

F	FLEX
S	SYSTEMATIC
T	TRANSFER
P	PLAN

HDFC FLEX SYSTEMATIC TRANSFER PLAN

Enrolment Form

(Please read terms & conditions / instructions overleaf)



Enrolment
Form No.

KEY PARTNER / AGENT INFORMATION				FOR OFFICE USE ONLY (TIME STAMP)
ARN No.	Name	Sub Agent's Name and Code/ Bank Branch Code	M O Code	
ARN-97821				

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.

Date:

D	D	M	M	Y	Y	Y	Y
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I / We have read and understood the contents of the Key Information Memorandum(s), Scheme Information Document(s) of the respective Scheme(s) and the Statement of Additional Information and the terms & conditions overleaf. I / We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the Flex STP of the following Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective Scheme(s) / Plan(s) / Option(s). 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.

Please (✓) any one

☐ NEW REGISTRATION

☐ CANCELLATION

Name of the Applicant	PAN #	KYC is Mandatory # Please (✓)
First / Sole Applicant	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Proof Attached <input type="checkbox"/>
Guardian (in case the First / Sole Applicant is a minor)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Proof Attached <input type="checkbox"/>
Second Applicant	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Proof Attached <input type="checkbox"/>
Third Applicant	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Proof Attached <input type="checkbox"/>

Please attach Proof. If PAN/KYC is already validated, please don't attach any proof. Refer Instruction 15 and 16.

1. Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)														
2. Name of 'Transferor' Scheme/Plan/Option														
3. Name of 'Transferee' Scheme/Plan	(ONLY GROWTH OPTION)													
4. Amount and Frequency of Flex STP (please ✓ any one)	Amount of Transfer per Installment: Rs. _____ (The transfer amount shall be determined by formula in Instruction 8(a) overleaf.)													
	<input type="radio"/> Daily	No. of Installments: * _____												
	<input type="radio"/> Weekly [Day of Transfer (Please ✓ any one)] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday ⁺		No. of Installments: * _____											
	<input type="radio"/> Monthly ⁺ <input type="radio"/> Quarterly ⁺ Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th		Enrolment Period*: From : <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To : <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y
M	M	Y	Y	Y	Y									
M	M	Y	Y	Y	Y									

In case of multiple registrations, please fill up separate Enrolment Forms.

* Refer Instruction No.9(b) and 9(c) ⁺ Default Frequency/Date/Day [Refer Instruction 7, 9(h) and 9(i)]

SIGNATURE(S)

First/Sole Unit holder / Guardian

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.

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

Date :	Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai-400 020	ARN - 49710 Enrolment Form No.	
Received from Mr./Ms./M/s _____	'Flex STP' application for transfer of Units;	ISC Stamp & Signature <table border="1"><tr><td></td></tr></table>	
From Scheme / Plan / Option _____			
To Scheme / Plan _____	- Growth Option		