amongst which the Scheme is being recommended to me/us. First/ Sole Unit holder/ Guardian/ POA Holder Please note: Signature(s) sh	old the units in Demat Mode DP ID Benef Accou of the DP statement enable us to d conditions of the scheme related on facilities. // We hereby apply to ti the form of trail commission or a sSecou e(s) should be as it appears	I N neficiary count No. [to match the d ed documents to the Trustees r any other mo cond Unit ho rs in the folio	demat detail demat detail of the Schei for enroime ode), payat	ils as stated eme and the ant under the ble to him/t	be terms & cor e terms & cor e SIP (them for the	neficiary (count No. (ication form nditions of e e different c	enrolment for S competing Sch Third L	nemes of vario	
BIL DP Name	BIL DP Name	DL DP Name	DL DP Name OP ID N Account No. SL DP Name Beeclicity Account No. Sector optrop 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. DECLARATION AND SIGNATURE(S) bretty: confirm and doctore a uniter Interview of the statement enable us to match the demat details as stated in the application form. DECLARATION AND SIGNATURE(S) Interview of the statement enable us to match the demat details as stated in the application form. Define recase, undergoard appre to recompasitions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual integration the different competing Schemes of various mutual integration the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes of various mutual integration to the different competing Schemes	NSDL DP Name CDSL DP Name Investor opting to hold units in demat form, may provide a copy of the D 5) DECLARATION AND SIGNATURE(S) We hereby confirm and declare as under:- We have read, understood and agree to comply with the terms and conditi dof NACH/ECS (Debit Clearing)/ Direct Debit/ Standing Instruction facilities and the ARN holder has disclosed to me/us all the commissions (in the formor amongst which the Scheme is being recommended to me/us.	DP ID [] Benef Account of the DP statement enable us to d conditions of the scheme related on facilities. I/ We hereby apply to the the form of trail commission or a Secont scheme related of the form of trail commission or a Secont scheme related of the form of trail commission or a Secont scheme related of the form of trail commission or a Secont scheme related of the form of trail commission of trail commission of the form of trail commission of the form of trail commissi	neficiary sount No. [to match the d ed documents is the Trustees f r any other mo	of the Schei for enrolme ode), payab older o/ on the A	erme and the ent under the ble to him/1 Applicatio	d in the appli d in the appli e terms & cor e SIP them for the	count No. [ication form nditions of e e different c	enrolment for S competing Sch Third L	nemes of vario	
Bit DP Name DP Name Recourt No. Stat DP Name Recourt No. Recourt No. DECLARATION AND SIGNATURE(S) Recourt No. Recourt No. DECLARATION AND SIGNATURE(S) Recourt No. Recourt No. MANUAL SCIENCE Unit Charmery, Drive a copy of the DP statement enable us to match the demat details as stated in the application form. Declaration and access as unit MARCHES (Distinction and access as unit Recourt No. Science Sci	git UP Name	up Print Print Account No. St. DP Name Resulting Stor opting to hold unlish in demain form, may provide a copy of the DP statement enable us to match the demain details as stated in the application form. DECLARATION AND SIGNATURE(S) Detruction and declares a state of the terms and intertorm, may provide a copy of the DP statement enable us to match the demain details as stated in the application form. DECLARATION AND SIGNATURE(S) Detruction and declares a state of the terms and the terms & conditions of the scheme related documents of the Scheme and the terms & conditions of environment for Systematic Investment Pic MACK+ECS Details and state on commission of the to relative state on the different competing Schemes of various mutua anneast units the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of environment of the Scheme and the scheme and the terms & conditions of environment of the Scheme and the terms & conditions of the interview of the Scheme and the terms & conditions of environment of the Scheme and the terms & conditions of the interview of the Scheme and the terms & conditions of the output of the Scheme and the terms & conditions of the output of the Scheme and the terms & conditions of the scheme and the terms & conditions of the scheme and the terms & conditional prunchascos and work of the Scheme and the terms & cond	U UP Name DP U N Account No. St. DP Name Reneficiany Reneficiany stor 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. DECLARATION AND SIGNATURE(S) • Precision And D SignAture(S) • Precision And D SignAture(S) • Precision And D SignAture(S) • Precision Collection Col	CDSL DP Name Investor opting to hold units in demat