

## Application Form (Except for ETFs, HDFC Retirement Savings fund and HDFC Children's Gift Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form.  
The Application Form should be completed in English and in **BLOCK LETTERS** only.

### KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

**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 (EUIIN)
ARN-					

#### EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)

I/We hereby confirm that the EUIIN 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			
	First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount 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.

### 1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 6, 10 AND 13 ONLY. Refer instruction 3).

Folio No.      The details in our records under the folio number mentioned alongside will apply for this application.

### 2. MODE OF HOLDING [Please tick (✓)]      ☐ Single      ☐ Joint      ☐ Anyone or Survivor

### 3. UNIT HOLDER INFORMATION (Refer instruction 4)

**DATE OF BIRTH@**

**Proof of date of birth@**      **Please (✓)**

☐ Attached

**NAME OF FIRST / SOLE APPLICANT** (In case of Minor, there shall be no joint holders) Ensure that name is as per Aadhaar Card

Mr.      Ms.      M/s.

Nationality

PAN# / PEKRN#

KYC Number

**KYC #** [Please tick (✓)] (Mandatory)      ☐ Proof Attached

**Status of First/ Sole Applicant [Please tick (✓)]**      ☐ Individual      ☐ Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form and Aadhaar Updation Form] (Refer Instruction 4, 19 & 18 c) (Mandatory)

☐ Resident Individual      ☐ NRI-Repatriation      ☐ NRI-Non Repatriation      ☐ Partnership      ☐ Trust      ☐ HUF      ☐ AOP      ☐ PIO      ☐ Company      ☐ Fils      ☐ Minor through guardian      ☐ BOI      ☐ OCI  
☐ Body Corporate      ☐ LLP      ☐ Society / Club      ☐ Foreign National Resident in India      ☐ FPI      ☐ Sole Proprietorship      ☐ Non Profit Organisation      ☐ Others (please specify)

**NAME OF GUARDIAN** (in case of First / Sole Applicant is a Minor) / **NAME OF CONTACT PERSON – DESIGNATION** (in case of non-individual Investors)

Mr.      Ms.

Nationality

Designation

Contact No.

PAN# / PEKRN#

KYC Number

**KYC #** [Please tick (✓)] (Mandatory)      ☐ Proof Attached

**Relationship with Minor@** Please (✓)      ☐ Father      ☐ Mother      ☐ Court appointed Legal Guardian

**Proof of relationship with minor@** Please (✓)      ☐ Attached      @ Mandatory

**MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)**

CITY

STATE

PIN CODE

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code

STD Code

Telephone : Off.

Res.

Fax

eAlerts Mobile

eDocs Email ^

☐ I/ We would like to register for my/our HDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

### 4. JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders)

#### 1. NAME OF SECOND APPLICANT

Mr.      Ms.      M/s.

Nationality

PAN# / PEKRN#

KYC Number

**KYC #** [Please tick (✓)] (Mandatory)      ☐ Proof Attached

#### 2. NAME OF THIRD APPLICANT

Mr.      Ms.      M/s.

Nationality

PAN# / PEKRN#

KYC Number

**KYC #** [Please tick (✓)] (Mandatory)      ☐ Proof Attached

### 5. ADDITIONAL KYC DETAILS (Refer instruction 4b)

Mandatory

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)								

**Non-individual Investors involved/ providing any of the mentioned services**

☐ Foreign Exchange / Money Changer Services      ☐ Gaming / Gambling / Lottery / Casino Services  
☐ Money Lending / Pawning      ☐ None of the above

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

### ACKNOWLEDGEMENT SLIP (To be filed in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

**HDFC MUTUAL FUND**

Date :     

Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg,  
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

ISC Stamp & Signature

Received from Mr. / Ms. / M/s.

an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

... continued overleaf

October 2017

5. ADDITIONAL KYC DETAILS, If any (Refer instruction 4b) Contd.

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)

as on

DDMMYYYY

AADHAAR DETAILS (Ensure all details are as per Aadhaar Card) (for Individual including Sole Proprietor) Not mandatory for NRIs (Refer instruction 18c)

Particulars	Aadhaar Number* (Please enclose copy of front & back side)	Date of Birth	PIN Code	Mobile No.	Enrolment Proof#
1st Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
2nd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
3rd Applicant		D D M M Y Y Y Y			<input type="checkbox"/>
Guardian		D D M M Y Y Y Y			<input type="checkbox"/>
POA		D D M M Y Y Y Y			<input type="checkbox"/>

\* 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.

6. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)

The below information is required for all applicant(s)/ guardian  
Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)  
Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]  
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Number

KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5)  
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name

Branch Name

Account Number

MICR Code

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)

IFSC Code\*\*\*

Bank City

(The 9 digit code appears on your cheque next to the cheque number)

\*\*\* Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

**9. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS (refer instruction 11)**

☐ I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

**10. INVESTMENTS & PAYMENT DETAILS** [Please (✓)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.

<input type="checkbox"/> <b>Regular Plan</b> (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information		<input type="checkbox"/> <b>Direct Plan</b> (Purchase/ Subscription made directly with the Fund) Mention <b>DIRECT</b> in Key Partner/ Agent Information				
<b>Scheme/Plan/Sub Option</b>						
<b>Mode of Payment</b>		<input type="checkbox"/> <b>Cheque</b> <input type="checkbox"/> <b>Demand Draft</b> <input type="checkbox"/> <b>NEFT/ RTGS/ Fund Transfer</b> <input type="checkbox"/> <b>One Time Mandate (OTM)</b>				
<b>Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM</b>						
<b>Payment Type [Please (✓)]</b>		<input type="checkbox"/> <b>Non-Third Party Payment</b> <input type="checkbox"/> <b>Third Party Payment</b> (Please attach 'Third Party Payment Declaration Form')				
Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)	Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount

11. UNIT HOLDING OPTION    ☐ DEMAT MODE\*    ☒ PHYSICAL MODE (Default)    ( refer instruction 13)

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

[illegible]

\*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.

**12. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)**

[Please (✓) and sign] ☐ I/We do not wish to Nominate

First / Sole Applicant		Second Applicant		Third Applicant	
<input type="checkbox"/> I/We wish to nominate as under:					
Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

**13. DECLARATION & SIGNATURE/S (refer instruction 14)**

(a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgement passed by SEBI/ Statutory Authority or Courts in India and Foreign laws. I am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.

(c) I/We hereby authorize you to disclose, share, remit in any form/manner the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.

(e) The ARN holder (AMFI registered Distributor) 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.

**Consent for Telemarketing (Refer Instruction 20):**

I/We hereby accord my/our consent to HDFC AMC for receiving the promotional information/ material via email, SMS.

telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

**Consent for authentication and sharing of Aadhaar data:**

**For Foreign Nationals Resident in India only:**

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for

/ We will redeem my/our entire investment/s before I/we change my/our Indian residency status. I/we shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

**For NRIs/ PIO/OCIs only:**

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓) ☐ Yes ☐ No If Yes, (✓) ☐ Repatriation basis ☐ Non-repatriation basis

(Please write Application Form No. / Folio No.  
on the reverse of the Cheque / Demand Draft /  
Payment Instrument.)



SIGNATURE(S)

**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**

July 2017

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-						
<b>EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 3a)</b> I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.						
Sign Here First/ Sole Applicant/ Guardian		Sign Here Second Applicant		Sign Here Third Applicant		
Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one)						Date: D D M M Y Y Y Y
<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)			<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)			
If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.						
Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.						

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

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

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

First/ Sole Applicant Details

Mobile No.	<div></div>	Email Id	<div></div>
NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.	<div></div>	<div></div>
NAME OF THE SECOND APPLICANT	Mr. Ms. M/s.	<div></div>	<div></div>
NAME OF THE THIRD APPLICANT	Mr. Ms. M/s.	<div></div>	<div></div>

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number	KYC Mandatory	Proof Attached
Sole / First Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA Holder			<input type="checkbox"/>	<input type="checkbox"/>

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

**NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION / 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))**

<input type="checkbox"/> Purchase of Residence	<input type="checkbox"/> Children's Education	<input type="checkbox"/> Children's Marriage	<input type="checkbox"/> Retirement	<input type="checkbox"/> Others <div></div>
Target Amount <div></div>				

**ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)**

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

2) INVESTMENT DETAILS [Please tick (✓)]

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

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

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

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

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

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

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated 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.

(refer instruction 10)

<b>NSDL</b>	DP Name _____ DP ID I N _____ Beneficiary Account No. _____
<b>CDSL</b>	DP Name _____ Beneficiary Account No. _____

## 5) DECLARATION AND SIGNATURE(S)

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

**SIGNATURE (S)**

Third Unit holder

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

[illegible]

Sponsor Bank Code	OFFICE USE ONLY	Utility Code	OFFICE USE ONLY
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I/We hereby authorize: HDFC Mutual Fund to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

[illegible]

With Bank:	Bank Name & Branch								IFSC									OR MICR								

an amount of Rupees		₹	
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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.
<u>Name as in Bank Records</u>	<u>Name as in Bank Records</u>	<u>Name as in Bank Records</u>

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.