## **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/ N KEY PARTNER / AGENT I	licro SIP via ECS (Del NFORMATION (Investor ARN Name	s applying under Direc	t Plan must ment		V column.)	FOR (	ct banks / brand DFFICE USE ONL	,	VIP)							
	71111110	Bank	Agent's ARN/ Branch Code	for Sub-Agent/ Employee	Employee Unique Identification Numb (EUIN)	er										
ARN-																
EUIN Declaration (only w I/We hereby confirm th employee/relationship r employee/relationship m	at the EUIN box has nanager/sales person	been intentional of the above dis	ly left blank l stributor/sub b	by me/us as th proker or notwi	is transaction is thstanding the a	executed dvice of in	without any int -appropriatenes	eraction or a s, if any, pro	advice by th ovided by th							
	gn Here			Sign Here				ı Here								
	pplicant/ Guardian			ond Applicant			Third Applicant									
Transaction Charges for A	.pplications through Dis am a <b>First time</b> investor ac	-	er Item No. 17 a	·	✓) any one) ☐ I confirm that I a	Date:	D D M	M Y	YYY							
<del></del>	tible as Transaction Char investment through SIF ame are deductible as a ssued against the balan be paid directly by the in	ge and payable to the P (i.e. amount per S applicable from the i ce of the installment	IP installment X installment amo amounts invest	no. of installme unt and payable ed.	(Rs. 100 deduct nts) amounts to Rs to the Distributor. I	ible as Trans .10,000 or n n such cases	action Charge and nore and your Dis Transaction Cha	payable to the stributor has op rge will be rec	pted to receiv overable in 3							
/We hereby confirm and decla /We have read, understood an und of ECS (Debit Clearing) / Die The ARN holder has disclosed amongst which the Scheme is Please ( ) any one. In the abs</td <td>re as under:- d agree to comply with the ect Debit/ Standing Instruc to me/us all the commissi being recommended to m</td> <td>ction facilities. Ions (in the form of tra Bolus.</td> <td>il commission or</td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td>	re as under:- d agree to comply with the ect Debit/ Standing Instruc to me/us all the commissi being recommended to m	ction facilities. Ions (in the form of tra Bolus.	il commission or					•								
□ NEW REGISTRATION		☐ CHA	NGE IN BANK	ACCOUNT	[	CANCELLATION (Refer Item No. 11)										
INVESTOR RETAIL O																
INVESTOR DETAILS Application No. (For new inve	stor)/ Folio No. (For existin	ng Unitholder)														
	0.01), 1.010.1101 (1.01.01001	ig ommondary														
Sole/1st applicant							SIGNATU	RE (Refer Ite	m No. 3(c))							
PAN#			KYC# (N	Mandatory)	☐ Proof Atta	ched										
or PEKRN#			[Please t													
Name of Guardian																
In case Applicant is minor) PAN#			KYC# (N	(landatory)	☐ Proof Atta	ched										
PEKRN#			[Please t	tick (√)]												
Second Applicant																
PAN# or PEKRN#			KYC# (N [Please t	Nandatory) tick (√)]	☐ Proof Atta	ched										
Third Applicant																
PAN# PEKRN#			[Please t	. /-	☐ Proof Atta	ched										
# Please attach Proof. If PAN/I Scheme	PEKRN/KYC is already vali	dated please don't atta	ach any proof. Re	fer Item No. 15 and	d 16.											
	lying under Direct Plan	must mention "Dire	ect" against the	Scheme name)												
Plan				Option												
		ACK <u>NOWLED</u> G	SEMENT <u>SLIP</u>	(To be filled in	by the Unit hold	ler)										
				IUTUAL FUND	,		nrolment									
Date:			Office : HUL Hous	e, 2nd Floor, H.T. F ion, Churchgate, M			orm No.									
