

HDFC Instalnvest Registration Form



Investors must read the Instructions and Terms and Conditions before completing this Form.

All sections should be completed in English and in BLOCK LETTERS only.

Enrolment Form no.

KEY PARTNER / AG		RMATION (Ir								antification Number (ELIIII)		
ARN	Name		Sub Agent	s ARN and I	Dank Branch Co	je internal code	ioi Sub-Ageni	Employee Emp	noyee onique id	entification Number (EUIN)		
ARN-97821									E113814			
TRANSACTION CHA	ARGES FO	R APPLICAT	IONS THRO	UGH DIST	RIBUTORS/A	GENTS ONLY (Refer instruc	ction 31)				
In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges for the scheme type, Rs.100 will be deducted and paid to your 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 distributor.												
□ NEW REGISTRATION □ Cancellation □ Change in Mobile Number												
(To Cancel the facility or Change the Mobile Number, please fill Section 1 only and sign the Form)												
1. UNIT HOLDER INFORMATION (Refer instruction 5)												
Folio No Mobile No. + 9 1												
(The details in our records under the folio number mentioned alongside will apply for this application.) NAME OF FIRST / SOLE UNIT HOLDER (Refer instruction 5)												
Mr. / Ms. / M/s												
2. INVESTMENT DETAILS [Please tick ()] (Refer instruction 8)</th												
Scheme/Plan/Option HDFC Cash Management Fund - Treasury HDFC Cash Management Fund - Treasury												
		age Plan - Re										
Sub-Option		Growth		Divi	idend							
					Daily (Reinvestment Only)				0.8			
				⊢⊢	Weekly Reinvestment Monthly Reinvestment				Payout Payout			
3. BANK DETAILS	(Dofor inc	truction 6 7	and O)		Monthly		nemvestme	3111	O Fayo	ut		
Bank Name	(neiei ilis	truction o, 7	allu 9)									
Branch					Ba	nk City						
Account No.							MI	CR Code				
IFSC Code							(The 9 digit c	ode appears or	your cheque n	ext to the cheque number)		
RTGS/ NEFT Code							Mandator	y Enclosure	Blank Origin	nal Cancelled cheque		
Account Type (Please	v) 🗆	Savings	☐ Current	☐ Ot	hers (please spe	ecify)						
Accountholder Name as in Bank Account												
Note : The First/Sole Unit holder(s) should be the one of the Bank account holder.												
Maximum amount of I	Debit per tra	insaction (Rs.)	Amount sho) (Start D		D M M)0/-) 	Υ	End Date	D D M	M Y Y Y Y		
Authorisation to the Bank												
					my aforesaid ban	k account toward				equest by the Fund /AMC/ its lars given above are correct		
	ction to the B	Bank to honour a	ill payment req	uest made b	y HDFC Mutual Fu	ınd is valid at all tir				er withdrawing the mandate		
SIGNATURE(S)	occurr and th	io intimation abi	out the sum of	MI DO GIVON	to the Faria, the Fa	vio miniodiatory.						
(As per Bank Records)		First Bank Account holder			Second Bank Account holder				Third Bank Account Holder			
4. DECLARATION A	ND SIGNA	ATURE(S)										
			y provided by H	DFC Mutual	End ("the Fund") a	and confirm that (V	Ve have read, und	derstood and agre	ee to abide by the	terns and conditions of HDFC		
is correct, complete and tru about any change in the info	uly stated. I /W	le agree to furnis ished from time t	h such other info	ormation as n	may be required by ed to make this inve	the Fund and under estment and the am	rtake to inform product in the	omptly to the AM he Scheme is thro	C / Registrars and ugh legitimate sou	Fransfer Agent (RTA) in writing roes only and does not involve		
We hereby apply to register for HDFC Instalnvest facility provided by HDFC Mutual End ("the Fund") and confirm that I/We have read, understood and agree to abide by the terms and conditions of HDFC Instalnvest Registration Form, Key Information Memorandum, Scheme Information Document of the above Scheme and Statement of Additional Information. The information given in / with this application form, is correct, complete and truly stated. I //We agree to furnish such other information and prule state to inform promptly to the AMC Registras and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. I/We am/are authorized to make this investment and the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/we have not received nor been induced by any reputatory 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 a mongst which the Scheme is being recommended to me/us.												
commissionor any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from a mongst which the Scheme is being recommended to me/us. If the transaction is delayed or not effected at all for reasons of incomplete, incorrect or/and inappropriate information or due to any force majeure event. If We shall not the fund, the AMC, the Trustee or their representatives or the Bank liable for the same. If We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. If We shall keep the Fund/ the AMC/ the Trustee in demnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Fund/ the AMC/ the Trustee by reason of their acting upon the instructions issued by me/us.												
from time to time, against al	Iclaims, actio	ins, suits, for any	loss, damage, c	osts, charges	s and expenses inc	urred by the Fund/t	he AMC/ the Trust	ee by reason of th	eir acting upon the	instructions issued by me/us.		
SIGNATURE(S)												
(Refer instruction 5)		First Unitho	older			Second Unithol	der		Third	Unitholder		
ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) ARN-97821												
		HDFC MUTUAL FUND Enrolment										
Data			_									
Date:					amon House,	3rd Floor, H.T.		, Form No.	I	SC Stamp & Signature		
Date:	s./Ws.				amon House,			, Form No.	I	SC Stamp & Signature		
		st Facility			amon House,	3rd Floor, H.T.		, Form No.		SC Stamp & Signature		