form, may provide a copy of the D i) DECLARATION AND SIGNATURE(S) We hereby confirm and declare as under:- We have read, understood and agree to comply with the terms and conditi d of NACH/ ECS (Debit Clearing)/ Direct Debit / Standing Instruction facilit e ARN holder has disclosed to me/us all the commissions (in the form on amongst which the Scheme is being recommended to me/us.	d conditions of the scheme related on facilities. I/ We hereby apply to the form of trail commission or a Seco	neficiary sount No. [to match the d ed documents is the Trustees f r any other mo	of the Schei for enrolme ode), payab older o/ on the A	erme and the ent under the ble to him/1 Applicatio	d in the appli d in the appli e terms & cor e SIP them for the	count No. [ication form nditions of e e different c	enrolment for S competing Sch Third L	nemes of vario	
Account 16. Account 1	Account No. Account No. Account No. Control of units in demait form, may provide a copy of the DP statement enable us to match the demait details as stated in the application form. DECLARATION AND SIGNATURE(S) and detains a under: Account No. Control of the chain is demait form, may provide a copy of the DP statement enable us to match the demait details as stated in the application form. DECLARATION AND SIGNATURE(S) and detains a under: Account No. Control of the chain is demait form, may provide a copy of the DP statement enable us to match the demait details and and gree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic (Description) Account No. Account No. Account No. Control of the chain is being in the ormalistic of the term of trait commission of any other mode), payable to him/them for the different competing Schemes of various mutual annopat which the Scheme is being recommended to mit the term of trait commission of any other mode), payable to him/them for the different competing Schemes of various mutual annopat which the Scheme is being recommended to mit the orm of trait commission of any other mode), payable to him/them for the different competing Schemes of various mutual annopat which the Scheme is being recommended to mit the orm of trait commission of any other mode). 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. OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI Applicate for Lumpsum Additional Purchases as well as SP Registrations] Account Mode Mode Mode Mode Mode Mode Mode Mode	Parame Account No. Account No. Account No. Control of the durits in demail form, may provide a copy of the DP statement enable us to match the demail details as stated in the application form. DECLARATION AND SIGNATURE(S) Meetry control and and pre to commissions of the scheme neitated documents of the Scheme and the terms & conditions of environment for Systematic Investment PP MACH YetS (Debit Clearing). Diversity of the Internet and clearing schemes of various multure amongst which the Scheme neitated documents of the Scheme and the terms & conditions of environment for Systematic Investment PP MACH YetS (Debit Clearing). Diversity of the Internet and the terms & conditions of environment for Systematic Investment PP MACH YetS (Debit Clearing). Diversity of the Internet and the terms & conditions of environment of the different competing Schemes of various multure amongst which the Scheme and the terms & conditions of environment for Systematic Investment PP MACH YetS (Debit Clearing). Diversity of the Internet of the different competing Schemes of various multure amongst which the Scheme is being recommended to mediate. First/ Sole Unit holder/ Guardian/ POA Holder Scheme is the follow on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign. OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign. OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI Application for Unrupsum Additional Purchases as well as SIP Registrations MACH Net. MOREY We hereby authorize: HDFC Multual Fund Defined to the Competitions More Net.	PL DP kine Account No. estor coping 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. DECLARATION AND SIGNATURE(S) Units of defaults a domain form, may provide a copy of the DP statement enable us to match the demat details as stated in the application of orm. Declaration and declara a under: Here top: March PECLARATION AND SIGNATURE(S) Example to find declara a under: Here top: Declaration and declara a under: Here top: March PECLARATION AND SIGNATURE(S) Example to find declaration a under: Here top: March PECLARATION AND SIGNATURE(S) Here top: Here top: Here top: March PECLARATION AND SIGNATURE(S) Here top: Here top: Here top: Here top: March PECLARATION AND SIGNATURE(S) State top: State top: Third Unit holder Third Unit holder First/ Sole Unit holder/ Guardian/ POA Holder Second Unit holder Third Unit holder Third Unit holder First/ Sole Unit holder/ Guardian/ POA Holder Second Unit holder Third Unit holder Third Unit holder First/ Sole Unit holder/ Guardian/ POA Holder Second Unit holder <th>Ne hereby confirm and declare as under:- We hereby confirm and declare as under:- We have read, understood and agree to comply with the terms and conditi of NACH/ECS (Debit Clearing)/ Direct Debit/Standing Instruction facilit e ARN holder has disclosed to me/us all the commissions (in the form m amongst which the Scheme is being recommended to me/us.