S	SYSTEMATIC		CID	Enrolmont	Eorm						D	FC	
	I INVESTMENT [For Investments through ECS (Debit Clearing) / Direct Debit Facility/ MUTUAL FUND												
		Standing Instruction]											
P	(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.													
KEY	PARTNER / AGENT				iung motie							STAMP)	
	ARN No.	Name		nt's name and Code/	M O Co	de							
			Bai	nk Branch Code									
AR	V-												
Upfro	nt commission shall be paid di	irectly by the investor to the AR	N Holder (AMFI registered	Distributor) based on the	investors' asses	sment of va	rious fact	ors includi	ng the serv	ice rendere	d by the	e ARN Holder.	
Tran	saction Charges for A	Applications through Dis	stributors only (Refe	er Instruction 15 a	nd please tio	ck (🗸) an	y one)	Date:	DD	M M	Y	Y Y Y	
		e investor across Mutual Funds.			irm that I am an	•							
If the	total commitment of investme	Charge and payable to the Distribution ont through SIP (i.e. amount per S	IP installment X No. of inst	allments) amounts to Rs.1		nd your Dist	ributor ha	s opted to	receive Tra	nsaction Ch			
	tible as applicable from the ins its invested.	stallment amount and payable to t	he Distributor. In such case	s Transaction Charge will	be recoverable in	3-4 installm	ents. Unit	s will be is	sued agains	st the balan	ce of the	e installment	
I/ We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit / Standing Instruction and agree to abide by the same. I/ We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/ We have not 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. I/ We hereby apply to the Trustee of HDFC Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (From amongst which the Scheme is being recommended to me/us. I/ We hereby apply to the Trustee of HDFC Mutual Funds (Fr													
have no	received nor been induced by a	inv rebate or gifts, directly or indirection of the second s	ctly, in making this investment	t. The ARN holder has disc	losed to me/us al	I the commi	ssions (in by apply t	the form o	trail comm	is and cond ission or an Mutual Fu	iy other	mode), payable	
		indication of the option the form			included to inc/do								
NEW REGISTRATION CHANGE IN BANK ACCOUNT CANCELLATION (Refer Item No. 10)													
	ESTOR AND SI												
		stor)/Folio No. (For existing	Unitholder)					CICN		E (D. (.			
Sole/1st Applicant SIGNATURE (Refer Item No. 3(b)													
PAN#			KYC# (M	andatory) [Please tic	:k (√)] ∐ Att	ached							
(In case	e of Guardian first/sole holder is minor)												
PAN#			KYC# (M	andatory) [Please tic	:k (√)] 🗌 Att	ached							
Seco	nd Applicant												
PAN#			KYC# (M	andatory) [Please tic	:k (√)] 🗌 Att	ached							
Third	Applicant												
PAN#			KYC# (M	andatory) [Please tic	k (√)] 🗌 Att	ached							
# Plea:	se attach Proof. If PAN/KYO	C is already validated please d	lon't attach any proof. R	efer Item No. 13 and 14	4.								
Sche	me												
Plan				Optio	n								
Each SIP Amount (Rs.) SIP 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.)													
SIP Date 1st 5th 10th ⁺ 15th 20th 25th (⁺ Default Date) [Refer Item No. 6(iv)]													
SIP Period Start From M M Y Y Y Y End On** M M Y Y Y Y OR Default Date (December 2031) **Please refer Item No. 6(ii) and 6(ii													
-								Δr	nount@	(Bs)			
	SIP Transaction via			Cheque Dated	DDM	MY	YY	Ť			amo	unt should	
		1st Installment is not by		nk cancelled chequ		Copy o		ie be	e same a	as each	SIP A	mount.	
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 payments.													
BANK DETAILS													
	Name												
Bran	ch Name				Bar	nk City							
Acco	ount Number												
9 Dig	9 Digit MICR Code												
Acco	ount Type (Please ✔)	🗌 Savings 🔲 Curr	ent 🗌 NRO 🔲	NRE FCNR	Others	(please	specify	')					
Acco	untholder Name										_		
	Bank Account					*							
		e Bank Account F			nvestor) *								
	The Branch Manager, o inform that I/We have registered	ed for the RBI's Electronic Clearing S		Name of the Bank) t Debit / Standing Instruction	and that my								
payme the rep	nt towards my investment in HDF resentative carrying this ECS (De	ed for the RBI's Electronic Clearing S FC Mutual Fund shall be made from r ebit Clearing) / Direct Debit / Standir	my/our below mentioned ban ng Instruction mandate Form	k account with your bank. I/M to get it verified & executed	Ve authorise		Ba	nk Ac	count N	lumbe	r		
IWel	pereby declare that the part	ticulars given above are correc	t and express my willing	ness to make payments	s referred above	e through p	articipati	on in ECS	(Debit Cle	aring) / Dir	rect De	bit/Standing	
Mutua	ction. If the transaction is o al Fund/HDFC Asset Manage	delayed or not effected at all for ement Company Limited, about	or reasons of incomplete it any changes in my ban	e or incorrect informatio k account. I/ We have re	n, I/ We would ad and agreed t	not hold the	ie user in s and cor	ditions m	esponsible entioned o	e. I / vve w verleaf.	/III also	INFORM HDFC	
	licable to SIP Top-up allment from my designate	facility: I/We hereby agre	e to avail the top-up facil	ity for SIP and authorize	my bank to exe	ecute the E	CS/Direc	ct Debit/S	tanding Ins	struction f	or a furt	ther increase	
Please write SIP Enrolment Form No. / Folio No. on the reverse of the cheque.													
	count Holder's Signature		2nd Account Holder's Signature				d Accoun r's Signa						
(As in Bank Records) (As in Bank Records)													
		N (FOR BANK USE ON											
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													
		(Not to be filled in											
	orded on			Scheme Code	Э								
	corded by	+ + + + + + + + + + + + + + + + + + + +		Credit Accourt					+ +-		+		