Application Form for Equity and Debt Systematic Investment Plan (SIP) [For Investments through NACH/ Direct Clearing/ Direct Debit Facility/ Standing Instruction]



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

KEY PARTNER / AG		ION (Investors ap	pplying under Direct Pl	an must mentio	n "Direct" in A	ARN column.)		FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Bro Portfolio Manager Registr Number (PMRN)	oker/ ARN/RIA ration Portfolio N	ARN/RIA /Stock Broker/ ortfolio Manager's Name Sub-Agent's ARN Bank Branch Code for Sub-Agent/ Employee		Employee Unique Identification Numbe (EUIN)	r			
ARN-								
EUIN Declaration (only I/We hereby confirm t person of the above dis	hat the EUIN box h	ıas been intentior	nally left blank by me/ ling the advice of in-ap	us as this transpropriateness	saction is exe , if any, provid	cuted without any i ed by the employee	nteraction or advice /relationship manag	by the employee/ relationship manager/ sales er/sales person of the distributor/sub broker.
	Sign Here				ign Here		_	Sign Here
First/ Sole A Transaction Charge	pplicant/ Guardian,		tributore only	Seco	nd Applicant			Third Applicant
I confirm that I am	a first time investo ent of investment t e deductible as ap	r across Mutual F hrough SIP (i.e. a plicable from the	unds. amount per SIP instal installment amount a	OR Iment X no. of nd payable to th	installments) ne Distributor.			Date: D D M M Y Y Y ng investor across Mutual Funds. sur Distributor has opted to receive transaction be recoverable in 3-4 installments. Units will be
Please (✓) any one. I		ndication of the o	ption the form is liab	le to be rejecte	d	NEW REGISTRA	TION 🗆 C	ANCELLATION
	e is already regist							orm can be submitted till 4th of the month.
1) INVESTOR D		o be registered ii	n the folio. SIP Auto d Application No. (Fo			•		s depending on NACH modalities.
1	LIAILO			T HOW HIVOSTOLY	1 0110 110. (1 0	T OXISHING OTHEROIDE	'/	DAM/ DEVDN# /Mandatary/
Applicant			Name					PAN/ PEKRN* (Mandatory)
Sole / First Applicant								
Second Applicant								
Third Applicant								
Guardian/POA Holder								
# Please attach Proof. I/WE WOULD LIKE						andatory for Micro	SIP.	
☐ Purchase of Res	sidence 🗌 C	hildren's Educa	ation Childre	n's Marriage	Retir	ement 0t	hers	Please Specify
Target Amount								
2) INVESTMEN	T DETAILS F	OR SIP [Plea	ase tick (√)]					
Scheme Name	ame HDFC HDFC HD					HDFC		
Plan		Regular	Direct		Regular	Direct		Regular Direct
Plan Option / Facility	,	Regular [st Payout	Regular Growth			
	,		IDCW Reinves	st Payout Monthly Yearly	Growth [nvest Payout [
Option / Facility	ekly SIP Day	Growth Daily**	IDCW Reinves	Monthly ⁺	Growth [Daily** Quarterly	 _IDCW Rein Weekly##	nvest Payout Monthly* Yearly	Growth IDCW Reinvest Payout Daily + Weekly # Monthly + Quarterly Half-Yearly Yearly
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[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)]