</th> <th>Account of the DP statement enable us to d conditions of the scheme related on facilities. I/ We hereby apply to the the form of trail commission or a s. Seco e(s) should be as it appears</th> <th>count No. [to match the d documents of the Trustees r any other mo cond Unit ho rs in the folio</th> <th>of the Schei for enrolme ode), payab older o/ on the A</th> <th>erme and the ent under the ble to him/1 Applicatio</th> <th>e terms & cor le SIP 'them for the on Form a</th> <th>nditions of e e different c nd in the s</th> <th>enrolment for S competing Sch Third L</th> <th>nemes of vario</th> <th></th>	Ne hereby confirm and declare as under:- We hereby confirm and declare as under:- We have read, understood and agree to comply with the terms and conditi of NACH/ECS (Debit Clearing)/ Direct Debit/Standing Instruction facilit e ARN holder has disclosed to me/us all the commissions (in the form m amongst which the Scheme is being recommended to me/us.	Account of the DP statement enable us to d conditions of the scheme related on facilities. I/ We hereby apply to the the form of trail commission or a s. Seco e(s) should be as it appears	count No. [to match the d documents of the Trustees r any other mo cond Unit ho rs in the folio	of the Schei for enrolme ode), payab older o/ on the A	erme and the ent under the ble to him/1 Applicatio	e terms & cor le SIP 'them for the on Form a	nditions of e e different c nd in the s	enrolment for S competing Sch Third L	nemes of vario	
		DECLARATION AND SIGNATURE(S) https://www.internamedia.org/content/org/conten	DECLARATION AND SIGNATURE(S) https://www.internet.org/products/standards/s	b) DECLARATION AND SIGNATURE(S) We hereby confirm and declare as under:- Ve have read, understood and agree to comply with the terms and conditi d of NACH/ ECS (Debit Clearing)/ Direct Debit/Standing Instruction facilit e ARN holder has disclosed to me/us all the commissions (in the form im amongst which the Scheme is being recommended to me/us.	d conditions of the scheme related on facilities. I/ We hereby apply to th the form of trail commission or a s. 	ed documents o the Trustees f r any other mo cond Unit ho rs in the folio	of the Schei for enrolme ode), payab older o/ on the A	erme and the ent under the ble to him/1 Applicatio	e terms & cor le SIP 'them for the on Form a	nditions of e e different c nd in the s	enrolment for S competing Sch Third L	nemes of vario	
		https://www.internet.org/lines/control/standing.interviewing facilities of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Pic MACK-PEG (Debit Clearing)) with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Pic MACK-PEG (Debit Clearing)) with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Pic MACK-PEG (Debit Clearing)) with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Pic MACK-PEG (Debit Clearing)) with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Pic Marker Scheme is being recommended to m/us. First/ Sole Unit holder/ Guardian/ POA Holder Second Unit holder Third Unit holder Picase note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order. In cases the mode of holding is joint, all Unit holders are required to sign. Marker Scheme is being recommended to m/us. Marker Scheme is being recommended to m/us. Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Marker Scheme is Sign for the scheme and the scheme size of the scheme and the scheme and the scheme and the scheme is Sign for the scheme and the sc	Intrody confirm and declare as under- Intrody confirmed and agries to complex with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment P Intrody Configuration In additional Internation Internation Internation Internation International Internation Internatio Internation Internation Inte	Ve hereby confirm and declare as under:- Ve have read, understood and agree to comply with the terms and conditi d of NACH/ECS (Debit Clearing) / Direct Debit/ Standing Instruction facilit e ARN holder has disclosed to me/us all the commissions (in the forn m amongst which the Scheme is being recommended to me/us.	on facilities. I/ We hereby apply to the the form of trail commission or a S. Seco e(s) should be as it appears	o the Trustees f r any other mo cond Unit ho rs in the folio	for enrolme ode), payab older o/ on the A	Applicatio	e SIP. 'them for the on Form ai	e different c nd in the s	competing Sch Third L	nemes of vario	
