## Enrolment Form for SIP/ Micro SIP [For Investments through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]



(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf) Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

**Enrolment Form no.** 

KEY PARTNER / AGEN		FORMATION			under Direc	lect cities or It Plan must me Agent's ARN/ Branch Code			in ARN	colu			F							TAMP)		
ARN-97821	1				Dalik	DIAIICII COUE	1	Emplo	yee	-	(EUIN)	_	-									
EUIN Declaration (onl I/We hereby confirm employee/relationshi employee/relationshi	i tha	t the EUIN anager/sale	box ha	s been in n of the	ntentional above dis	ly left blank stributor/sub	by bro	me/us oker or	as thi	is tr	ansactio	n is	execu dvice	uted of in-	with -app	out ar ropria	ny into	erac s, if	etion o	or advi provid	ce   ed	by th
	ole App	olicant/ Guardi					ecoi	nd Applica								-	Third A					
Transaction Charges for I confirm the (Rs. 150 de If the total commitment ransaction Charges, the installments. Units will Upfront commission she rendered by the ARN He	at I and ductile at I a	n a First time ble as Transac nvestment th me are deduc sued against	investor a ction Cha rough SI ctible as the balar	cross Muturge and pay P (i.e. amo applicable nce of the in	ial Funds.  yable to the  ount per SI  from the i  nstallment	Distributor) P installment nstallment am amounts inve	X n noui	no. of inst nt and pa d.	allmen yable to	(Fots) a	confirm th Rs. 100 de mounts t Distribut	duct o Rs tor. Ir	ble as .10,000 i such (	disting Transa D or m cases	actio nore Tra	n Charg and yo isactio	e and ur Dis n Chai	paya tribu rge v	ible to itor ha vill be	s opted recove	to r	eceiv e in 3-
/We hereby confirm and d / We have read, understoo and of ECS (Debit Clearing) The ARN holder has disclo amongst which the Schem Please (<) any one. In the  NEW REGISTRAT	eclare d and / Direct sed to le is bo abser	agree to comp ot Debit / Stand me/us all the eing recomme	ing Instru commiss nded to m	ction faciliti ions (in the ne/us.	es. Form of tra	il commission (	or a	ny other m					for the (	differe	ent co		g Sche	emes	of vari	ous mut		
INVESTOR DETAI Application No. (For new		. A / Falle Ne	/F	Same I I a SI a a Lai																		
Sole/1st applicant																SIG	NATUI	RE	(Refe	r Item I	No. 3	B(c))
PAN# or PEKRN#	<u> </u>					KYC# ( [Please		andatory) ck (√)]			☐ Proof	Atta	ched									
ame of Guardian n case Applicant is minor	.)																					
AN# r EKRN#						KYC# ( [Please	•	andatory) ck (√)]			Proof	Atta	ched									
econd Applicant																						
AN# r EKRN#						KYC# ( [Please		andatory) ck (√)]			☐ Proof	Atta	ched									
hird Applicant																						
AN# r EKRN#						KYC# ( [Please		andatory) ck (√)]			Proof	Atta	ched									
Please attach Proof. If P	AN/PE	KRN/KYC is a	lready val	idated pleas	se don't atta	ach any proof. F	Refe	r Item No.	15 and	16.												
(Investors	apply	ing under Di	rect Plan	must me	ntion "Dire	ect" against th	ne S		iame). Option													-
																	_	_				
				ACKN	OWLEDG	EMENT SLI				by t	he Unit	hold	er)									
Date:				1		HDFC I Office : HUL Hou ackbay Reclama	use,		H.T. Pa			0.			roln rm l			ISC	Stamı	p & Sig	natui	e.
Received from Mr./Ms	s./M/s	3.									'S	IP/ N	1icro S	IP' ap	plic	ation fo	or	.00	- (3111)	_		
Scheme / Plan / Optio	n																					
Total Amount (Rs.)						Pleas	se N	Note: All pu	ırchase	s are	subject to	reali	sation o	of chec	ques							

