## **APPLICATION FORM FOR SIP & FLEX 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



April 2019

ARN/ RIA Code	ARN/ RIA Name	applying under Direct Plan Sub-Agent's ARN	n must mention "Direct" in Bank Branch Code	ARN column.)	Employee Unique	FOR OFFICE USE	UNLY (TIME	STAM
Anny NIA Code	Aniy nia naille	Sub-Agent S Ann	Bank Branch Gode	for Sub-Agent/ Employee	Identification Number (EUIN)			
ARN-89787	RONAK MORJARIA				E082746			
UIN Declaration (only wh		ık) (Refer Item No. 2(I	la)					
/We hereby confirm that elationship manager/ sal nanager/sales person of	the EUIN box has bee es person of the above	n intentionally left bl distributor/sub broke	ank by me/us as this	transaction is exc e advice of in-app	ecuted without any propriateness, if any	interaction or advic y, provided by the em	e by the em ployee/rela	iploye tionsh
	ın Here		Sign Here		_	Sign Here		
First/ Sole Ap ransaction Charges for Ap	plicant/ Guardian onlications through Distr	ihutors only (Refer Ite	Second Applicant m No. 13)		Date:	Third Applicant	V V	V
f the total commitment of in Charges, the same are deduc ssued against the balance of Jpfront commission shall be the ARN Holder.	the installment amounts in	vested.						
ease ( $\checkmark$ ) any one. In the abse	nce of indication of the opti	on the form is liable to be	rejected.					
NEW REGISTRATION			☐ CANCELL	ATION (Refer Item	No. 7)			
) INVESTOR DETAI	LS							
oplication No. (For new invest rst/ Sole Applicant Details	or)/ Folio No. (For existing I	Jnitholder)						
Mobile No.		Email Id						
AME OF FIRST / SOLE APPLIC	CANT Mr. Ms. M/s.							
AME OF THE SECOND APPLIC	ANT Mr. Ms. M/s.							
AME OF THE THIRD APPLICA	Mr. Ms. M/s.							
Applicant	PAN/ PEKRN	# (Mandatory)			KYC Number		KYC Mandatory	Proof Attach
Sole / First Applicant								
Second Applicant								
Third Applicant								
Guardian/POA Holder								
Please attach Proof. If PAI	J/PEKRN/KYC is already v	validated please don't at	tach any proof. PEKRN	mandatory for Mici	o SIP. Refer Item No.	11 and 12.		
AME OF THE GUARDIAN (In	case of minor) / CONTACT	PERSON - DESIGNATIO	N (In case of Non-individ	ual Investors)/ PoA	HOLDER			
Ir. Ms. M/s.								
ELATIONSHIP WITH MINOR								
WE WOULD LIKE TO IN	/EST TO MEET MY/OUF	R FINANCIAL GOALS (	choose anyone (√) (F	Refer Item No. 15)				
Purchase of Residence	Children's Educ	ation Children	's Marriage 🔲 Re	irement 0	thers	Please Specify		
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.	
A 1 / E 1. N		ISC Stamp & Signature
Application/ Folio No.		
Received from Mr./Ms./M/s.	SIP application	
Scheme / Plan / Option	Scheme 1	
	Scheme 2	

