



www.hdfcfund.com

# Application Form (Except for HDFC Gold Exchange Traded Fund and HDFC Children's Gift Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

## KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN- <b>58603</b>					<b>E026768</b>	

**EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)**  
I/We hereby confirm that the EUIIN 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
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## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the 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 ARN Holder.

### 1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 4, 6, 10 AND 13 ONLY. Refer instruction 3).

Folio No. \_\_\_\_\_ / \_\_\_\_\_ The details in our records under the folio number mentioned alongside will apply for this application.

### 2. MODE OF HOLDING [Please tick (✓)]

Single  Joint  Anyone or Survivor

### 3. UNIT HOLDER INFORMATION (Refer instruction 4)

DATE OF BIRTH@ \_\_\_\_\_ DD MM YYYY Proof of date of birth@  Attached  Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Mr. Ms. \_\_\_\_\_

Nationality \_\_\_\_\_ Designation \_\_\_\_\_ Contact No. \_\_\_\_\_

PAN#/ PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)] (Mandatory)  Proof Attached

Relationship with Minor@ Please (✓)  Father  Mother  Court appointed Legal Guardian Proof of relationship with minor@ Please (✓)  Attached @ Mandatory

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code \_\_\_\_\_ STD Code \_\_\_\_\_

Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_

eAlerts Mobile \_\_\_\_\_ eDocs Email ^ \_\_\_\_\_

I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

### 4. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer instruction 4)

#### 4a. Status of First/ Sole Applicant [Please tick (✓)]

Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 4 & 19) (Mandatory)

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  FIs  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society / Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others (please specify) \_\_\_\_\_

#### 4b. Occupation Details [Please tick (✓)]

Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

#### 4c. Gross Annual Income (Rs.) [Please tick (✓)]

Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR

c. Net-worth (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on DD MM YYYY (Not older than 1 year)

#### 4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

#### 4e. Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  Money Lending / Pawning  None of the above

### 5. JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders)

#### 1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. \_\_\_\_\_

Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

#### a. Occupation Details [Please tick (✓)]

Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

#### b. Gross Annual Income (Rs.)

Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth Rs. \_\_\_\_\_

#### c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

## ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

HDFC MUTUAL FUND Date :  
Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg,  
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Received from Mr. / Ms. / M/s. \_\_\_\_\_  
an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf. ISC Stamp & Signature

... continued overleaf

**5. JOINT APPLICANT DETAILS, If any (contd...) (Refer instruction 4) (In case of Minor, there shall be no joint holders)**

**2. NAME OF THIRD APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_  
 Nationality \_\_\_\_\_ PAN# / PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

**a. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others \_\_\_\_\_ (please specify)

**b. Gross Annual Income (Rs.)**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth Rs. \_\_\_\_\_

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

**6. FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)**

The below information is required for all applicant(s)/ guardian

**Address Type:**  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

**Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?**  Yes  No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

**7. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_  
 PAN# / PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)] (Mandatory)  Proof Attached

# Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

**8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)**

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name \_\_\_\_\_  
 Branch Name \_\_\_\_\_ Bank City \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 MICR Code \_\_\_\_\_ (The 9 digit code appears on your cheque next to the cheque number)  
 Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify) \_\_\_\_\_  
 IFSC Code\*\*\* \_\_\_\_\_  
 \*\*\* Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

**9. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS VIA NEFT / ECS / DIRECT CREDIT (refer instruction 11)**

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility

I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

**10. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.**

<input type="checkbox"/> <b>Regular Plan</b> (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> <b>Direct Plan</b> (Purchase/ Subscription made directly with the Fund) Mention <b>DIRECT</b> in Key Partner/ Agent Information					
For Default Plan (viz. Direct / Regular Plan) refer instruction 7.						
<b>Scheme/Plan/Sub Option</b> _____						
<b>Payment Type [Please (✓)]</b> <input type="checkbox"/> <b>Non-Third Party Payment</b> <input type="checkbox"/> <b>Third Party Payment</b> (Please attach 'Third Party Payment Declaration Form')						
Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)

**Particulars**

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

**11. UNIT HOLDING OPTION**     **DEMAT MODE\***     **PHYSICAL MODE (Default)**    ( refer instruction 13)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

<b>NSDL</b>	DP Name _____	DP ID	I	N	Beneficiary Account No.	_____
<b>CDSL</b>	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.

**12. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)**

[Please (✓) and sign]     I/We do not wish to Nominate

\_\_\_\_\_  
First / Sole Applicant

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

OR

I/We wish to nominate as under:

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 2					
Nominee 3					

**13. DECLARATION & SIGNATURE/S (refer instruction 14)**

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ("Fund") indicated above.
- I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- That in the event, the above information and/or any part of it is/are found to be false/ untrue/ misleading, I/We will be liable for the consequences arising therefrom.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- 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.
- I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

**For Foreign Nationals Resident in India only:**

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

**For NRIs/ PIO/OCIs only:**

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓)     Yes     No    If Yes, (✓)     Repatriation basis     Non-repatriation basis

**SIGN HERE**

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

**SIGNATURE(S)**

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

**OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI**

Date 

D	D	M	M	Y	Y	Y	Y
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[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick ✓)  
 CREATE  
 MODIFY  
 CANCEL

UMRN

Sponsor Bank Code  Utility Code

I/We hereby authorize:  to debit (tick ✓)  SB /  CA /  CC /  SB-NRE /  SB-NRO / Other

Bank A/c No.:

With Bank:  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
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 to 

3	1	1	2	2	0	3	2
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 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.