Plave tage is dealed and ages to comply with heterms and conditions of the scheme reliated documents of the Scheme and the terms acconditions of enrolment for Systematic livestment Plav Michael Scheme is being recomply and the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual ARW holder thas disclosed to myly and the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual ARW holder thas disclosed to myly and the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual First/ Sole Unit holder/ Guardian/ POA Holder Second Unit holder First/ Sole Unit holder/ Guardian/ POA Holder Second Unit holder Second Unit holder Are second 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. COTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI (Applicable for Lumpsun Additional Purchases as well as SIP Registrations) (Applicable for Lumpsun Additional Purchases as well as SIP Registrations) (Applicable for Lumpsun Additional Purchases as well as SIP Registrations) (Ave No. No. No hereby authorize: HDFC Mutual Fund Hot Core Use Outy (Ave No. No. No hereby authorize: HDFC Mutual Fund Hot Core Use Outy (Ave No. No. No hereby authorize: HDFC Mutual Fund Hot Core Use Core (Ave No. No. No hereby authorize: HDFC Mutual Fund Hot Core (Ave No. No. No hereby authorize: HDFC Mutual Fund Hot Core (Ave No. No hereby authorize: HDFC Mutual Fund (Ave No. No. No hereby authorize: HDFC Mutual Fund (Ave No. No here Use No. No here No. No here Use No. No here Use No. No here Use No.	Interview and understood and agnet to comply with the terms and conditions of the scheme and the terms is conditions of enrolment for Systematic Investment Pic ARK holdcrip is (bicklead 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 mutua anongst which the Scheme B being recommended to me/us. First/ Sole Unit holder/ Guardian/ POA Holder 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. Picetor Signature(s) Scheme S being recommended for Me/us and the terms of the same order. In case the mode of holding is joint, all Unit holders are required to sign.	have read, understood and agree to comply with the terms and conditions of the scheme reliefed documents of the Scheme and the terms is conditions of enrolment for Systematic Investment Pic MRW bed(scelard)/Orec technologies (bit has discided to enclose in the terms of the commission or any other mode), payable to him/them for the different competing Schemes of various mutua First/ Sole Unit holder/ Guardian/ POA Holder Second Unit holder Third Unit holder First/ Sole Unit holder/ Guardian/ POA Holder Signature(s) should be as it appears in the follo/ on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign. OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI Repticable for Lungsun Additional Purchases as well as SIP Registrations Arror Kara OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI Repticable for Lungsun Additional Purchases as well as SIP Registrations Arror Kara Monter Concentry Concentry Concentry Concentry Concentry Network Concentry Netwo	have read understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the Leichem 2 and the Scheme 2 and the Scheme and the Leichem 2 and the Leichem 2 and the Scheme and the Leic	Ve have read, understood and agree to comply with the terms and conditi d of NACH/ECS (Debit Clearing) / Direct Debit / Standing Instruction facilit e ARN holder has disclosed to me/us all the commissions (in the forn m amongst which the Scheme is being recommended to me/us.	on facilities. I/ We hereby apply to the the form of trail commission or a S. 	o the Trustees f r any other mo cond Unit ho rs in the folio	for enrolme ode), payab older o/ on the A	Applicatio	e SIP. 'them for the on Form ai	e different c nd in the s	competing Sch Third L	nemes of vario	
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.	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.	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.	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.	First/ Sole Unit holder/ Guardian/ POA Holder Please note: Signature(s) sh In case th	e(s) should be as it appears	rs in the folio	o/ on the l					Jnit holder	
In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to debit (tick SB / CA / CC / SB - NRE / SB - NRO / Otto is joint, all Unit holders are required to debit (tick SB / CA / CC / SB - NRE / SB - NRO / Otto is joint, all Unit holders are required to debit (tick SB / CA / CC / SB - NRE / SB - NRO / Otto is joint, all Unit holders are required to are required to debit (tick SB / CA / CC / SB - NRE / SB - NRO / Otto is joint, all Unit holders are required to debit (tick SB / CA / CC / SB - NRE / SB - NRO / Otto is joint, all Unit holders are req	In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode	In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode of holding is joint, all Unit holders are required to sign. In case the mode		Please note: Signature(s) sh In case th							same order.		
		OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable for Lumpsum Additional Purchases as well as SIP Registrations) (Applicable fo		i case th	ase the mode of holding is ju	; joint, all Ur	nit holders	s are requ	uired to sig	gn.			
DTUAL FUND DHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of t	IUTUAL FUND BHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of th	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Date D M M Y Y CREATE MODIFY Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY OFFICE USE ONLY										
Duru a Li F U N D Date Di Mini Y Y Y Balar Color China Dobini financiale non mini con y Ecoly Dinta Color DEDIti / of an Y Y Y Balar Color China Dobini financiale non mini con y Ecoly Dinta Color DEDIti / of an Y Y Y Balar Color China Dobini financiale non mini con y Ecoly Dinta Color DEDIti / of an Y Y Y CREATE MODIFY UMRN Image: Frice USE ONLY VWe hereby authorize: HDFC Mutual Fund to debit (tick /) SB / CA / CC / SB-NRE / SB-NRO / Ot nk A/c No.: Image: Branch IFSC Image: Branch	IUTUAL FUND BHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of th	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Date D M M Y Y CREATE MODIFY Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY OFFICE USE ONLY										
DTUAL FUND DHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of t	IUTUAL FUND BHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of th	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Date D M M Y Y CREATE MODIFY Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY OFFICE USE ONLY										
DTUAL FUND DHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of t	IUTUAL FUND BHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Control of the control of th	UTUAL FUND HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Date D M M Y Y CREATE MODIFY Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY OFFICE USE ONLY	*						·	*) <u> </u>	
ARROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Ck ✓) UMRN Implicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE Sponsor Bank Code OFFICE USE ONLY MODIFY I/We hereby authorize: HDFC Mutual Fund nk A/c No.: Implicable for Lumpsum Additional Purchases as well as SIP Registrations]	BHAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SiP Registrations] CREATE MODIFY CANCEL UMRN Image: Constraint of the second	HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] CREATE MODIFY CANCEL UMRN Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] CREATE MODIFY CANCEL Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] OFFICE USE ONLY Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations] Image: Constraint of the purchases as well as SIP Registrations]	HAROSA APNO KA [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] ck /) UMRN IFFICE USE ONLY CREATE Sponsor Bank Code OFFICE USE ONLY MODIFY UMR UMEDED NLY		bit Mandate Form N	NACH/E	ECS/DI	RECT I	DEBIT/S	SI	Date	D M M	Y Y Y
GREATE MODIFY CANCEL Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY I/We hereby authorize: HDFC Mutual Fund to debit (tick~) SB / CA / CC / SB-NRE / SB-NRO / Otter nk A/c No.: Image: A proceeding of the state of the	CREATE MODIFY CANCEL Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY I/We hereby authorize: HDFC Mutual Fund to debit (tick-/) SB / CA / CC / SB-NRE / SB-NRO / Ot	CREATE MODIFY CANCEL Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY We hereby authorize: HDFC Mutual Fund to debit (tick-/) SB / CA / CC / SB-NRE / SB-NRO / Ot nk A/c No.: Image: Comparison of the second sec	CREATE MODIFY Sponsor Bank Code OFFICE USE ONLY Utility Code OFFICE USE ONLY		licable for Lumpsum Additional P	I Purchases a	s well as SI	SIP Registrat	ations]			<u> </u>	
