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

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

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Please tick ✓ as applicable:

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

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

Enrolment Form no.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

FOR OFFICE USE ONLY (TIME STAMP)

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

EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 3a)

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one)   Date: D D M M Y Y Y Y

☐ I confirm that I am a **First time** investor across Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

☐ I confirm that I am an existing investor in Mutual Funds.
(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

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

☐ **NEW REGISTRATION**   ☐ **CHANGE OTM DEBIT MANDATE** (Refer Item No. 7(e)(iv))   ☐ **CANCELLATION** (Refer Item No. 11)

1) INVESTOR DETAILS

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

First/ Sole Applicant Details

Mobile No. | **Email Id**

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

Applicant	PAN/ PEKRN# (Mandatory)	KYC Mandatory	Proof Attached
Sole / First Applicant		☐	☐
Second Applicant		☐	☐
Third Applicant		☐	☐
Guardian/POA Holder		☐	☐

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

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

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR

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

☐ Marriage   ☐ Dream Home   ☐ Dream Car   ☐ Children's Education   ☐ Children's Marriage   ☐ World Tour   ☐ Retirement

Target Amount

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2) INVESTMENT DETAILS [Please tick (✓)]

Scheme Name (1)	Plan	Option/Sub-option
_____	☐ Regular ☐ Direct	_____

| SIP Installment Amount (₹) _____ | Start Month/Year M M Y Y Y Y | End Month/Year (Default Dec 2036)* M M Y Y Y Y | SIP Date ☐1st ☐5th ☐10th[+] ☐15th ☐20th ☐25th ☐All 6 Dates | SIP Frequency ☐ Monthly[+] ☐ Quarterly |

☐ SIP TOP-UP (✓) Amount (₹) _____
TOP-UP Frequency (✓): ☐ Half Yearly ☐ Yearly[+]
SIP TOP-UP CAP CAP Amount*: ₹ _____ OR CAP Month-Year#: M M Y Y Y Y
(TOP UP amount has to be in multiples of Rs.100 only. *Please see Instruction 7(c){i}*) (Investor has to choose only one option)

Scheme Name (2)	Plan	Option/Sub-option
_____	☐ Regular ☐ Direct	_____

| SIP Installment Amount (₹) _____ | Start Month/Year M M Y Y Y Y | End Month/Year (Default Dec 2036)* M M Y Y Y Y | SIP Date ☐1st ☐5th ☐10th[+] ☐15th ☐20th ☐25th ☐All 6 Dates | SIP Frequency ☐ Monthly[+] ☐ Quarterly |

☐ SIP TOP-UP (✓) Amount (₹) _____
TOP-UP Frequency (✓): ☐ Half Yearly ☐ Yearly[+]
SIP TOP-UP CAP CAP Amount*: ₹ _____ OR CAP Month-Year#: M M Y Y Y Y
(TOP UP amount has to be in multiples of Rs.100 only. *Please see Instruction 7(c){i}*) (Investor has to choose only one option)

Scheme Name (3)	Plan	Option/Sub-option
_____	☐ Regular ☐ Direct	_____

| SIP Installment Amount (₹) _____ | Start Month/Year M M Y Y Y Y | End Month/Year (Default Dec 2036)* M M Y Y Y Y | SIP Date ☐1st ☐5th ☐10th[+] ☐15th ☐20th ☐25th ☐All 6 Dates | SIP Frequency ☐ Monthly[+] ☐ Quarterly |

☐ SIP TOP-UP (✓) Amount (₹) _____
TOP-UP Frequency (✓): ☐ Half Yearly ☐ Yearly[+]
SIP TOP-UP CAP CAP Amount*: ₹ _____ OR CAP Month-Year#: M M Y Y Y Y
(TOP UP amount has to be in multiples of Rs.100 only. *Please see Instruction 7(c){i}*) (Investor has to choose only one option)

[+]Default if not selected. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-Up frequency.

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

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

First SIP Transaction via Cheque No. _____ Cheque Dated D D M M Y Y Y Y Amount@ (Rs.) _____

Mandatory Enclosure (if 1st Installment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque @The first cheque amount should be same as each/total SIP Amount.
The name of the first/ sole applicant must be pre-printed on the cheque.

3) BANK DETAILS

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

Bank Name: _____ Account Number: _____

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

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

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

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

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

5) DECLARATION AND SIGNATURE(S)

I / We hereby confirm and declare as under:-
I / We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ ECS (Debit Clearing) / Direct Debit/ Standing Instruction facilities.
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURE (S)

_____ _____ _____
First/ Sole Unit holder/ Guardian/ POA Holder   Second Unit holder   Third Unit holder

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

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OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date | D | D | M | M | Y | Y | Y | Y

UMRN | OFFICE USE ONLY

(tick✓)

☐ 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 / Other

Bank A/c No.:

With Bank: | Bank Name & Branch   IFSC | OR MICR

an amount of Rupees | ₹

FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As & when presented   DEBIT TYPE ☐ ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 | Folio No: Phone No:

Reference 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 bank.

PERIOD

From | D D M M Y Y Y Y

to | D D M M Y Y Y Y

or ☐ ~~Until Cancelled~~

Signature of Primary Account Holder   Signature of Account Holder   Signature of Account Holder

1. _____   2. _____   3. _____

Name as in Bank Records   Name as in Bank Records   Name as in Bank Records

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