

Enrolment
Form No.

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-						

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	Y	Y
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I / We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information and the terms & conditions overleaf. I / We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the STP of the following Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective Scheme(s) / Plan(s) / Option(s). **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.**

Please (✓) any one.

<input type="checkbox"/> NEW REGISTRATION	<input type="checkbox"/> CANCELLATION
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Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)												
Name of the Applicant	PAN	KYC is mandatory# Please (✓)										
First / Sole Applicant	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Proof Attached <input type="checkbox"/>
Guardian (in case the First / Sole Applicant is a minor)	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Proof Attached <input type="checkbox"/>
Second Applicant	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Proof Attached <input type="checkbox"/>
Third Applicant	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Proof Attached <input type="checkbox"/>

Please attach Proof. If KYC is already validated, please don't attach any proof. Refer Instruction 16

Particulars																									
1. Name of 'Transferor' Scheme/Plan/Option																									
2. Name of 'Transferee' Scheme/Plan/Option																									
3. Type of STP Plan/Frequency (Please ✓ any one) (Refer Instruction No. 7 & 8)	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> FSTP Amount of Transfer per Installment: ₹ _____ <input type="checkbox"/> Daily# <input type="checkbox"/> Weekly\$ No. of Installments: * _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Monthly+ <input type="checkbox"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th+ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Enrolment Period*: From: <table border="1" style="width: 100%;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1" style="width: 100%;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> </div> </div> <div style="width: 48%;"> <input type="checkbox"/> CASTP <input type="checkbox"/> Monthly+ <input type="checkbox"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th+ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Enrolment Period*: From: <table border="1" style="width: 100%;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1" style="width: 100%;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> </div>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
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M	M	Y	Y	Y	Y																				
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M	M	Y	Y	Y	Y																				

In case of insufficient space, please fill up separate Enrolment Forms.

#Refer Instruction No. 7 (a) \$Refer Instruction No. 7 (b) * Refer Instruction No. 9 overleaf + Default Frequency/Date [Refer Instruction 9(a)(v)]

SIGNATURE(S)

First / Sole Unit Holder / Guardian

Second Unit Holder

Third Unit Holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)	
HDFC MUTUAL FUND	
Date:	Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020
Received from Mr./Ms./M/s. _____	Enrolment Form No. _____
from Scheme / Plan / Option _____	ISC Stamp & Signature <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
to Scheme / Plan / Option _____	