

Application Form (Except for ETFs, HDFC Retirement Savings fund and HDFC Children's Gift Fund)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

April 30, 2016

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

FOR OFFICE USE ONLY (TIME STAMP)

ARN/RIA	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIN)
ARN-93178		ARN -			E096358

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 1)

I/We hereby confirm that the EUIN 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	First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 2)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount 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.

1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 6, 10 AND 13 ONLY. Refer instruction 3).

Folio No. _____ / _____ The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer instruction 4)

DATE OF BIRTH@ _____

Proof of date of birth@ Attached Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s. _____ DD MM YYYY

Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Refer Instruction 4 & 19) (Mandatory)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society / Club Foreign National Resident in India FPI Sole Proprietorship Non Profit Organisation Others (please specify)

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Mr. Ms. _____

Nationality _____ Designation _____ Contact No. _____

PAN#/ PEKRN# _____ KYC# [Please tick (✓)] (Mandatory) Proof Attached

Relationship with Minor@ Please (P) Father Mother Court appointed Legal Guardian Proof of relationship with minor@ Please (✓) Attached @ Mandatory

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)

CITY _____ STATE _____ PIN CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

Country Code _____ STD Code _____ Telephone : Off. _____ Res. _____ Fax _____

eAlerts Mobile _____ eDocs Email ^ _____

I/ We would like to register for my/our HDFCMF Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).
^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 10 & 12)

4. JOINT APPLICANT DETAILS, If any (Refer instruction 4) (In case of Minor, there shall be no joint holders)

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____ KYC# [Please tick (✓)] Proof Attached (Mandatory)

5. ADDITIONAL KYC DETAILS Mandatory (Refer instruction 4b)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____				

Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

HDFC MUTUAL FUND

Date : _____

Head Office : HDFC House, 2nd Floor, H.T. Park Marg,
165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Received from Mr. / Ms. / M/s. _____
an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

ISC Stamp & Signature

... continued overleaf

5. ADDITIONAL KYC DETAILS, If any (Refer instruction 4b) Contd.

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) _____ as on DD MM YYYY

6. FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (Refer instruction 4)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

7. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____
 PAN# / PEKRN# _____ KYC# [Please tick (✓)] (Mandatory) Proof Attached
 # Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18 for KYC.

8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption/ dividend if any) (refer instruction 5) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name _____ Bank City _____
 Branch Name _____
 Account Number _____
 MICR Code _____ (The 9 digit code appears on your cheque next to the cheque number)
 Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____
 IFSC Code*** _____ *** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

9. MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS (refer instruction 11)

Unitholders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility
 I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

10. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (refer instruction 6 & 7 for Scheme details and instruction 8 & 9 for Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque.

Regular Plan (Purchase/ Subscription routed through Distributor)
 Mention valid ARN in Key Partner/ Agent Information

Direct Plan (Purchase/ Subscription made directly with the Fund)
 Mention **DIRECT** in Key Partner/ Agent Information

Scheme/Plan/Sub Option _____

Payment Type [Please (✓)] <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')						
Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)

Particulars

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

11. UNIT HOLDING OPTION **DEMAT MODE*** **PHYSICAL MODE (Default)** (refer instruction 13)

*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.

12. NOMINATION (refer instruction 15) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

[Please (✓) and sign] I/We do not wish to Nominate

First / Sole Applicant

Second Applicant

Third Applicant

OR

I/We wish to nominate as under:

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

13. DECLARATION & SIGNATURE/S (refer instruction 14)

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ We hereby confirm and declare as under:-

- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of HDFC Mutual Fund ("Fund") indicated above.
- (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/ misleading, I/We will be liable for the consequences arising therefrom.
- (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (7) 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.
- (8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

For Foreign Nationals Resident in India only:

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

For NRIs/ PIO/OCIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

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

SIGN HERE

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

SIGNATURE(S)	First / Sole Applicant / Guardian	
	Second Applicant	
	Third Applicant	

APPLICATION FORM FOR SIP

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



www.hdfcfund.com

April 30, 2016

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

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 (EUIN)	
ARN-93178		ARN -			E096358	

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

I/We hereby confirm that the EUIN 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.

