

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 (EUN)	
ARN- 67723						
EUN Declaration (only where EUN box is left blank) (Refer Item No. 3a) I/We hereby confirm that the EUN 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
☐ 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			
NAME OF THE SECOND APPLICANT			
NAME OF THE THIRD APPLICANT			

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number	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))

☐ Purchase of Residence	☐ Children's Education	☐ Children's Marriage	☐ Retirement	☐ Others
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.	
Scheme / Plan / Option	
SIP application	
Scheme 1 Scheme 2 Scheme 3	

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 Frequency (Please refer Instruction 6) ☐ Daily ⁺⁺ ☐ Monthly ⁺ ☐ Quarterly
SIP Date (Please () one or more of the following dates) (Please refer Instruction 7) ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ⁺ ☐ 11th ☐ 12th ☐ 13th ☐ 14th ☐ 15th ☐ 16th ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th ☐ 25th ☐ 26th ☐ 27th ☐ 28th ☐ 29th ☐ 30th ☐ 31st			
☐ SIP TOP-UP () Not available for Daily SIP Amount (`) ^ _____ OR Percentage (%) _____ Frequency () ☒ Half Yearly ☐ Yearly⁺ Frequency: 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
		☐ 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 Frequency (Please refer Instruction 6) ☐ Daily ⁺⁺ ☐ Monthly ⁺ ☐ Quarterly
SIP Date (Please () one or more of the following dates) (Please refer Instruction 7) ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ⁺ ☐ 11th ☐ 12th ☐ 13th ☐ 14th ☐ 15th ☐ 16th ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th ☐ 25th ☐ 26th ☐ 27th ☐ 28th ☐ 29th ☐ 30th ☐ 31st			
☐ SIP TOP-UP () Not available for Daily SIP Amount (`) ^ _____ OR Percentage (%) _____ Frequency () ☒ Half Yearly ☐ Yearly⁺ Frequency: 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
		☐ 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 Frequency (Please refer Instruction 6) ☐ Daily ⁺⁺ ☐ Monthly ⁺ ☐ Quarterly
SIP Date (Please () one or more of the following dates) (Please refer Instruction 7) ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ⁺ ☐ 11th ☐ 12th ☐ 13th ☐ 14th ☐ 15th ☐ 16th ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th ☐ 25th ☐ 26th ☐ 27th ☐ 28th ☐ 29th ☐ 30th ☐ 31st			
☐ SIP TOP-UP () Not available for Daily SIP Amount (`) ^ _____ OR Percentage (%) _____ Frequency () ☒ Half Yearly ☐ Yearly⁺ Frequency: 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.

*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.



www.hdfcfund.com

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
---	---	---	---	---	---	---	---

(tick✓)

☐ CREATE
 ☐ MODIFY
 ☐ CANCEL

UMRN _____

OFFICE USE ONLY _____

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.

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
4. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
5. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.
6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
11. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
12. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
13. There is no maximum duration for enrolment.
An investor has an option to choose the 'End Date' of the SIP by filling the date or the Default Date i.e. December 2036 will be the end date.
14. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
15. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.



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

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