MODIFY CANCEL I/We hereby authorize: HDFC Mutual Fund to debit (tick) SB / CA / CC / SB-NRE / SB-NRO / Ottown of the second seco	MODIFY CANCEL I/We hereby authorize: HDFC Mutual Fund to debit (tick) SB / CA / CC / SB-NRE / SB-NRO / Ot Ink A/c No.:	MODIFY CANCEL I/We hereby authorize: HDFC Mutual Fund to debit (tick) SB / CA / CC / SB-NRE / SB-NRO / Ot nk A/c No.: Image: State of the sta		BHAROSA APNO KA						0			
nk A/c No.:	ink A/c No.:	nk A/c No.:		CREATE				└	lehit (tick./				
th Bank Name & Branch JESC BESC BENCH BENC				BHAROSA APNO KA [Applicable] ick✓) UMRN UMRN [I CREATE] Sponsor Bank Code OFFICI									
nk:	WI Bank Name & Branch IESC OR MICB	th Bank Name & Branch IESC OF THE OR MICE		BHAROSA APNO KA [Applicable ick✓) UMRN UMRN I I CREATE Sponsor Bank Code OFFICE I MODIFY I CANCEL I/We hereby authorize: HDFC Mutual Fi									+++
				BHAROSA APNO KA [Applicable ick✓) UMRN UMRN [] CREATE MODIFY CANCEL I/We hereby authorize: HDFC Mutual Fi ank A/c No.:	tual Fund						wiich		
				BHAROSA APNO KA [Applicable ick UMRN UMRN CREATE Sponsor Bank Code OFFICE MODIFY I/We hereby authorize: HDFC Mutual Fill ICANCEL I/We hereby authorize: HDFC Mutual Fill Ink A/c No.: Bank Name & Branch	tual Fund	IFSC				OR N	F		
		amount of Rupees 🛛 🖉	nk: Bank Name & Branch IFSC OR MICR OR MICR	BHAROSA APNO KA [Applicable ick/) UMRN CREATE Sponsor Bank Code MODIFY I/We hereby authorize: ICANCEL I/We hereby authorize: IMDEC I/We hereby authorize: IMDEC Image: Comparison of the second sec	tual Fund							t 🗹 Maxin	num Am
ference 1 Folio No: Phone No:	EQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount I Maximum Amo	amount of Rupees [EQUENCY □ Monthly □ Quarterly □ Half Yearly □ Yearly □ As & when presented DEBIT TYPE □ Fixed Amount ☑ Maximum Amount	nk: Bank Name & Branch IFSC OR MICR	BHAROSA APNO KA [Applicable Idex UMRN UMRN Idex Sponsor Bank Code OFFICE MODIFY I/We hereby authorize: HDFC Mutual Fill Idex Idex Idex Idex Idex Idex </th <td>tual Fund</td> <td>when present</td> <td></td> <td></td> <td>DEBIT T</td> <td></td> <td></td> <td>rt ☑ Maxin</td> <td>num Am</td>	tual Fund	when present			DEBIT T			rt ☑ Maxin	num Am
	Image: Construction of the post of	amount of Rupees [EQUENCY □ Monthly □ Quarterly □ Half Yearly □ Yearly □ As & when presented DEBIT TYPE □ Fixed Amount ☑ Maximum Amount I ference 1 Folio No: Phone No:	nk: Bank Name & Branch IFSC	BHAROSA APNO KA [Applicable ick UMRN	tual Fund	when present	ted		DEBIT T			•t ☑ Maxin	num Am
ference 2 Appln No: I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank whom I am authorized to t	Impletes Impletes <td< td=""><td>amount of Rupees EQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As & when presented ference 1 Folio No: ference 2 Appln No: I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the b</td><td>hk: Bank Name & Branch IFSC OR MICR amount of Rupees IfSC IfSC IfSC amount of Rupees IfSC IfSC IfSC EQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount IfSC Ference 1 Folio No: Phone No: IfSC IfSC</td><th>BHAROSA APNO KA [Applicable BHAROSA APNO KA UMRN CREATE Sponsor Bank Code OFFICE MODIFY I/We hereby authorize: HDFC Mutual Fill CANCEL I/We hereby authorize: HDFC Mutual Fill ank A/c No.: Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch n amount of Rupees Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch n amount of Rupees Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch n amount of Rupees Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name</th><td>tual Fund</td><td>when present Phone Email</td><td>ted B No:</td><td></td><td></td><td>YPE - Fi</td><td>ixed Amoun</td><td></td><td></td></td<>	amount of Rupees EQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As & when presented