



**7. INVESTMENT DETAILS** (refer instruction 2 & 6)

	SCHEME 1	SCHEME 2	SCHEME 3
Name of the Scheme	} Refer Instruction No. 2		
Plan/ Option			
Payout Option			

**8. PAYMENT DETAILS** (refer instruction 7 & 8) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.) Please attach a separate Cheque/ Demand Draft for each Scheme. Please write Cheque/DD in favour of 'the Specific Scheme A/c PAN' or 'the Specific Scheme A/c Investor Name'.

Payment Type [Please (✓)]	<input type="checkbox"/> NON-THIRD PARTY PAYMENT	<input type="checkbox"/> THIRD PARTY PAYMENT (Please attach 'Third Party Payment Declaration Form')
	<b>SCHEME 1</b>	<b>SCHEME 2</b>
Cheque / DD No.		
Cheque / DD Date		
Amount of Cheque/DD/RTGS in figures (₹) (i)		
DD charges, if any, in figures (₹) (ii)		
Total Amount (i) + (ii)	in figures (₹)	
	in words	
Drawn on Bank / Branch Name		
Pay - In Bank Account No. (For Cheque Only)		
Account Type [Please (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)
		<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)

**9. NOMINATION** (refer instruction 13)

I/We \_\_\_\_\_ (Unit holder 1), \_\_\_\_\_ (Unit holder 2) and \_\_\_\_\_ (Unit holder 3) \*do hereby nominate the person(s) more particularly described hereunder/ and\*/ cancel the nomination made by me/ us on the \_\_\_\_\_ day of \_\_\_\_\_ in respect of the Units under Folio No. \_\_\_\_\_ (\* strike out which is not applicable)

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Signature of Guardian	Proportion* (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

**10. DOCUMENTS ENCLOSED** (Please ✓)

**APPLICATIONS ENCLOSED** (Please ✓)

<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Bye-Laws	<input type="checkbox"/> SIP Enrolment Form (For Investments through Post Dated Cheques)
<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Resolution / Authorisation to invest		<input type="checkbox"/> SIP Enrolment Form (For Investments through ECS / Direct Debit Facility / Standing Instruction)
<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Compliance Status Proof		<input type="checkbox"/> STP Enrolment Form
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certificate of Incorporation		<input type="checkbox"/> Third Party Payment Declaration Form
<input type="checkbox"/> LLP Agreement	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)		<input type="checkbox"/> Multiple Bank Account Registration Form

**11. DECLARATION & SIGNATURE/S** (refer instruction 12)

I / We have read and understood the terms and contents of the Document(s) of the respective Scheme(s) and Statement of Additional Information of HDFC Mutual Fund. I / We hereby apply to the Trustee of HDFC Mutual Fund for allotment of Units of the Scheme(s) of HDFC Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I / We have understood the details of the Scheme(s) and I / we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We declare that the information given in this application form is correct, complete and truly stated.

**Applicable to NRIs only :**

I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

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

DD	MM	YYYY

<b>SIGNATURE(S)</b>	First/ Sole Applicant / Guardian	Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.
	Second Applicant	
	Third Applicant	

Particulars	SCHEME 1	SCHEME 2	SCHEME 3
Scheme Name / Plan / Option / Sub-option / Payout Option			
Cheque / DD No. / Date			
Drawn on (Name of Bank and Branch)			
Amount in figures (₹)			

(Please read terms & conditions overleaf)

Enrolment Form No. \_\_\_\_\_

**REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing) / DIRECT DEBIT FACILITY/STANDING INSTRUCTION**

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

**KEY PARTNER / AGENT INFORMATION**

**FOR OFFICE USE ONLY**

Name and AMFI Reg. No. (ARN)	Sub Agent's name and Code/ Bank Branch Code	M O Code	Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp
ARN- 59017						

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. Date: 

D	D	M	M	Y	Y
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I/ We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit / Standing Instruction and agree to abide by the same. I/ We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the SIP of the following Schemes/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/ We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. I/ We hereby apply to the Trustee of HDFC Mutual Fund: Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

NEW REGISTRATION       CHANGE IN BANK ACCOUNT       CANCELLATION

**INVESTOR AND SIP DETAILS**

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

**Sole/1st Applicant / Guardian** \_\_\_\_\_

PAN# \_\_\_\_\_ KYC Compliance Status\*\*  YES  NO

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

PAN# \_\_\_\_\_ KYC Compliance Status\*\*  YES  NO

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

PAN# \_\_\_\_\_ KYC Compliance Status\*\*  YES  NO

# Please attach PAN Proof. If PAN is already validated please don't attach any proof. Refer instruction No 14. \*\* Mandatory. If YES, attach proof. Refer instruction No 15.

Application No. (For new investor) \_\_\_\_\_ Folio No. \_\_\_\_\_

Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Option \_\_\_\_\_

Each SIP Amount (₹) \_\_\_\_\_ Frequency  Monthly  Quarterly

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated 

D	D	M	M	Y	Y
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 Amount (₹) \_\_\_\_\_

Mandatory Enclosure (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque

SIP Date (for ECS (Debit Clearing) / Direct Debit / Standing Instruction)  1st  5th  10th  15th  20th  25th

There should be a minimum time gap of 30 days and maximum time gap of 60 days between the first cheque for SIP investment and first installment of SIP through ECS (Debit Clearing) or Direct Debit / Standing Instruction.

SIP Period [for ECS (Debit Clearing) / Direct Debit] Start From 

M	M	Y	Y
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 End On\*\* 

M	M	Y	Y
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 \*\* Please refer item no. 6(ii) and 6(iii) of Terms and Conditions

**Receipt of Document(s) by E-mail**

(Please ✓)(Refer Item No. 10) E-Mail  YES  NO Mobile No. \_\_\_\_\_

Email ID \_\_\_\_\_

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 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)**

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 payment towards my investment in HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

<b>Bank Account Number</b>
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I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ We would not hold the user institution responsible. I/ We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account. I/ We have read and agreed to the terms and conditions mentioned overleaf.

Please write SIP Enrolment Form No. / Folio No. on the reverse of the cheque.

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