## 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

OTM Debit Mandate is already registered	v and to be register	red in the folio. SIP	Auto debit will sta	ırt after mandate	registration which	takes 10 to 30 days	depending on NACH modalities.	
] OTM Debit Mandate is attached separate (EY PARTNER / AGENT INFORMATION					RN column )	-	FOR OFFICE USE ONLY (TIM	E STAME
	Stock Broker/ anager's Name	Sub-Agent's ARN		nch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Numb (EUIN)		
ARN-106392 BLUECHIP STOCKS						E-107715		
EUIN Declaration (only where EUIN b /We hereby confirm that the EUIN elationship manager/ sales person nanager/sales person of the distribu	box has been is of the above dis	ntentionally lef tributor/sub br	ft blank by me/ oker or notwith	us as this tra	nsaction is exo advice of in-app	ecuted without ar ropriateness, if a	y interaction or advice by the e ny, provided by the employee/rel	mployee ationship
First/ Sole Applicant/ Guardian/		Seco	and Applicant		_	Third Applicant		
ransaction Charges for Application	s through Distri	butors only				Date:	D M M Y Y	
I confirm that I am a first time investor f the total commitment of investment th Charges, the same are deductible as appl ssued against the balance of the installmu	rough SIP (i.e. an icable from the in ent amounts inves	nount per SIP ins stallment amount ted.			nmounts to Rs.10 n such cases Trai	,000 or more and y saction Charge will	ing investor across Mutual Funds.  bur Distributor has opted to receive to be recoverable in 3-4 installments. U  ANCELLATION	ransactio nits will b
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Third Applicant								
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2) INV	ESTMENT DETA	ILS FOR	SIP [Please t	ick (√)]																			
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INSTRUCTIONS to fill the Mandate (All mandatory fields highlighted) Write Write Mention any one of Name of your Bank (as in Cheque/ Your Bank a/c no. Your bank code IFSC or MICR Code Tick Mention the date (as in Cheque/ Bank account type pass book) pass book) (as in Cheque/ pass book) 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** 5 HD MUTUAL FUND **Utility Code** Create Modify Cancel BHAROSA APNO KA Sponsor Bank Code HDFC Mutual Fund I/We authorize To debit (tick ) SB/CA/CC/SB-NRE/SB-NRQ THER Bank A/c number With Bank IFSC/MICR an amount of Rupees ₹ Frequency 
☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As & when presented Maximum Amount PAN/PEKRN Reference 2 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 6 To Until Cancelled Phone No.

Sign as per

Bank records

(Sign of all account

holder primary & Joint required)

Write

till payment date

Write

**Payment Start date** 

Write your

Name as per

Bank records (All signatories name

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Mandate Amount

(In both figure & words)

That may be debited

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