

SIP Enrolment Form [For Investments through ECS (Debit Clearing) / Direct Debit Facility/

HDFC

Standing Instruction]

(Please read terms & conditions overleaf) Enrolment Form No.

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

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

KEY PARTNER / AGENT INFORMATION			FOR OFFICE USE ONLY			
Name and AMFI Reg. No. (ARN)	Sub Agent's name and Code/ Bank Branch Code	M O Code	Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp
ARN- 0155						
Upfront commission shall be paid	directly by the investor to the AF factors including the service rend	RN Holder (AMFI regis	stered Distributor) ba	sed on the	Date: D D	M M Y Y Y Y
I/ We have read and understood th ECS (Debit Clearing) / Direct Debit the following Scheme(s)/ Plan(s) / to rindirectly, in making this investme the different competing Schemes Fund: Please () any one. In the absence	e contents of the Scheme Informa / Standing Instruction and agree to Option(s) and agree to abide by the fact. The ARN holder has disclosed of various Mutual Funds from ame e of indication of the option the fo	tion Document(s) and a abide by the same. I be terms and conditions to me/us all the comr ongst which the Sche orm is liable to be reje	Statement of Addition We hereby apply to softhe same. If We homissions (in the form the form the form the being recommenced).	the Trustee of nave not rece of trail commended to me	of HDFC Mutual Fu pived nor been indu mission or any oth e/us. I/ We hereby a	und for enrolment under the SIP of uced by any rebate or gifts, directly er mode), payable to him/them for upply to the Trustee of HDFC Mutual
NEW REGISTRATION CHANGE IN BANK ACCOUNT CANCELLATION (Refer Item No. 11) INVESTOR AND SIP DETAILS						
Application No. (For new investor)/						
Sole/1st Applicant					SIGNA	TURE (Refer Item No. 3(b)
PAN#	KYC# (N	Mandatory for any am	nount) [Please tick 🗸	1] Attac	hed	
Name of Guardian (In case first/sole holder is minor) PAN#	KYC# (N	Mandatory for any am	nount) [Please tick (/	7] Attac	hed	
Second Applicant						
PAN#	KYC# (N	Mandatory for any am	nount) [Please tick 🗸	11 Attac	hed	
Third Applicant		,		71 7 1120		
PAN#	KYC# (N	Mandatory for any am	nount) [Please tick (/	7] Attac	hed	
# Please attach Proof. If PAN/KYC	is already validated please don't a	ttach any proof. Refer	Item No 14 and 15.			
Scheme						
Plan			Option			
Each SIP Amount (₹)	SIP Fr	requency	Monthly ⁺	Quarterly	(*Default Frequ	ency) [Refer Item No. 6(iv)]
SIP Top-up (Optional) (I	Please ✓ to avail this facility)	op-up Amount (₹) SIP Top-up Freguer	ncy: Half-yearly			oe in multiples of ₹ 500 only) top-up frequency at yearly intervals only.)
SIP Date 1st 5th			, , ,		,	top-up frequency at yearly intervals only.)
			efault Date) [Refe			
SIP Period Start From M	M Y Y End On** M	M Y Y OR	☐ Default Date (December		e refer Item No. 6(ii) and 6(iii)
First SIP Transaction via Cheque No. Cheque Dated D D M M Y Y Amount@ (₹) @The first cheque amount should						
Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled cheque Copy of cheque be same as each SIP Amount. I/We hereby authorise HDFC Mutual Fund/HDFC Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments.						
BANK DETAILS						
Bank Name						
Branch Name			В	Bank City		
Account Number						
9 Digit MICR Code		The second secon		O .		after the cheque number)
Account Type (Please ✓) Accountholder Name as in Bank Account	Savings Current	NRO NRE	FCNR	Others (ple	ease specify)	
Authorisation of the B	Bank Account Holder (to	be signed by	the Investor)*	*		
** To, The Branch Manager, This is to inform that I/We have registanding Instruction and that my pay below mentioned bank account with / Direct Debit / Standing Instruction I/We hereby declare that the particustanding Instruction. If the transact also inform HDFC Mutual Fund/HDFC Applicable to SIP Top-up faincrease in installment from my designations.	istered for the RBI's Electronic Clearing ment towards my investment in HDFC your bank. IWe authorise the represemendate Form to get it verified & exemendate Form to get it verified & exemendate above are correct and expision is delayed or not effected at all foc Asset Management Company Limite actility. IWe hereby agree to avail the ignated account.	(Nan g Service (Debit Clearing Mutual Fund shall be mentative carrying this ECS suted. ress my willingness to r r reasons of incomplet ad, about any changes in the top-up facility for SIP	ne of the Bank)) / Direct Debit / ade from my/our 6 (Debit Clearing) make payments referre e or incorrect informat n my bank account. I/W	ed above thro tion, I/We wo /e have read ar	ough participation in ould not hold the us nd agreed to the tem	
Please write SIP Enrolment Form No. / Folio No. on the reverse of the cheque. 1st Account 3rd Account						
Holder's Signature (As in Bank Records)	Holder's S (As in Bank				r's Signature lank Records)	
BANKER'S ATTESTATION (FOR BANK USE ONLY) Contified that the country of account holder and the details of Bank						
Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records Signature of Authorised Official from Bank (Bank Stamp and Date) Bank Account Number						
For Office Use only (N	lot to be filled in by Inve	•	_ Jiio Gi iroin bank (bi	Jump all	- 2010/	
Recorded on			me Code			
Recorded by		Credi	t Account Numbe	r		