

APPLICATION FORM FOR SIP & FLEX SIP

[For Investments through NACH/ Direct 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 2022

Please (✓) as applicable:

- ☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 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 10 to 30 days depending on NACH modalities.

Enrolment Form no.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA/Stock Broker/ Portfolio Manager's Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
99860					E119669	

EUIIN Declaration (only where EUIIN box is left blank) (Refer Item No. 2(i)a)
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 Item No. 13)

Date:

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.

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

- ☐ NEW REGISTRATION ☐ CANCELLATION (Refer Item No. 7)

1) INVESTOR DETAILS

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

First/ Sole Applicant Details

Mobile No.	Email Id
NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.
NAME OF THE SECOND APPLICANT	Mr. Ms. M/s.
NAME OF THE THIRD APPLICANT	Mr. Ms. M/s.

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number	KYC Mandatory	Proof Attached
Sole / First Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA Holder			<input type="checkbox"/>	<input type="checkbox"/>

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP Refer Item No. 11 and 12.

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-individual Investors)/ PoA HOLDER

Mr. Ms. M/s.
RELATIONSHIP WITH MINOR

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 15)

<input type="checkbox"/> Purchase of Residence	<input type="checkbox"/> Children's Education	<input type="checkbox"/> Children's Marriage	<input type="checkbox"/> Retirement	<input type="checkbox"/> Others <i>Please Specify</i>
Target Amount <input type="text"/>				

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.	<input type="text"/>	ISC Stamp & Signature <input type="text"/>
Received from Mr./Ms./M/s.	<input type="text"/> SIP application	
Scheme / Plan / Option	<input type="text"/>	

Scheme 1

Scheme 2

2A) INVESTMENT DETAILS FOR SIP [Please tick (✓)]

Scheme Name (1)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default Dec 2040)*	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5)		For Weekly SIP (Please (✓)) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th		<input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP		SIP TOP-UP CAP	
Amount (₹) ^ _____ OR Percentage* (%) _____		CAP Amount*: ₹ _____ OR _____	
Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*		Frequency: Yearly (Investor has to choose only one option)	
Scheme Name (2)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default Dec 2040)*	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5)		For Weekly SIP (Please (✓)) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th		<input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP		SIP TOP-UP CAP	
Amount (₹) ^ _____ OR Percentage* (%) _____		CAP Amount*: ₹ _____ OR _____	
Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*		Frequency: Yearly (Investor has to choose only one option)	
Scheme Name (3)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
SIP Installment Amount (₹)	Start Month/Year	End Month/Year (Default Dec 2040)*	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5)		For Weekly SIP (Please (✓)) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th		<input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP		SIP TOP-UP CAP	
Amount (₹) ^ _____ OR Percentage* (%) _____		CAP Amount*: ₹ _____ OR _____	
Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*		Frequency: Yearly (Investor has to choose only one option)	

* Default, if not selected. • ** Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. • *** Triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day and SIP TOP up facility shall not be available. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-up frequency. • ^ TOP UP amount has to be in multiples of Rs.100 only. Please see Item v (a). • \$ The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. Top-up will be applicable from next effective SIP installment.

*TOP-UP CAP amount: Please refer Item v (b) (1).

TOP-UP CAP Month-Year: Please refer Item v (b) (2).

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.

First SIP Transaction via Cheque No.

Cheque Dated

D D M M Y Y Y Y Y Y

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/total SIP Amount.

The name of the first/ sole applicant must be pre-printed on the cheque.

2B) INVESTMENT DETAILS FOR FLEX SIP [Please tick (✓)]

Scheme Name (1)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Growth
SIP Installment Amount (₹)	SIP Frequency (Please refer Item No. E)		Start Month/Year
Maximum Rs. 1,00,000	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly		M M Y Y Y Y Y
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5)			
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th			
<input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			
Scheme Name (2)		Plan	Option/Sub-option
		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Growth
SIP Installment Amount (₹)	SIP Frequency (Please refer Item No. E)		Start Month/Year
Maximum Rs. 1,00,000	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly		M M Y Y Y Y Y
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5)			
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th			
<input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			

* Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date.

First SIP Transaction via Cheque No.

Cheque Dated

D D M M Y Y Y Y Y Y

Amount (Rs.)

Mandatory Enclosure (if 1st Installment is not by cheque)

☐ Blank cancelled cheque

☐ Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.

3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name: Account Number:

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

4) UNIT HOLDING OPTION ☐ DEMAT MODE* ☒ PHYSICAL MODE (Default) (refer instruction 6)

*Demat Account details are mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	DP Name _____	DP ID	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> I N </div>	Beneficiary Account No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
CDSL	DP Name _____	Beneficiary Account No. <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> _____ </div>			

*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

5) DECLARATION AND SIGNATURE(S)

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 NACH/ Debit Clearing / Direct Debit / Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the 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.

SIGNATURE (S)

Third Unit holder

**Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.**

OTM Debit Mandate Form NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes]



UMRN								OFFICE USE ONLY							Date	D	D	M	M	Y	Y	Y	Y
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Utility Code OFFICE USE ONLY ☐ Create ☐ Modify ☐ Cancel

Sponsor Bank Code	OFFICE USE ONLY	I/We authorize	HDFC Mutual Fund
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To debit (tick✓) ☐ SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number

[illegible]

an amount of Rupees		₹
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Debit Type ☐ Fixed Amount ☒ Maximum Amount **Frequency** ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented

PAN/PEKRN		Reference 2	
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1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Or ☐ Until Cancelled

Phone No.

3.