2A) INVESTMENT DETAILS FOR SIP [Pleas	e tick (✓)]			
Scheme Name (1	)	Plan	Option	1/Sub-option
OID Lead-live and	Ot at Manual Manual	Regular Direct	OO 40\t	
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default D	ec 2040)* SIP Freq	uency (Please refer Item iii)  ☐ Monthly <sup>+</sup> ☐ Quarterly
SIP Date (Please (✓) one or more of the following da	ates) (Please refer Item 5)			
1st2nd3rd4th5th	] 6th	9th10th <sup>+</sup> 11th		☐ 14th ☐ 15th ☐ 16th
		25th26th27th		□ 30th □ 31st
☐ SIP TOP-UP (✓) Not available for Daily SIP  Amount (₹) ^		P TOP-UP CAP	OR	CAP Month-Year*:
011		vestor has to choose only one of		
Scheme Name (2	)	Plan	Option	n/Sub-option
	0	Regular Direct L	OID F	
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default D	ec 2040)*   SIP Freq 	uency (Please refer Item iii) ☐ Monthly <sup>+</sup> ☐ Quarterly
SIP Date (Please (✓) one or more of the following date   ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	· · · · · ·	9th 10th+ 11th	n	☐ 14th ☐ 15th ☐ 16th
		25th $26$ th $27$ th		30th 31st
☐ SIP TOP-UP (✓) Not available for Daily SIP	11.	P TOP-UP CAP		CAP Month-Year":
. / UI	oomago (70)	P Amount*: ₹ vestor has to choose only one of	OR	M M Y Y Y
Scheme Name (3	and the state of t	Plan		1/Sub-option
		Regular Direct		
SIP Installment	Start Month/Year	End Month/Year (Default D		uency (Please refer Item iii)
Amount (₹)	MMYYYY	M M Y Y	Daily**	☐ Monthly <sup>+</sup> ☐ Quarterly
SIP Date (Please (✓) one or more of the following date   ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐	. ' ' — ' — ' -	9th 10th+ 11tr	n	☐ 14th ☐ 15th ☐ 16th
		25th $26$ th $27$ th		30th 31st
☐ SIP TOP-UP (✓) Not available for Daily SIP		P TOP-UP CAP		CAP Month-Year#:
	- (/o/	NP Amount*: ₹ evestor has to choose only one of		M M Y Y Y
Frequency (✓): Half Yearly Yearly  Default, if not selected.   + Triggered and processed only on all	120.00			Voorly antion is available as CID Ton Un
frequency. • ^ TOP UP amount has to be in multiples of Rs.100 onl Investors/unit holders subscribing for this facility are required to sub	y. Please see Item v (a)) • \$The mi	inimum TOP UP Percentage has to	be 10% and in multiples of 1%	thereafter, of the existing SIP installment.
*TOP-UP CAP amount: Please refer Item v (b){1}]  Maximum amount of debit (SIP+Top-up) under direct de	# TOP-UP CAP Month-Year: Pl		nk of India chall not over	ad Rc 5 00 000/- per installment
First SIP Transaction via Cheque No.	Cheque Dated		Amount@ (I	·
Mandatory Enclosure (if 1st Installment is not by cheque	•	heque Copy of che		rst cheque amount should be same
The name of the first/ sole applicant must be pre-printed	,			total SIP Amount.
2B) INVESTMENT DETAILS FOR FLEX SIP [	Please tick (√)]			
Scheme Name (1)			Plan Regular Direct	Option/Sub-option
SIP Installment			Regular Direct CY [Please refer Item No. E]	Growth Start Month/Year
Amount (₹) Maximum Rs.	1,00,000	Month		M M Y Y Y Y
SIP Date (Please (✓) one or more of the following da	ates) (Please refer Item No. 5)			
		9th10th <sup>+</sup> 11th		□ 14th □ 15th □ 16th □
☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ Tenure of SIP - Please (✓) (Please refer Item No. D)	] 22nd	25th26th27th 10 Years15 Yea		□ 30th □ 31st
Scheme Name (2)			Plan	Option/Sub-option
		R	Regular Direct	Growth
SIP Installment			[Please refer Item No. E]	Start Month/Year
Amount (₹)		Month	nly <sup>+</sup> Quarterly	M M Y Y Y
SIP Date (Please (√) one or more of the following da			n □10th □10th	11/th 15th 15th
		$\square$ 9th $\square$ 10th $^+$ $\square$ 11th $\square$ 25th $\square$ 26th $\square$ 27th		☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st
Tenure of SIP - Please (✓) (Please refer Item No. D)	☐3 Years ☐5 Years <sup>+</sup>	□ 10 Years □ 15 Yea		
*Default, if not selected. • Investors/unit holders subscribing for the				
First SIP Transaction via Cheque No.	Cheque Dated	D D M M Y Y	Y Y Amount (R	s.)
Mandatory Enclosure (if 1st Installment is not by cheque	•			- /
The name of the first/ sole applicant must be pre-printed of			1	

