

# APPLICATION FORM FOR SIP

## [For Investments through NACH/ ECS (Debit 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**

May 2019

Please tick ✓ 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 or ECS 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   | ARN/ RIA Name | Sub-Agent's ARN | Bank Branch Code | Internal Code for Sub-Agent/ Employee | Employee Unique Identification Number (EUIIN) |  |
| <b>ARN-53321</b>  |               |                 |                  |                                       | <b>E054731</b>                                |  |

**EUIIN Declaration (only where EUIIN box is left blank) (Refer Item No. 3a)**

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                       | Sign Here        | Sign Here       |
| First/ Sole Applicant/ Guardian | Second Applicant | Third Applicant |

Transaction Charges for Applications through Distributors only (Refer Item No. 17 and please tick (✓) any one)

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

|   |   |
|---|---|
| <input type="checkbox"/> I confirm that I am a <b>First time</b> investor across Mutual Funds.<br>(Rs. 150 deductible as Transaction Charge and payable to the Distributor)   | <input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds.<br>(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.   |   |

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

|  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>NEW REGISTRATION</b> | <input type="checkbox"/> <b>CHANGE OTM DEBIT MANDATE</b> (Refer Item No. 7(e)(iv)) | <input type="checkbox"/> <b>CANCELLATION</b> (Refer Item No. 11) |
|--|--|--|

### 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. 15 and 16.

**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/WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 19))**

|   |   |  |                                     |  |
|---|---|--|-------------------------------------|--|
| <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 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> <i>Please Specify</i> |
| Target Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span> |   |  |                                     |  |

|  |  |  |
|--|--|--|
| <b>ARN-53321</b>   | <b>E054731</b>   | <b>ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)</b> |
| <b>HDFC MUTUAL FUND</b>  |  |  |
| Date: <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></span>                       | Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. |  |
| Application/ Folio No. <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>     | ISC Stamp & Signature<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>                  |  |
| Received from Mr./Ms./M/s. <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span> |  |  |
| Scheme / Plan / Option <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>     |  |  |
| <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>                              |  |  |
| SIP application  |  |  |
| Scheme 1 <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>                   |  |  |
| Scheme 2 <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>                   |  |  |
| Scheme 3 <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>                   |  |  |

**2) INVESTMENT DETAILS [Please tick (✓)]**

| Scheme Name (1)  |                                 | Plan   | Option/Sub-option   |
|--|---------------------------------|--|---|
|  |                                 | <input type="checkbox"/> Regular <input type="checkbox"/> Direct   |   |
| SIP Installment<br>Amount (₹) _____  | Start Month/Year<br>M M Y Y Y Y | End Month/Year (Default Dec 2040)*<br>M M Y Y Y Y  | SIP Frequency (Please refer Instruction 6)<br><input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly |
| SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7)<br><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<br><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<br>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"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP<br>Amount (₹) ^ _____ OR Percentage* (%) _____<br>Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*  |                                 | SIP TOP-UP CAP<br>CAP Amount*: ₹ _____ OR _____<br>(Investor has to choose only one option)<br>CAP Month-Year*:<br>M M Y Y Y Y |   |

| Scheme Name (1)  |                                 | Plan   | Option/Sub-option   |
|--|---------------------------------|--|---|
|  |                                 | <input type="checkbox"/> Regular <input type="checkbox"/> Direct   |   |
| SIP Installment<br>Amount (₹) _____  | Start Month/Year<br>M M Y Y Y Y | End Month/Year (Default Dec 2040)*<br>M M Y Y Y Y  | SIP Frequency (Please refer Instruction 6)<br><input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly |
| SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7)<br><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<br><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<br>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"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP<br>Amount (₹) ^ _____ OR Percentage* (%) _____<br>Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*  |                                 | SIP TOP-UP CAP<br>CAP Amount*: ₹ _____ OR _____<br>(Investor has to choose only one option)<br>CAP Month-Year*:<br>M M Y Y Y Y |   |

| Scheme Name (1)  |                                 | Plan   | Option/Sub-option   |
|--|---------------------------------|--|---|
|  |                                 | <input type="checkbox"/> Regular <input type="checkbox"/> Direct   |   |
| SIP Installment<br>Amount (₹) _____  | Start Month/Year<br>M M Y Y Y Y | End Month/Year (Default Dec 2040)*<br>M M Y Y Y Y  | SIP Frequency (Please refer Instruction 6)<br><input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly |
| SIP Date (Please (✓) one or more of the following dates) (Please refer Instruction 7)<br><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<br><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<br>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"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP<br>Amount (₹) ^ _____ OR Percentage* (%) _____<br>Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*  |                                 | SIP TOP-UP CAP<br>CAP Amount*: ₹ _____ OR _____<br>(Investor has to choose only one option)<br>CAP Month-Year*:<br>M M Y Y Y Y |   |

\*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 Instruction 7(c){i}. • \$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 Instruction 7(c){ii}]

# TOP-UP CAP Month-Year: Please refer Instruction 7(c){ii}]

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 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.

**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.

(refer instruction 10)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

|      |                     |                         |   |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |
|------|---------------------|-------------------------|---|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|
| NSDL | DP Name _____ DP ID | I                       | N |  |  |  |  |  |  | Beneficiary Account No. |  |  |  |  |  |  |  |
| CDSL | DP Name _____       | Beneficiary Account No. |   |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |

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

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/ECS (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)**

First/ Sole Unit holder/ Guardian/ POA Holder

Second Unit holder

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/ECS/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(tick✓)

[illegible]

- ☐ CREATE
- ☒ MODIFY
- ☐ CANCEL

|                   |                 |              |                 |
|-------------------|-----------------|--------------|-----------------|
| Sponsor Bank Code | OFFICE USE ONLY | Utility Code | OFFICE USE ONLY |
|-------------------|-----------------|--------------|-----------------|

|                        |                  |                  |  |
|------------------------|------------------|------------------|--|
| I/We hereby authorize: | HDFC Mutual Fund | to debit (tick✓) | SB / CA / CC / SB-NRE / SB-NRO / Other |
|------------------------|------------------|------------------|--|

[illegible][illegible]

|                     |  |   |
|---------------------|--|---|
| an amount of Rupees |  | ₹ |
|---------------------|--|---|

FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

|             |           |           |
|-------------|-----------|-----------|
| Reference 1 | Folio No: | Phone No: |
|-------------|-----------|-----------|

|             |           |           |
|-------------|-----------|-----------|
| Reference 2 | Appln No: | Email ID: |
|-------------|-----------|-----------|

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.

PERIOD

From 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

to 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

or ☐ Until Cancelled

Signature

1. 2. 3.

|                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| Name as in Bank Records | Name as in Bank Records | Name as in Bank Records |
|-------------------------|-------------------------|-------------------------|

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.