

# Enrolment Form for SIP/ Micro SIP

## [For Investments through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]



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(Please refer Product labeling available on cover page of the KIM / last page of the Application form 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.

<b>KEY PARTNER / AGENT INFORMATION</b> (Investors applying under Direct Plan must mention "Direct" in ARN column.)					<b>FOR OFFICE USE ONLY (TIME STAMP)</b>
ARN	ARN Name	Sub-Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
ARN-					

**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 _____ First/ Sole Applicant/ Guardian	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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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

I confirm that I am a **First time** investor across Mutual Funds.  
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds.  
(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 have read and understood the terms and contents of the scheme related documents and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of ECS (Debit Clearing) / Direct Debit/ Standing Instruction facilities and agree to abide and comply with the terms, conditions, rules and regulations of the relevant Scheme(s).

I/ We have neither 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.**

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** (Refer Item No. 11)

### INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder) \_\_\_\_\_

	<b>SIGNATURE</b> (Refer Item No. 3(c))
<b>Sole/1st applicant</b> _____ PAN# _____ or PEKRN# _____ <b>KYC# (Mandatory)</b> [Please tick (✓)] <input type="checkbox"/> Proof Attached	
<b>Name of Guardian</b> (In case Applicant is minor) _____ PAN# _____ or PEKRN# _____ <b>KYC# (Mandatory)</b> [Please tick (✓)] <input type="checkbox"/> Proof Attached	
<b>Second Applicant</b> _____ PAN# _____ or PEKRN# _____ <b>KYC# (Mandatory)</b> [Please tick (✓)] <input type="checkbox"/> Proof Attached	
<b>Third Applicant</b> _____ PAN# _____ or PEKRN# _____ <b>KYC# (Mandatory)</b> [Please tick (✓)] <input type="checkbox"/> Proof Attached	

# 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)

Date: _____	<b>HDFC MUTUAL FUND</b> Head Office : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Enrolment Form No. _____
Received from Mr./Ms./M/s. _____	'SIP/ Micro SIP' application for	ISC Stamp & Signature _____
Scheme / Plan / Option _____		
Total Amount (Rs.) _____	Please Note: All purchases are subject to realisation of cheques	

Each SIP/ Micro SIP Amount (Rs.)  Frequency  Monthly\*  Quarterly (\*Default Frequency) [Refer Item No. 6(iv)]

**SIP Top-up (Optional)** (Please ✓ to avail this facility) Top-up Amount (Rs.)  (The amount should be in multiples of Rs. 500 only)  
 (Refer Item No. 7 e) SIP Top-up Frequency:  Half-yearly  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

**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.**

SIP/ Micro SIP Date  1st  5th  10th+  15th  20th  25th (\*Default Date) [Refer Item No. 6(iv)]

SIP/ Micro SIP Period Start From  End On\*\*  OR Default Date (December 2032) \*\*Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro SIP Transaction via Cheque No.  Cheque Dated  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 SIP Amount.  
 The name of the first/ sole applicant must be pre-printed on the cheque.

**DEMAT ACCOUNT DETAILS\***

(Optional - refer instruction 10)  
 Investor opting to hold units in demat form may provide a copy of the DP statement to match the demat details as stated in the application form.

NSDL		CDSL
DP Name	<input type="text"/>	<input type="text"/>
DP ID	<input type="text"/>	<input type="text"/>
Beneficiary Account No.	<input type="text"/>	<input type="text"/>

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/ Micro 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) \_\_\_\_\_

Accountholder Name as in Bank Account

**Authorisation of the Bank Account Holder (to be signed by the Investor)\*\***

\*\* To, The Branch Manager, \_\_\_\_\_ (Name of the Bank)

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/our payment towards my/our 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>

I/ We have read and agreed to the terms and conditions mentioned overleaf and hereby agree to comply and be bound by the same. I/We hereby declare that the particulars given above are correct and agree to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. I / We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account.

Applicable to SIP Top-up facility (not available under Micro SIP):

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

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

<b>1st Account Holder's Signature</b> (As in Bank Records)	<b>2nd Account Holder's Signature</b> (As in Bank Records)	<b>3rd Account Holder's Signature</b> (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

<b>For Office Use only (Not to be filled in by Investor)</b>	
Recorded on <input type="text"/>	Scheme Code <input type="text"/>
Recorded by <input type="text"/>	Credit Account Number <input type="text"/>