ference 1 Folio No: ference 2 Appln No: I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the b	hk: Bank Name & Branch IFSC OR MICR amount of Rupees IfSC IfSC IfSC amount of Rupees IfSC IfSC IfSC EQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount IfSC Ference 1 Folio No: Phone No: IfSC	BHAROSA APNO KA [Applicable BHAROSA APNO KA UMRN CREATE Sponsor Bank Code OFFICE MODIFY I/We hereby authorize: HDFC Mutual Fill CANCEL I/We hereby authorize: HDFC Mutual Fill ank A/c No.: Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch n amount of Rupees Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch n amount of Rupees Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch n amount of Rupees Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name & Branch Image: Sponsor Bank Name	tual Fund	when present Phone Email	ted B No:			YPE - Fi	ixed Amoun		
ference 2 Appln No: I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank ERIOD	amount of httpccs Image: Control of the processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the b ERIOD	amount of Rupees EQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As & when presented DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount ference 1 Folio No: Phone No: ference 2 Appln No: Email ID: I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the b ERIOD om D M Y Y Y Y	hk: Bank Name & Branch IFSC OR MICR amount of Rupees Image: Comparison of Rupees Image: Comparison of Rupees EQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Image: Maximum Amge: Comparison of Rupees ference 1 Folio No: Phone No: Phone No: Image: Comparison of Rupees I	BHAROSA APNO KA [Applicable Idextrm{intermediated} UMRN Idextrm{intermediated} Sponsor Bank Code OFFICE Imodify I/We hereby authorize: HDFC Mutual File Imodify I/We hereby authorize: HDFC Mutual File Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: Image: <td>tual Fund</td> <td>when present Phone Email I am autho</td> <td>ted No: ID: rrizing to o</td> <td>debit my</td> <td>account a</td> <td>YPE - Fi</td> <td>ixed Amoun</td> <td>e of charges</td> <td>s of the b</td>	tual Fund	when present Phone Email I am autho	ted No: ID: rrizing to o	debit my	account a	YPE - Fi	ixed Amoun	e of charges	s of the b
amount of Rupees 🛛 🖉			th Bank Name & Branch	BHAROSA APNO KA [Applicable (tick~) UMRN CREATE Sponsor Bank Code MODIFY I/We hereby authorize: HDFC Mutual Figure Bank A/c No.:	tual Fund								<u></u>
		amount of Rupees 🛛 🖉	nk: Bank Name & Branch IFSC OR MICR OR MICR	BHAROSA APNO KA [Applicable CREATE UMRN MODIFY Sponsor Bank Code CANCEL I/We hereby authorize: HDFC Mutual Fill ink A/c No.: Bank Name & Branch amount of Rupees	tual Fund							t 🛛 Mavin	num Δm
nk A/c No.:	nk A/c No.:	nk A/c No.:		HAROSA APNO KA				└	lehit (tick./				
CANCEL I/We hereby authorize: HDFC Mutual Fund to debit (tick-/) SB / CA / CC / SB-NRE / SB-NRO / O nk A/c No.:	CANCEL I/We hereby authorize: HDFC Mutual Fund to debit (tick SB / CA / CC / SB-NRE / SB-NRO / O nk A/c No.: Image: Comparison of the second sec	CANCEL I/We hereby authorize: HDFC Mutual Fund to debit (tick SB / CA / CC / SB-NRE / SB-NRO / O nk A/c No.: Image: Comparison of the second sec		HAROSA APNO KA			I I I I I I I I I I I I I I I I I I I	Code		01	FFICE USE ON	LY	

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

- 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.
- 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.
- 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.

- 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".
- 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.
- 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 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.