

# Application Form for Equity and Debt Systematic Investment Plan (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

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 separately 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.

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 (EUN)	
ARN-106392 BLUECHIP STOCKS					E-107715	

**EUN Declaration (only where EUN box is left blank)**  
**I/We hereby confirm that the EUN 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/ PoA Holder	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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**Transaction Charges for Applications through Distributors only** 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. **OR**  I confirm that I am an existing investor across Mutual Funds.  
**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**

<b>1) INVESTOR DETAILS</b>		Application No. (For new investor)/ Folio No. (For existing Unitholder)	
Applicant	Name	PAN/ PEKRN* (Mandatory)	
Sole / First Applicant			
Second Applicant			
Third Applicant			
Guardian/POA Holder			

\* Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP

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

Purchase of Residence  Children's Education  Children's Marriage  Retirement  Others \_\_\_\_\_ *Please Specify*

Target Amount

2) INVESTMENT DETAILS FOR SIP [Please tick (✓)]																											
Scheme Name	1.	2.	3.																								
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct																								
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW																								
Frequency	<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	<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	<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* or Weekly SIP Day*	<table border="1"><tr><td>D</td><td>D</td></tr></table> or _____	D	D	<table border="1"><tr><td>D</td><td>D</td></tr></table> or _____	D	D	<table border="1"><tr><td>D</td><td>D</td></tr></table> or _____	D	D																		
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Enrolment Period* (MM/YY)	From <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y
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M	M	Y	Y																								
SIP Amount																											
<b>SIP TOP-UP (✓) Not available for Daily and Weekly SIP</b>																											
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*																								
Amount																											
Percentage <sup>5</sup> (%) & Frequency	_____ Yearly	_____ Yearly	_____ Yearly																								
SIP Top-Up Cap Amount or CAP Month-Year*:	_____ <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	_____ <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	_____ <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y												
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\* 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. \* \$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 • # TOP-UP CAP Month-Year

ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)																			
HDFC MUTUAL FUND: Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.																			
DATE <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	FOLIO NO. <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
D	D	M	M	Y	Y	Y	Y												
Received from Mr. / Ms. _____	ISC Stamp & Signature																		
[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)]																			
✉ e-mail us at: <a href="mailto:hello@hdfcfund.com">hello@hdfcfund.com</a> or <a href="http://www.hdfcfund.com">www.hdfcfund.com</a> ☎ Missed Call Number - +91 85069 36767																			



**INSTRUCTIONS to fill the Mandate (All mandatory fields highlighted)**

Write <b>Name of your Bank</b> (as in Cheque/ pass book) <b>1</b>	Write <b>Your Bank a/c no.</b> (as in Cheque/ pass book) <b>2</b>	Tick <b>Bank account type</b> <b>3</b>	Mention any one of <b>Your bank code IFSC or MICR Code</b> (as in Cheque/ pass book) <b>4</b>	Mention the date <b>5</b>
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**PAN LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI**  
 [Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes except for MINORS]

	UMRN <input type="text"/>	OFFICE USE ONLY	Date <input type="text"/>	OFFICE USE ONLY	Date <input type="text"/>
	Utility Code <input type="text"/>	OFFICE USE ONLY	<input type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel		
Sponsor Bank Code <input type="text"/>	OFFICE USE ONLY	I/We authorize <b>HDFC Mutual Fund</b>			
To debit (tick <input checked="" type="checkbox"/> )	<b>SB/CA/CC/SB-NRE/SB-NRO/OTHER</b> <b>3</b>	Bank A/c number <input type="text"/>			
With Bank <input type="text"/>	OFFICE USE ONLY	IFSC/MICR <input type="text"/>			
an amount of Rupees <input type="text"/>		₹ <input type="text"/>	<b>11</b>		
<b>Debit Type</b> <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount <b>Frequency</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented					
PAN/PEKRN <input type="text"/>		Reference 2 <input type="text"/>			
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 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or <input checked="" type="checkbox"/> Until Cancelled	1. <input type="text"/> <b>8</b> Name as in Bank Records    2. <input type="text"/> Name as in Bank Records    3. <input type="text"/> Name as in Bank Records				
Phone No. <input type="text"/>	<b>10</b>				

<b>6</b> Write <b>Payment Start date</b>	<b>7</b> Write <b>till payment date</b>	<b>8</b> <b>Sign as per Bank records</b> (Sign of all account holder primary & Joint required)	<b>9</b> Write your <b>Name as per Bank records</b> (All signatories name required)	<b>10</b> Write your <b>Mobile No.</b>	<b>11</b> Write maximum <b>Mandate Amount</b> (In both figure & words) That may be debited
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**PAN LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI**  
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	Utility Code <input type="text"/>	OFFICE USE ONLY	<input type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel		
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To debit (tick <input checked="" type="checkbox"/> )	<b>SB/CA/CC/SB-NRE/SB-NRO/OTHER</b>	Bank A/c number <input type="text"/>			
With Bank <input type="text"/>	OFFICE USE ONLY	IFSC/MICR <input type="text"/>			
an amount of Rupees <input type="text"/>		₹ <input type="text"/>			
<b>Debit Type</b> <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount <b>Frequency</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented					
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From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone No. <input type="text"/>	1. <input type="text"/> Name as in Bank Records    2. <input type="text"/> Name as in Bank Records    3. <input type="text"/> Name as in Bank Records				