

# Enrolment Form for SIP/ Micro SIP

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



(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)  
**Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use**

Enrolment Form no. \_\_\_\_\_

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

| KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) |          |                                      |   |   | FOR OFFICE USE ONLY (TIME STAMP) |
|---|----------|--------------------------------------|---|---|----------------------------------|
| ARN   | ARN Name | Sub-Agent's ARN/<br>Bank Branch Code | Internal Code<br>for Sub-Agent/<br>Employee | Employee Unique<br>Identification Number<br>(EUIIN) |                                  |
| ARN-  |          |                                      |   |   |                                  |

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

I/We hereby confirm that the EUIIN 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<br>_____<br>First/ Sole Applicant/ Guardian | Sign Here<br>_____<br>Second Applicant | Sign Here<br>_____<br>Third Applicant |
|---|--|---------------------------------------|

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.**

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 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.

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

**NEW REGISTRATION**     
  **CHANGE IN BANK ACCOUNT**     
  **CANCELLATION** (Refer Item No. 11)

### INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder) [Grid for Application/Folio No.]

**SIGNATURE** (Refer Item No. 3(c))

|   |                       |  |
|---|-----------------------|--|
| <b>Sole/1st applicant</b>                               |                       |  |
| PAN#<br>or<br>PEKRN#                                    | [Grid for PAN/PEKRN#] | <b>KYC# (Mandatory)</b><br>[Please tick (✓)] <input type="checkbox"/> Proof Attached |
| <b>Name of Guardian</b><br>(In case Applicant is minor) |                       |  |
| PAN#<br>or<br>PEKRN#                                    | [Grid for PAN/PEKRN#] | <b>KYC# (Mandatory)</b><br>[Please tick (✓)] <input type="checkbox"/> Proof Attached |
| <b>Second Applicant</b>                                 |                       |  |
| PAN#<br>or<br>PEKRN#                                    | [Grid for PAN/PEKRN#] | <b>KYC# (Mandatory)</b><br>[Please tick (✓)] <input type="checkbox"/> Proof Attached |
| <b>Third Applicant</b>                                  |                       |  |
| PAN#<br>or<br>PEKRN#                                    | [Grid for PAN/PEKRN#] | <b>KYC# (Mandatory)</b><br>[Please tick (✓)] <input type="checkbox"/> Proof Attached |

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

Scheme [Grid for Scheme Name]

(Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Plan [Grid for Plan Name]      Option [Grid for Option]

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

|   |   |                       |
|---|---|-----------------------|
| Date:   | <b>HDFC MUTUAL FUND</b><br>Head Office : HUL House, 2nd Floor, H.T. Parekh Marg,<br>165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. | Enrolment<br>Form No. |
| Received from Mr./Ms./M/s. <span style="float: right;">[Grid for Name]</span>           | 'SIP/ Micro SIP' application for  | ISC Stamp & Signature |
| Scheme / Plan / Option <span style="float: right;">[Grid for Scheme/Plan/Option]</span> |   |                       |
| Total Amount (Rs.) <span style="float: right;">[Grid for Amount]</span>                 | Please Note: All purchases are subject to realisation of cheques  |                       |

