

SIP Enrolment Form
[For Investments through ECS (Debit Clearing) / Direct Debit Facility/ Standing Instruction]



(Please read terms & conditions overleaf)

Enrolment Form No. IMPORTANT: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

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

	ORMATION			FOR OFFIC				10011 00	
Name and AMFI Reg. No. (ARN)		name and Code/ ranch Code	M O Code	Date of Receipt	Folio N	NO. E	Branch Trans. No.	ISC Name & St	amp
ARN-									
Upfront commission shall be paid	directly by the	investor to the AF	RN Holder (AMFI re	gistered Distribute	or) based o	n the Dat	a. D D V	4 M V V	v v
investors' assessment of various f I/ We have read and understood the	actors includin	ing the service rend	lered by the Aim	ioidei.				conditions of SIP en	rolment and
ECS (Debit Clearing) / Direct Debit /	Standing Inst	ruction and agree to	o abide by the sam	e. I /We hereby app	oly to the Ti	rustee of H	HDFC Mutual Fur	d for enrolment und	er the SIP of
the following Scheme(s)/ Plan(s) / Cor indirectly, in making this investment									
the different competing Schemes of									
Fund: Please (\checkmark) any one. In the absence	of indication	of the option the fo	orm is liable to be r	eiected.					
■ NEW REGISTRATION		· _	ANGE IN BANK AC	•		CAI	NCELLATION (Re	efer Item No. 11)	
INVESTOR AND SIP D	ETAILS								
Application No. (For new investor)/F	olio No. (For ex	kisting Unitholder)							
Sole/1st Applicant							SIGNAT	URE (Refer Item	No. 3(b)
PAN#		KYC# (N	Mandatory for any	amount) [Please ti	ick (🗸)]	Attached	I		
Name of Guardian									
(In case first/sole holder is minor) PAN#		KYC# (N	Mandatory for any	amount) [Please ti	ick (4/1)	Attached			
		KTO# (I	vialidatory for diffy	arriodity (Floddo d	iok (# /j	7 ((100) 100			
Second Applicant									
PAN#		KYC# (N	Mandatory for any	amount) [Please ti	ick (🗸)]	Attached	l		
Third Applicant									
PAN#		KYC# (N	Mandatory for any	amount) [Please ti	ick (-/)]	Attached	1		
# Please attach Proof. If PAN/KYC is	s already valid		•			, , , , , , , , , , , , , , , , , , , ,			
Scheme Scheme	s alleady valid	ated please don't a	ttacii aliy prooi. He	iei iteiii No 14 ani	u 15.				
Plan				Option					
Each SIP Amount (₹)		SIP F	requency	Monthly ⁺	Qua	rterly (+l	Default Freque	ncy) [Refer Item N	lo. 6(iv)]
SIP Top-up (Optional) (P	Please V to av	rail this facility/	Top-up Amount (F)		(The arr	ount should he	e in multiples of ₹	500 only)
(Refer Item No. 7 e)	icase + to av	**	SIP Top-up Fregu		oarly			p-up frequency at yearly i	**
	1011 +				,			p up frequency at yearly f	itorvais ority.
SIP Date 1st 5th	10th ⁺	15th 20th		Default Date)	-		- 73		
SIP Period Start From M M	YY	End On** M	MYYC	R Default D	ate (Dece	ember 20	31) **Please	refer Item No. 6(ii) and 6(iii)
First SIP Transaction via Che									
	eque No.		Chec	ue Dated	D M	MY		nt@ (₹)	
	•	not by cheque)		do Batoa			. @ The	first cheque amou	
Mandatory Enclosure (if 1st Ir I/We hereby authorise HDFC Mutu	nstallment is		Blank cand	elled cheque		Copy of c	@ The heque be sa	first cheque amou me as each SIP A	mount.
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