## **Enrolment Form for SIP/ Micro SIP**





(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.** 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) Internal Code Employee Unique Identification Number for Sub-Agent (EUIN) ARN- 18533 Neena V Mehta E040629 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. First/ Sole Applicant/ Guardian Second Applicant Third Applicant Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick ( $\checkmark$ ) any one) Date I confirm that I am a First time investor across Mutual Funds. I confirm that I am an existing investor in Mutual Funds (Rs. 150 deductible as Transaction Charge and payable to the Distributor) (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 ( $\checkmark$ ) any one. In the absence of indication of the option the form is liable to be rejected. ■ CANCELLATION (Refer Item No. 11) ■ NEW REGISTRATION ☐ CHANGE IN BANK ACCOUNT **INVESTOR DETAILS** Application No. (For new investor)/ Folio No. (For existing Unitholder) SIGNATURE (Refer Item No. 3(c)) Sole/1st applicant Proof Attached PAN# KYC# (Mandatory) [Please tick (✓)] PEKRN# Name of Guardian (In case Applicant is minor) PAN# KYC# (Mandatory) Proof Attached [Please tick (✓)] PEKRN# **Second Applicant** PAN# KYC# (Mandatory) Proof Attached [Please tick (\( \sigma \)] PEKRN# Third Applicant PAN# KYC# (Mandatory) Proof Attached [Please tick (✓)] PEKRN# # Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16. Scheme (Investors applying under Direct Plan must mention "Direct" against the Scheme name) Plan Option ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) HDFC MUTUAL FUND Enrolment Date: Head Office: HUL House, 2nd Floor, H.T. Parekh Marg, Form No. 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. ISC Stamp & Signature Received from Mr./Ms./M/s. 'SIP/ Micro SIP' application for Scheme / Plan / Option

Please Note: All purchases are subject to realisation of cheques

Total Amount (Rs.)

Each SIP/ Micro SIP Amoun	t (Rs.	.)											F	rec	quer	псу				Мо	nth	ly <sup>+</sup>				Qı	ıart	erly	<i>(</i>	Def	faul	t Fr	equ	ien	су)	[Re	fer	Iten	n No	. 6(	iv)]	
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1st Account Holder's Signature (As in Bank Records)	Holder's Signature (As in Bank							2nd Account Holder's Signature (As in Bank Records)																3rd Account Holder's Signature (As in Bank Records)																		
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## 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. MUTUAL FUND The Application Form should be completed in English and in **BLOCK LETTERS** only. www.hdfcfund.com KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1) FOR OFFICE USE ONLY (TIME STAMP) Internal Code **Employee Unique** Sub Agent's ARN/ Bank Branch Code Identification Number (EUIN) ARN ARN Name for Sub-Agent/ Employee Neena V Mehta F040629 ARN-18533 EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1) 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. First/ Sole Applicant/ Guardian Second Applicant Third Applicant TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY 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 section 1 and proceed to section 4. Refer instruction 3) The details in our records under the folio number mentioned alongside will apply for this application. Folio No 2. MODE OF HOLDING [Please tick (✓) Single Anyone or Survivor 3. UNIT HOLDER INFORMATION (Refer instruction 4) Please (√) DATE OF BIRTH@ Proof of date of birth@ Attached NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) Mr. Ms. M/s [Please tick (√)] Nationality PAN#/ PEKRN# Proof Attached KYC# (Mandatory) NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors) Designation Nationality Contact No KYC# [Please tick (√)] (Mandatory) Proof Attached PAN#/ PEKRN# Relationship with Minor@ **Please** ( $\checkmark$ ) Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (<) Attached @ Mandatory MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a) PIN CODE CITY STATE CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code Telephone: Off. Res. eDocs Email ^ V We would like to register for my/our HDFCMF 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 mandatory Ultimate Beneficial Ownership (UBO) Declaration Form] (Refer Instruction 19) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company FIIs Minor through guardian BOI OCI Body Corporate 🗆 LLP 🔝 Society / Club 🔝 Foreign National Resident in India 🖂 QFI 🦳 FPI 📉 Sole Proprietorship 🗐 Non Profit Organisation 🖂 Others 4b. Occupation Details [Please tick (✓)] ☐ Service Professional Private Sector Public Sector Government Service Student Business Housewife Proprietorship Retired Agriculture 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 (Not older than 1 year) חח MM 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) 1. NAME OF SECOND APPLICANT Mr. Ms. M/s [Please tick (√)] Nationality PAN#/ PFKRN# Proof Attached a. Occupation Details [Please tick (✓)] Public Sector Service Private Sector Government Service Student Professional Housewife Business Agriculture Proprietorship Others (please specify) Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore **OR** Net worth Rs. b. Gross Annual Income (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 # 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: 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

	APPLICANT DETAILS	, , ,	<i>d)</i> (Re	efer instruct	ion 4)																
	Ms. M/s.						PAN#/	PEKRN#							K	YC#	[Plea	se tick	<u>[(√)]</u>	Pro	oof Attach
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