Each SIP/ Micro SIP Amount (Rs	.)		ARN-9	<b>97821</b> Juency	Month	- <b>E113814</b> nly <sup>+</sup>	Qua	arterly (	<sup>+</sup> Defaul	t Frequency)	[Refer Iter	n No. 6(i	v)]			
SIP Top-up (Optional) (Refer Item No. 7 e)	(Please ✓ to a	"	Top-up Am SIP Top-up	ount (Rs.) Frequency:	Half	f-yearly	`				·	les of Rs. 500 only) ency at yearly intervals only.)				
Maximum amount of debit (SIP+	-Top-up) under di															
SIP/ Micro SIP Date 1st	5th	10th <sup>+</sup> 15th	20th	25th	(*Defau	It Date) [	Refer Ite	m No. 6	(iv)]							
SIP/ Micro SIP Period Start From	MMY	YYY	End On**	* M M	YY	YY	OR D	efault Da	ite (Dec	ember 2032)		ase refer (ii) and 7				
First SIP/ Micro SIP Transaction	via Cheque No.			Cheque Da	ated D	D M	MY	Y	/ Y	Amount@ (	Rs.)					
Mandatory Enclosure (if 1st Inst	allment is not by o	cheque)	Blan	k cancelled c	heque		Сору	of chequ	ie	@The firs						
The name of the first/ sole application	ant must be pre-p	rinted on the ched	que.							be same a	as each S	IP Amou	nt.			
<b>DEMAT ACCOUNT DETAI</b>	LS*		N	SDL						CDSL						
(Optional - refer instruction 10)	DP Name					-										
Investor opting to hold units in demat form may provide a copy of the DP statement to match the demat details		DP ID														
as stated in the application form.	Beneficiary Account No.															
I/we hereby authorise HDFC Mutua Direct Debit / Standing Instruction for BANK DETAILS Bank Name				ed and their au	thorised ser	vice provi	ders, to d	ebit my/o	ur follov	ving bank acco	unt by ECS	G (Debit C	learing) /			
Branch Name						В	ank City									
Account Number																
9 Digit MICR Code				(Please	e enter the	9 digit r	number 1	that ann	ears af	ter the chequ	ie numbi	er)				
Account Type (Please ✓)	Savings (	Current $\square$ NR	0			thers (ple			ouro ur	tor the enequ	ao mamb	J.,				
Accountholder Name as in Bank Account							'									
** To, The Branch Manager, Bank)  This is to inform that I/We have Debit / Standing Instruction and	registered for the	RBI's Electronic (	Clearing Se/our inves	ervice (Debit ( etment in the S	(Name Clearing) / Scheme of	Direct HDFC			Pa	ink Account Nun	ahor					
	rying this ECS (De		mentioned bank account with your bank. I/We hereby it Clearing) / Direct Debit / Standing Instruction mandate						Jam Hoodin Hambol							
I/ We have read and agree to con correct and agree to make pay Fund/HDFC Asset Management Applicable to SIP Top-up fa	ments referred at Company Limited	oove through part , about any chang	ticipation in les in my ba	n ECS (Debit				-			-					
I/We hereby agree to avail the designated account.			-		e ECS/Dire	ct Debit/S	standing I	Instructio	on for a	further increa	ase in inst	allment f	rom my			
Please write SIP Enrolment Fo	rm no. / Folio no.	on the reverse o	of the cheq	jue.												
1st Account Holder's Signature (As in Bank Records)		Hol Sigr (As i	Account der's nature n Bank cords)					3rd Acc Holder Signate (As in B Record	<b>r's</b> ure Bank							
BANKER'S ATTESTATION	I (FOR BANK I	USE ONLY)														
Certified that the signature o details of Bank account and its	f account holder	and the														
per our records			Signatu	ure of Authorise	d Official fro	m Bank (Ba	nk Stamp	and Date)		Bank A	ccount Nur	nber				
For Office Use only (Not	to be filled in l	oy Investor)														
Recorded on				Schem	ie Code											
Recorded by				Credit	Account N	umber										