**SIP Registration/Renewal Form (for OTM registered investors only)**

Please tick ✓ as applicable:  
 OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in TEN 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 Ten to Thirty days depending on NACH or ECS modalities.  
 The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EJIN)	
ARN-						

**EJIN Declaration (only where EJIN box is left blank)**  
 I/We hereby confirm that the EJIN 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 \_\_\_\_\_ Sign Here \_\_\_\_\_ Sign Here \_\_\_\_\_  
 First/ Sole Applicant/ Guardian Second Applicant Third Applicant

Transaction Charges for Applications through Distributors only (Please tick (✓) any one) Date: 

D	D	M	M	Y	Y	Y	Y
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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.

Investor Name:

Existing Investor Folio No.  OR New Investor Application no.

PAN/PEKRN & KYC# (Mandatory)

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof.

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2032)*												
1.			<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<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	<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	Y													
M	M	Y	Y	Y	Y													

**SIP Top-up (Optional)** (Please ✓ to avail this facility) Top-up Amount (Rs.)  (The amount should be in multiples of Rs. 500 only)  
 (Refer Item No. 7 e) SIP Top-up Frequency:  Half-yearly  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only)

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.

**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
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 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.

**I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))**  
 Marriage  Dream Home  Dream Car  Children's Education  Children's Marriage  World Tour  Retirement | Target Amount

I/We hereby confirm and declare as under:-  
 I/We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP). **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.**

First Unit Holder's Signature \_\_\_\_\_ Second Unit Holder's Signature \_\_\_\_\_ Third Unit Holder's Signature \_\_\_\_\_

**ACKNOWLEDGEMENT SLIP (To be filled in by the Distributor (ARN Holder))**

**HDFC MUTUAL FUND**  
 Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Date : \_\_\_\_\_ Folio No. \_\_\_\_\_ Received from: \_\_\_\_\_

OTM DEBIT MANADATE FORM  SIP FORM

ISC Stamp & Signature



# OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date 

D	D	M	M	Y	Y	Y	Y
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[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick✓)

- CREATE
- MODIFY
- CANCEL

UMRN 

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Sponsor Bank Code **HDFC0000060** Utility Code **HDFC05834000028635**I/We hereby authorize: **HDFC Mutual Fund** to debit (tick✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**Bank A/c No.: 

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With Bank: 

Bank Name & Branch															IFSC					OR MICR				
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an amount of Rupees 

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FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum AmountReference 1 Folio No: 

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 Phone No: 

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Reference 2 Appln No: 

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 Email ID: 

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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
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to 

3	1	1	2	2	0	3	2
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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 &amp; 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.

## SIP Registration/Renewal Form (for OTM registered investors only)

Please tick ✓ as applicable:

- OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in TEN 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 Ten to Thirty days depending on NACH or ECS modalities.

The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)	
ARN	ARN Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EJIN)		
ARN-							

EJIN Declaration (only where EJIN box is left blank)

I/We hereby confirm that the EJIN 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	Sign Here	Sign Here
First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Transaction Charges for Applications through Distributors only (Please tick (✓) any one) Date: 

D	D	M	M	Y	Y	Y	Y
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 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.

Investor Name: 

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

Existing Investor Folio No. 

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

 OR New Investor Application no. 

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

PAN/PEKRN & KYC# (Mandatory) 

Sole / First Applicant / Guardian					Second Applicant					Third Applicant				
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# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof.

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2032)*												
1.			<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<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	<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	Y													
M	M	Y	Y	Y	Y													

 **SIP Top-up (Optional)** (Please ✓ to avail this facility) Top-up Amount (Rs.) 

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 (The amount should be in multiples of Rs. 500 only)  
SIP Top-up Frequency:  Half-yearly  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only)

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.

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 <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
I	N																																
CDSL	DP Name _____		Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																														

\*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.

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))

 Marriage  Dream Home  Dream Car  Children's Education  Children's Marriage  World Tour  Retirement | Target Amount 

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I/We hereby confirm and declare as under:-

I/We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms &amp; conditions of enrolment for Systematic Investment Plan (SIP). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/their for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

First Unit Holder's Signature \_\_\_\_\_

Second Unit Holder's Signature \_\_\_\_\_

Third Unit Holder's Signature \_\_\_\_\_

## ACKNOWLEDGEMENT SLIP (To be filled in by the Distributor (ARN Holder))

HDFC MUTUAL FUND

Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Date : \_\_\_\_\_

Folio No. \_\_\_\_\_ Received from: \_\_\_\_\_

 OTM DEBIT MANADATE FORM  SIP FORM

ISC Stamp &amp; Signature



# 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**

SIP/ Micro SIP via **ECS (Debit Clearing)** in select cities or via **Direct Debit/Standing Instruction** in select banks / branches only.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-						

**EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 3a)**

I/We hereby confirm that the EUIN 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
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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

- |   |   |
|---|---|
| <input type="checkbox"/> I confirm that I am a <b>First time</b> investor across Mutual Funds.<br>(Rs. 150 deductible as Transaction Charge and payable to the Distributor) | <input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds.<br>(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.**

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 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.