Received from Mr./Ms./M	/e	100-100, Do	uonuay medidiiidli	on, onarongale, M		Aicro SID' or	oplication for	ISC Stamp &	Signature							
Scheme / Plan / Option	y <b>3</b> .				317/1	molu dir al	υριισατιστί τοι									
Total Amount (Rs.)			Please	e Note: All purchase	es are subject to real	isation of che	aues									

Each SIP/ Micro SIP Amour	nt (Rs.)							Fr	equen	су		IV	lonthl	y <sup>+</sup>		Q	uarte	erly (	†Defa	ult Fr	equer	ıcy) [	Refer	Item	No. 6	(iv)]	
SIP Top-up (Optional) (Refer Item No. 7 e)	to ava	o avail this facility)   Top-up Amount (Rs.)   SIP Top-up Frequency:   Half-yearly								/	(The amount should be in multiples of Rs. 500 only)  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)																
Maximum amount of debit	(SIP+1	Top-up)	) und	er dire	ct deb	it facil					,	CCOL					-	,							•	- ,	
	ist [	5tl			Oth+	15			0th																		
SIP/ Micro SIP Period Start	From	M	VI	Y Y	′ Y	Υ	Er	nd On		_	25th (*Default Date) [Refer Item No. 6(iv)]  **Please refer No. 6(ii) and 7																
First SIP/ Micro SIP Transa	ction vi	ia Cheq	ue N	0.					C	hequ	e Date	ed	D I	) N	/	M	/	YY	′ Y	ıA	moun	t@ (F	Rs.)				
Mandatory Enclosure (if 1s	st Instal	llment i	is not	by ch	eque)			BI	ank ca	ancell	ed ch	eque				Cop	y of c	hequ	е							should	
The name of the first/ sole a	applicar	nt mus	t be p	re-prir	nted or	n the cl	neque														be sa	ame a	s eac	h SIP	Amo	unt.	
DEMAT ACCOUNT DETAILS*					NSDL											CDSL											
(Optional - refer instruction 10)				D	DP Name							-											_				
Investor opting to hold units in demat form may provide a copy of the DP statement to match the demat details as stated in the application form.			ils	DP ID  Beneficiary Account No.																							
	ao otatoa in trio appriotation form.																										
I/we hereby authorise HDFC Direct Debit / Standing Instruct BANK DETAILS								y Lim	ited ar	nd thei	r auth	orise	d serv	ice pr	ovid	ers, to	debit	my/o	ur folk	owing	bank	ассои	ınt by	ECS (	Debit	Clearing) /	
Bank Name																											
Donald Mana			_		_	_	1								D -	.1 0"											
Branch Name															Ва	ınk Cit	У										
Account Number																											
9 Digit MICR Code									<b>~</b>	(Pl	ease	ente	r the	9 dig	it nı	umbe	r that	app	ears a	after	the c	hequ	e nui	mber	)		
Account Type (Please ✓)		Saving	js	☐ Cu	irrent	N	NR0		NRE		FCNR	R [	Ot	hers (	plea	se spe	ecify)										
Accountholder Name as in Bank Account																											
<b>Authorisation of the</b>	e Ban	k Acc	oun	t Hol	der (1	to be	sign	ed b	y the	e Inv	esto	r)*	k														
** To, The Branch Manag Bank)	er,											(Na	ame o	f the													
Debit / Standing Instruction Mutual Fund shall be ma	paym elow	ne RBI's Electronic Clearing Service (Debit Clearing) / Direct syment towards my/our investment in the Scheme of HDFC ow mentioned bank account with your bank. I/We hereby Debit Clearing) / Direct Debit / Standing Instruction mandate									Bank Account Number																
I/ We have read and agree correct and agree to mak Fund/HDFC Asset Manage	ke payr	nents r	eferre	ed abo	ve thr	ough p	artici	oatior	n in EC	CS (D	ebit C																
Applicable to SIP Top-	un fac	:ilitv (r	ot av	vailab	le und	ler Mid	ero S	IP):																			
I/We hereby agree to ava designated account. Please write SIP Enrolme	il the to	p-up f	acility	for S	IP and	author	ize m	y bar		xecut	e the	ECS/	'Direc	t Deb	it/St	andin	g Inst	ructio	n for	a fur	ther i	ncrea	se in	instal	lment	from my	
			. 0110						24u0i																		
1st Account Holder's Signature (As in Bank Records)						<b>S</b> (A	d Acc lolder ignatu s in B lecord	r' <b>s</b> I <b>re</b> ank									Si (A	l Acco lolder ignati s in B ecord	r's ure ank								
BANKER'S ATTESTA	ATION!	(FOD	RΛι	NK H	SE OI	\II V\																					
Certified that the signat details of Bank account a per our records	ture of	accou	nt ho	older a	and the	e		Sian	ature o	f Auth	nricad	Officia	al from	Rank	(Ran	k Stam	n and	Data)				lank A	2001174	t Numb	104		
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For Office Use only Recorded on	ויטנינ	o be i	illed	ַנע וווי	y IIIVE	55(01)				So	heme	Cod	ρ														
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