ank Na	ink Details to be debited for t	ile SIP (UTWI aireauy F	registere	a) Account N	lumbor										
		and places fill in the	ttoobod												
	n case the OTM is not registe	erea, piease tiii in the a	attacned	O I WI Debit	i Mandate.										
I) UN	NIT HOLDING OPTION	DEMAT MODE*		PHYSICA	L MODE (Defa	ult)		(refer	instructi	on 6)					
Demat A	Account details are mandatory if th	e investor wishes to hold to	he units in	Demat Mod	е										
NSDL	DP Name			DP IC	) I N				Benefi Accou	iciary nt No.					
CDSL	DD Marris				Beneficiary									T	
	DP Name	a many provide a copy of th	o DD state	mont onable	Account No.	domet de	toile ee ete	tod in th	o annliaat	ion form					
	opting to hold units in demat form <b>ECLARATION AND SIGN</b> .		e DP State	ment enable	us to materi the	demai de	italis as sta	itea iii tii	е арріісаі	1011 11011	1.				
•	eby confirm and declare as under:-	ATOTIL (0)													
Ne have	e read, understood and agree to con	nply with the terms and con	ditions of	he scheme re	elated documents	s of the Sc	heme and	the terms	& conditi	ions of e	nrolmen	t for Syst	ematic	Investm	ent Pla
e ARN	CH/ ECS (Debit Clearing) / Direct De holder has disclosed to me/us all	the commissions (in the f							for the dif	fferent o	ompetin	g Schem	nes of v	arious i	nutua
om amo	ngst which the Scheme is being re	ecommended to me/us.													
2 >	(	•	X					,	<						
	First/ Sole Unit holder/ Guard		<u> </u>		Second Unit h	oldor		_ ′	`—		т	nird Unit	t holdo	r	
¥	.,	ease note: Signature(s)		-									lilliuc	•	
3		In case	the mod	e of holdin	g is joint, all U	Init hold	ers are re	eauired	to sian.						
	· — — — — — —											*-			
	<b>※</b>	- — — — — — OTM Debit	— —		 m NACH/	— — ECS/I	- — — DIRECT	— — Г DEF	- — — BIT/SI						
MUT	HDFC UAL FUND	OTM Debit							- — —		Date		M	л У	Y Y
M U T BHAR	HDFC UAL FUND OSA APNO KA								- — — BIT/SI		Date		M	л ү	Y Y
MUT BHAR (tick√	UAL FUND OSA APNO KA )	[Applicat	ble for Lun	npsum Additi		as well as	USE DNLY		BIT/SI			) D D	M M	A Y	Y Y
MUT BHAR (tick√ ☐ CRE	UAL FUND 05A APNO KA ) EATE DHEY  LAMo becable outlook	UMRN OF	ble for Lun	npsum Additi		as well as	s SIP Regis USE DNLY y Code	trations]			FFICE US	BE ONLY	M I	A Y	Y Y Y
MUT BHAR (tick√ □ CRE □ MO □ CAN	UAL FUND 05A APNO KA ) EATE DHFY NCEL  I/We hereby author	UMRN OF	ble for Lun	npsum Additi		as well as	s SIP Regis USE DNLY y Code	trations]	BIT/SI		FFICE US	BE ONLY	M I	∄ Y I	Y Y Y
MUT BHAR (tick CRE MO CAN Bank A	UAL FUND 05A APNO KA ) EATE DHEY  LAMo becable outlook	UMRN OF	ble for Lun	npsum Additi		as well as	s SIP Regis USE DNLY y Code	trations]			FFICE US	BE ONLY	M P	M Y B-NRC	Y Y
MUT BHAR (tick√ □ CRE □ MO □ CAN	UAL FUND 05A APNO KA ) EATE Sponsor Bank Code I/We hereby authority Vc No.:	UMRN OF	ble for Lun	npsum Additi		as well as	s SIP Regis USE DNLY y Code	trations]		SB / C	FFICE US	BE ONLY	RE/S	B-NRC	) / Ot
MUT BHAR (tick✓ CRE MO CAN Bank A With Bank:	UAL FUND 05A APNO KA ) EATE Sponsor Bank Code I/We hereby authority Vc No.:	IApplicat UMRN OF	ble for Lun	npsum Additi	ional Purchases	as well as	s SIP Regis USE DNLY y Code	trations]		SB / C	FFICE US	BE ONLY	RE / S	B-NRC	) / Ot
BHAR (tick CRE  CRE  CAN  CAN  Bank A  With  Bank:  In amo	Sponsor Bank Code  I/We hereby authority  I/C No.:  Ban	[Applical UMRN OFI OFI ize: HDFC Mutual k Name & Branch	FICE USE	DNLY	ional Purchases	as well as	s SIP Regis USE DNLY y Code	debit (		SB / C	FFICE US A / CC  MICR	SE ONLY			
BHAR (tick CRE  CRE  CAN  CAN  Bank A  With  Bank:  In amo	UAL FUND 05A APNO KA ) EATE Sponsor Bank Code I/We hereby authority C No.:  Ban Dunt of Rupees IENCY   Monthly   Qua	[Applical UMRN OFI OFI ize: HDFC Mutual k Name & Branch	FICE USE	DNLY	IFSC	as well as	s SIP Regis USE DNLY y Code	debit (	itick 🗸) [	SB / C	FFICE US A / CC  MICR	SE ONLY			
MUT BHAR (tick✓ CRE MO CAN Bank A With Bank: an amo REQU Referen	UAL FUND 05A APNO KA ) EATE BHTY NCEL I/We hereby authority to No.: Ban Dunt of Rupees ENCY   Monthly   Qua	[Applical UMRN OFI OFI ize: HDFC Mutual k Name & Branch	FICE USE	DNLY	IFSC	as well as  OFFICE  Utility  Inted  e No:	s SIP Regis USE DNLY y Code	debit (	itick 🗸) [	SB / C	FFICE US A / CC  MICR	SE ONLY			

2. 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.

3.

to

or

١

□ Until Cancelled