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

<input type="checkbox"/> <b>NEW REGISTRATION</b>	<input type="checkbox"/> <b>CHANGE IN BANK ACCOUNT</b>	<input type="checkbox"/> <b>CANCELLATION</b> (Refer Item No. 11)
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### INVESTOR & INVESTMENT DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder)

**SIGNATURE** (Refer Item No. 3(c))

<b>Sole/1st applicant</b>	
PAN# _____ or PEKRN# _____	KYC# (Mandatory) <input type="checkbox"/> Proof Attached [Please tick (✓)]
<b>Name of Guardian</b> (In case Applicant is minor)	
PAN# _____ or PEKRN# _____	KYC# (Mandatory) <input type="checkbox"/> Proof Attached [Please tick (✓)]
<b>Second Applicant</b>	
PAN# _____ or PEKRN# _____	KYC# (Mandatory) <input type="checkbox"/> Proof Attached [Please tick (✓)]
<b>Third Applicant</b>	
PAN# _____ or PEKRN# _____	KYC# (Mandatory) <input type="checkbox"/> Proof Attached [Please tick (✓)]

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

<input type="checkbox"/> <b>Regular Plan</b> (Purchase/ Subscription routed through Distributor) Mention valid ARN in Key Partner/ Agent Information	<input type="checkbox"/> <b>Direct Plan</b> (Purchase/ Subscription made directly with the Fund) Mention <b>DIRECT</b> in Key Partner/ Agent Information
For Default Plan (viz. Direct / Regular Plan) refer instruction 4.	
<b>Scheme/Plan Option</b>	
<b>Lock-in Period (Applicable to HDFC Children's Gift Fund)</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No (Default)</b>

### 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.

Received from Mr./Ms./M/s. \_\_\_\_\_ 'SIP/ Micro SIP' application for

Scheme / Plan / Option \_\_\_\_\_

instalment Amount (Rs.) \_\_\_\_\_ Please Note: All purchases are subject to realisation of cheques

ISC Stamp & Signature

**I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 20)**

Marriage  Dream Home  Dream Car  Children's Education  Children's Marriage  World Tour  Retirement

Target Amount

**SIP & DEBIT DETAILS** (Please note that a minimum of 30 days is required to set up the ECS/ Direct Debit)

Each SIP/ Micro SIP Amount (Rs.)  Frequency  Monthly\*  Quarterly (\*Default Frequency) [Refer Item No. 6(iv)]

SIP/ Micro SIP Date  1st  5th  10th\*  15th  20th  25th (\*Default Date) [Refer Item No. 6(iv)]

SIP/ Micro SIP Period Start From  End On\*\*  OR Default Date (December 2032) \*\*Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro SIP Transaction via Cheque No.  Cheque Dated  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 SIP Amount.  
The name of the first/ sole applicant must be pre-printed on the cheque.

**SIP Top-up (Optional)** (Please ✓ to avail this facility) Top-up Amount (Rs.)  (The amount should be in multiples of Rs. 500 only)  
(Refer Item No. 7 e) SIP Top-up Frequency:  Half-yearly  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

**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.**

**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

<b>NSDL</b>	DP Name <input type="text"/>	DP ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Beneficiary Account No.</b>	<input type="text"/>
<b>CDSL</b>	DP Name <input type="text"/>	<b>Beneficiary Account No.</b>	<input type="text"/>				

\*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.

I/we hereby authorise **HDFC Mutual Fund/HDFC Asset Management Company Limited** and their authorised service providers, to debit my/our following bank account by **ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.**

**BANK DETAILS**

Bank Name

Branch Name  Bank City

Account Number

9 Digit MICR Code  ◀ (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify)

Account holder Name as in Bank Account

**Authorisation of the Bank Account Holder (to be signed by the Investor)\*\***

\*\* To, The Branch Manager,  (Name of the Bank)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my/our payment towards my/our investment in the Scheme of HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We hereby authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

**Bank Account Number**

I/ We have read and agree to comply with the terms and conditions mentioned overleaf and be bound by the same. I/We hereby declare that the particulars given above are true and correct and agree to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction.. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account.

Applicable to SIP Top-up facility (not available under Micro SIP):

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

**Please write Folio no. on the reverse of the cheque. (MANDATORY)**

<b>1st Account Holder's Signature</b> (As in Bank Records)	<b>2nd Account Holder's Signature</b> (As in Bank Records)	<b>3rd Account Holder's Signature</b> (As in Bank Records)
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**BANKER'S ATTESTATION (FOR BANK USE ONLY)**

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account Number

**For Office Use only (Not to be filled in by Investor)**

Recorded on  Scheme Code

Recorded by  Credit Account Number