Missed Call Number - +91 85069 36767

e-mail us at: hello@hdfcfund.com or wisit our website: www.hdfcfund.com

2) I	NVESTMENT DETAILS FOR SIP [Please tick (()]															
Maxim	num amount of debit (SIP+Top-up) under direct debit facilit	ty for investors v	vith b	ank acco	unts wi	th Stat	e Bar	nk of I	ndia	shall n	ot e	xceed	I Rs. 5,	00,00	0/-	per ins	tallment.
First S	SIP Transaction via Cheque No.	Cheque Da	ted							Amou	ınt@	@ (Rs	.)				
Manda	atory Enclosure (if 1st Installment is not by cheque)	Blank cancell	ed ch	eque		Сору о	f che	que								should	d be same
The na	ame of the first/ sole applicant must be pre-printed on the ch	eque.								а	is e	ach/to	ital SIP	Amou	nt.		
3) I	BANK DETAILS																
OTM	Bank Details to be debited for the SIP (OTM already Regis	stered)															
Bank	Name:	Account Nu	ımbeı	r:													
4) l	UNIT HOLDING OPTION DEMAT MODE*	PHYSICAL	MOD	E (Defai	ılt)												
	at Account details are mandatory for (I) Foreign Portfolio Investors and only by NSDL/CDSL)	d (ii) investors who	wish t	o hold the	units in I	Demat I	Mode ((Accou	ınt stat	tement	(CAS	S) for u	nits held	d in den	nat r	node wi	ll be
NSD	L Depository Participant (DP) Name	DP ID	I	N						eficiary ount No							
CDSI	Depository Participant (DP) Name		Benefic Accour														
*Inves	tor opting to hold units in demat form, may provide a copy of the DP	statement for us to	matc	h the dem	at details	as sta	ted in	the app	olicatio	n form							
5) I	DECLARATION AND SIGNATURE(S)																
TURE (S)	First/ Sole Unit holder/ Guardian/ POA Holder		Secon	d Unit ho	older							T	hird Ur	nit hold	ler		
SIGNATURE	Please note: Signature(s) sho In case the	uld be as it appe mode of holding									ie sa	ame o	rder.				
		Terms and Con															
	For detailed terms and conditions on SIP, including for																
• T	Where a onetime mandate is already registered in a folio for a bank acc with the SIP Registration Form. The total of all installments in a day should be less than or equal to the an Where the mandate form and the SIP registration form are submitted to would present the SIP transactions without waiting for the confirmation	nount as mentioned agether, debits for th	in One ne SIP i	Time Mar may happ	date alre	ady reg n succe	istered essful i	d or sub registra	omitted	d, if not ı	regis	stered.			·		
• V	n case the onetime mandate is successfully registered, new SIP registra While the Fund and RTA reserve the right to enhance the SIP period to requested for a period less than minimum installments, they may reject	ensure minimum the applications for	installı less th	ments as an minimu	oer respe m install	ective soments.	cheme	offer	docum	nents, e	ven	if the i	nvestor	has sul	bmit	ted the f	orm late or
• I	f start date for SIP period is not specified, SIP will be registered to start mandate being registered. f any time during the SIP period, the onetime mandate is to be modified the subject of the start was a start of the subject of																
• 1	thereafter modify the OTM end period. n case of Micro SIP application without PAN, the investor/s hereby dec aggregate investments exceeding Rs. 50,000 in a year.	lare that they do no	t have	any existir	ıg Micro	SIPs wi	th HDF	C Mut	ual Fur	nd whic	h tog	gether v	with the	current	app	lication	will result in
•	n case the selected date falls on a Non-Business Day or on a date which													/date.			
	For SIPs through OTM, the maximum per installment amount after Top-L The Top-up details cannot be modified once enrolled. In order to make ar									,				n.			
	HDFC Mutual Fund or the AMC, its registrars and other service provide debited in advance or after the specific SIP date due to local holidays or a		ble if th	ne registra	tion and	subseq	uent tr	ansact	ion are	e delaye	ed or	not eff	fected o	r the inv	esto	or's bank	account is

- Investors are deemed to have read and understood the terms and conditions of OTM Facility and SIP facility in the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.

 The Enrolment Form should be submitted atleast 30 days before the first date ^ for NACH/Direct Clearing/ Direct Debit/ Standing Instruction.

If the start period is not mentioned, the chosen/Default date falling 15 days from submission date will be considered as the start date and will be registered from that date (eg. If the application is submitted on June 1 without indicating the start period then the SIP start date would be July 1).

In cases where D-SIP/W-SIP application is accompanied with fresh OTM mandates, the start date/day for D-SIP/W-SIP shall be 10 days after receipt of confirmation for registration of OTM from

Investors enrolling for D-SIP/W-SIP should select "As & when presented" as payment frequency in the OTM.

In case the D-SIP/W-SIP instalment is not debited on a particular day on account of system constraints, technical/operational issues/actions of other parties or any other circumstances beyond the control of HDFC AMC/Fund, such missed debits will not be re-initiated.