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

- NEW REGISTRATION** **CHANGE OTM DEBIT MANDATE** (Refer Item No. 7(e)(iv)) **CANCELLATION** (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 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 / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR

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

- Marriage Dream Home Dream Car Children's Education Children's Marriage World Tour Retirement
- Target Amount

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

HDFC MUTUAL FUND

Date: / / Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Application/ Folio No.

Received from Mr./Ms./M/s. SIP application

Scheme / Plan / Option

Scheme 1 Scheme 2 Scheme 3

Total Instalment Amount (Rs.) Please Note: All purchases are subject to realisation of cheques

ISC Stamp & Signature

2) INVESTMENT DETAILS [Please tick (✓)]

Scheme Name (1)				Plan		Option/Sub-option			
				<input type="checkbox"/> Regular <input type="checkbox"/> Direct					
SIP Installment Amount (₹) _____		Start Month/Year		End Month/Year (Default Dec 2036)*		SIP Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th+ <input type="checkbox"/> 15th		SIP Frequency <input type="checkbox"/> Monthly+ <input type="checkbox"/> Quarterly	
		M M Y Y Y Y		M M Y Y Y Y		Date <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> All 6 Dates			
<input type="checkbox"/> SIP TOP-UP (✓) Amount (₹) _____		TOP-UP Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly+		SIP TOP-UP CAP CAP Amount*: ₹ _____		OR		CAP Month-Year#: _____	
(TOP UP amount has to be in multiples of Rs.100 only. Please see Instruction 7(c){i})				(Investor has to choose only one option)				M M Y Y Y Y	

Scheme Name (2)				Plan		Option/Sub-option			
				<input type="checkbox"/> Regular <input type="checkbox"/> Direct					
SIP Installment Amount (₹) _____		Start Month/Year		End Month/Year (Default Dec 2036)*		SIP Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th+ <input type="checkbox"/> 15th		SIP Frequency <input type="checkbox"/> Monthly+ <input type="checkbox"/> Quarterly	
		M M Y Y Y Y		M M Y Y Y Y		Date <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> All 6 Dates			
<input type="checkbox"/> SIP TOP-UP (✓) Amount (₹) _____		TOP-UP Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly+		SIP TOP-UP CAP CAP Amount*: ₹ _____		OR		CAP Month-Year#: _____	
(TOP UP amount has to be in multiples of Rs.100 only. Please see Instruction 7(c){i})				(Investor has to choose only one option)				M M Y Y Y Y	

Scheme Name (3)				Plan		Option/Sub-option			
				<input type="checkbox"/> Regular <input type="checkbox"/> Direct					
SIP Installment Amount (₹) _____		Start Month/Year		End Month/Year (Default Dec 2036)*		SIP Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th+ <input type="checkbox"/> 15th		SIP Frequency <input type="checkbox"/> Monthly+ <input type="checkbox"/> Quarterly	
		M M Y Y Y Y		M M Y Y Y Y		Date <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> All 6 Dates			
<input type="checkbox"/> SIP TOP-UP (✓) Amount (₹) _____		TOP-UP Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly+		SIP TOP-UP CAP CAP Amount*: ₹ _____		OR		CAP Month-Year#: _____	
(TOP UP amount has to be in multiples of Rs.100 only. Please see Instruction 7(c){i})				(Investor has to choose only one option)				M M Y Y Y Y	

*Default if not selected. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-Up frequency.

*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.

4) UNIT HOLDING OPTION

DEMAT MODE*

PHYSICAL MODE (Default)

(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.

5) DECLARATION AND SIGNATURE(S)

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.

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 on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.



www.hdfcfund.com

OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date

D	D	M	M	Y	Y	Y	Y
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[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

- 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
--

Bank A/c No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

With Bank:

Bank Name & Branch	IFSC	OR MICR
--------------------	------	---------

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 of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

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.