- ^ In case the auto debit start date/day as mentioned in the form does not satisfy this condition, the first date/day shall be rolled over to begin from the immediately following month (provided the roll over date/day does not exceed the maximum time gap of 90 days between the SIP submission date and first installment of SIP through NACH/Direct Clearing or Direct Debit/ Standing Instruction) and the end date/day shall accordingly get extended.
- The SIP registrations will be discontinued in cases where **six (6)** consecutive installments are not honored.

	ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)
Scheme / Plan / Option	Scheme 1
	Scheme 2
	Scheme 3
	ntact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)] @hdfcfund.com or visit our website: www.hdfcfund.com

PAN LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI [Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes except for MINORS] UMRN Date MUTUAL FUND **Utility Code** Create Modify Cancel Sponsor Bank Code I/We authorize **HDFC Mutual Fund** To debit (tick√) SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number IFSC/MICR With Bank an amount of Rupees ₹ **Debit Type** ☐ Fixed Amount Maximum Amount PAN/PEKRN Reference 2 1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit. From Maximum period of validity of this mandate is 40 years only. Phone No. FOLIO LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI [Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes for MINORS/ Folio based mandate] **UMRN** II HDE MUTUAL FUND **Utility Code** Create Modify Cancel Sponsor Bank Code **HDFC Mutual Fund** I/We authorize To debit (tick✓) SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number IFSC/MICR With Bank an amount of Rupees ₹ Yearly ✓ As & when presented Maximum Amount Folio Nos Reference 2 1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit. From

То

Phone No.

Maximum period of validity of this mandate is 40 years only.

Write Write Mention any one of Name of your Bank Your Bank a/c no. Tick Your bank code IFSC Mandatory to mention (as in Cheque/ (as in Cheque/ Bank account type or MICR Code the date pass book) pass book) (as in Cheque/ pass book) PAN LEVEL/ FOLIO LÈVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI [Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes except for MINORS] **UMRN** Date MUTUAL FUND **Utility Code** Modify Create Cancel Sponsor Bank Code HDFC Mutual Fund I/We authorize SB/CA/CC/SB-NRE/SB-NRO THER To debit (tick✓ Bank A/c number IFSC/MICR With Bank an amount of Rupees ₹ Debit Type Fixed Amount Maximum Amount Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☑ As & when presented PAN/PEKRN/ Folio Nos Reference 2 1. Lagree for the debit of mandate processing charges by the bank whom Lam authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit. From 6 To Maximum period of validity of this mandate is 40 years only. Phone No.

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM) - PAN / FOLIO NOS. LEVEL

Sign as per

Bank records

(Sign of all account

holder primary &

Joint required)

Write your

Name ás per

Bank records

(All signatories name

required)

Investor may register for the One Time Mandate (OTM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg lumpsum, SIP) received through any mode i.e. physical or electronic ("OTM facility"). Investors who have already submitted a One Time Mandate (OTM) form i.e. already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.

Mandatory to write

till payment date

Mandatory to write

Payment Start date

- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number: Unit holder(s) should mandatorily provide their mobile number on the mandate form.
- Where the mode of holding in the bank account is "Joint", the OTM mandate is to be signed by all Jointholders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third
- PAN/PEKRN/ Folio Nos.: Investors, should provide the PAN/PEKRN of the First Holder, as applicable, under Reference 1. Investors, should provide the Folio nos of the First Holder, as applicable.
- Investors are deemed to have read and understood the terms and conditions of $\ensuremath{\mathsf{OTM}}$ Facility, SIP registration through $\ensuremath{\mathsf{OTM}}$ facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum,

Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.

Write your Mobile No.

Write maximum

Mandate Amount

(In both figure & words)

That may be debited

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- 10. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- 11. Please mention the Name of Bank and Branch, IFSC / MICR Code.
- 12. The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- 13. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
- 14. As per NPCI Circular NPCI/NACH/OC No.012/2023-24, mandate can be registered for a maximum duration of 40 years. An investor has to mandatorily enter the 'End Date' of the mandate by filling the date for a maximum period of 40 years from the start date or less.
- 15. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.
- 17. Date has to be filled in mandatorily.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank/AMC communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We will inform the AMC about any changes in my bank account. I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to

HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI