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

MUTUAL FUND BHAROSA APNO KA April 2023

.

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

KEY PARTNER / AGENT INF	ORMATION (I	Investors applying	under Direct Pla	n must mentio	on "Direct" in A	RN column.)		FOR OFF	ICE USE ONLY	((TIME STAMF	
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA /Stock Portfolio Manage	Broker/ Sub r's Name	o-Agent's ARN	Bank Bra	nch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Numb (EUIN)	er			
ARN-											
EUIN Declaration (only where E I/We hereby confirm that the El person of the above distributor/			ft blank by me/u advice of in-app	s as this tran propriateness	saction is exec , if any, provide	uted without any d by the employee	interaction or advic /relationship mana	e by the emplo ger/sales pers	yee/ relationshi on of the distribu	p manager/ sale: tor/sub broker.	
First/ Sole Applicant/				Seco	nd Applicant		_	Third	Applicant		
Transaction Charges for Ap	•	•	rs only					Date: D	D M M	YYYY	
I confirm that I am a first tim If the total commitment of inve Charges, the same are deducti issued against the balance of th	estment through ble as applicab ne installment a	ss Mutual Funds. h SIP (i.e. amount le from the installn mounts invested.	per SIP installr nent amount and	OR nent X no. of d payable to t	installments) he Distributor.		rm that I am an exist ,000 or more and y isaction Charge will				
Please (\checkmark) any one. In the abs	ence of indicat	ion of the option t	he form is liable	to be reject	ed.	NEW REGISTRA	TION 🗌 C	ANCELLATIO	N		
Please (<) as applicable: OTM Debit Mandate is alread OTM Debit Mandate is attact	hed and to be r	egistered in the fo	lio. SIP Auto de	bit will start	after mandate	registration which	takes 10 to 30 day				
1) INVESTOR DETAIL	.9	Appl	lication No. (For	new investor)	/ Folio No. (Fo	r existing Unitholde	er)				
Applicant			Name					PAN/ PEKRM	I [#] (Mandatory)		
Sole / First Applicant											
Second Applicant											
Third Applicant											
Guardian/POA Holder											
# Please attach Proof. If PAN/F	PEKRN/KYC is	already validated	please don't at	tach any pro	of. PEKRN ma	andatory for Micr	o SIP.				
I/WE WOULD LIKE TO INVE	ST TO MEET	MY/OUR FINAN	CIAL GOALS ((choose any	/one (√)						
Purchase of Residence	Childre	en's Education	Children	's Marriage	Retire	ement 0	hers	Please S	pecify		
Target Amount											
2) INVESTMENT DET/	AILS FOR S	SIP [Please ti	ick (√)]								
Scheme Name		DFC	× /1		HDFC			HDFC			
Plan		Regular Dire	ct		Regular	Direct		Regular	Direct		
Option / Facility		Growth DDCW	/ Reinvest	t 🗌 Payout	Growth]IDCW 🗌 Rei	nvest 🗌 Payout	Growth]IDCW 🗌 Re	invest 🗌 Payo	
Frequency			···· · _	Monthly ⁺	Daily ⁺⁺	Weekly##	Monthly ⁺		Weekly##	Monthly ⁺	
		Quarterly Ha	alf-Yearly	Yearly	Quarterly	Half-Yearly	Yearly	Quarterly	Half-Yearly	Yearly	
SIP Date ⁺ or Weekly SI (Not for daily frequence					DD	DDD	DDD				
. , , ,	0				or			or			
Enrolment Period** (N	/IM/YY) Fr	om M M Y	Y To M	MYY	From M	М Ү Ү То	MMYY	From M	И Ү Ү ТС		
SIP Amount											
			TOP-UP (√)	Not avai		aily and Weel	dy SIP				
Frequency		Half Yearly	Yearly ⁺		Half Yearl	y Yearly	+	Half Yearly	/ Yearl	у ⁺	
Amount											
Percentage ^s (%) & Free	· · ·			Yearly			Yearly			Yearly	
SIP Top-Up Cap Amou or CAP Month-Year [#] :		M	MYY			ММҮҮ			ММҮ	(
⁺ Default, if not selected. • ⁺⁺ Trigg falls on non-business day, it will birequency. • ^ TOP UP amount ha subscribing for this facility are req registerd upto a maximum of 30 y	gered and proce e triggered and p as to be in multip uired to submit t years • # TOP-L	essed only on all Bu processed on the ne les of Rs.100 only. he request at least 3 JP CAP Month-Year	siness Days and ext business day • \$The minimum 80 days prior to th	SIP TOP up f and SIP TOP TOP UP Perc ne SIP date. To	acility shall not up facility shall entage has to bo pp-up will be app	be available. • ^{##} T not be available. • e 10% and in multip licable from next e	riggered and proces: In case of Quarterly les of 1% thereafter, i ffective SIP installme	sed on the day SIP, only the Ye of the existing S ont. • *TOP-UP	opted by the inve arly option is ava IP installment. In CAP amount • *	stor. If the day opt ilable as SIP Top- vestors/unit hold * SIP tenure can	
		ACKN	OWLEDGEME	NT SLIP FO	R SIP (To be	flled in by the l	nvestor)				
HDFC	C MUTUAL FU				•	-	Reclamation, Churc	ngate, Mumbai	- 400 020.		
DATE D D M M	ΥΥΥΥ	Y FOLIO	NO.					_			
Received from Mr. / Ms									ISC Stamp	& Signature	
[For any queries please contact	t our nearest In	vestor Service Cer			N						

2)	NVESTMENT D	ETAILS FOR SIP [Please ti	ck (√)]									
-		-	t facility for investors with bank a	ccounts with State I	Bank of Ind	lia shall no	t exceed	Rs. 5,	,00,000/	'- per i	nstallm	ent.
First S	IP Transaction via	Cheque No.	Cheque Dated D			Amou	nt@ (Rs.))				
Manda	tory Enclosure (if	1st Installment is not by cheque)	Blank cancelled cheque	Copy of c	cheque)The first				uld be s	same
		applicant must be pre-printed on	the cheque.			as	s each/tot	ai Sip	Amoun	[.		_
	BANK DETAILS		De sistere di									
	Bank Details to be Name:	debited for the SIP (OTM alread	Account Number:									
	JNIT HOLDING			ofoult)								
,			tors and (ii) investors who wish to hold	,	de (Account	statement ((CAS) for un	its hel	d in dema	it mode	will be	
	only by NSDL/CDSL)					Statement (c					Will DO	
NSDL	. Depository Parti	cipant (DP) Name	DP ID I N			Beneficiary Account No.						
CDSL	• Depository Parti	cipant (DP) Name	Beneficiary Account No.									
*Invest	or opting to hold units	in demat form, may provide a copy o	the DP statement for us to match the	demat details as stated	l in the applic	cation form.						
5) E	DECLARATION /	AND SIGNATURE(S)										
The AR from an	N holder has disclose		onditions of the scheme related docum es. I/ We hereby apply to the Trustees fo e form of trail commission or any othe									
SIGNATURE (S)	First/ Sole Unit	holder/ Guardian/ POA Holder	Second Un	it holder			Th	nird Ur	nit holde	r		
GNA ⁻		Please note: Signature	s) should be as it appears in the	folio/ on the Applic	ation Form	and in the	same or	der.				
SI			se the mode of holding is joint, a									
			Terms and Conditions a									
• 14		,	ling for OTM facility, please visit our v ank account, the Unit Holder(s) will hav								he aiven	along
 T V V<	vith the SIP Registration he total of all installment /here the mandate forr vould present the SIP tr a case the onetime mark /hile the Fund and RT/ equested for a period le start date for SIP perion and the being register any time during the SI nereafter modify the OT acase of Micro SIP app ggregate investments a case the selected date or SIPs through OTM, the Top-up details cann DFC Mutual Fund or the ebited in advance or af twestors are deemed to Amorandum, Instruct he Enrolment Form sho the start period is not r n June 1 without indica a case where D-SIP// estination banks. nestors enrolling for in case the auto debit ate/day does not excee ate/day shall accordin	n Form. Its in a day should be less than or equal m and the SIP registration form are sub ansactions without waiting for the confi idate is successfully registered, new SII A reserve the right to enhance the SIP ses than minimum installments, they may id is not specified, SIP will be registered ed. P period, the onetime mandate is to be fM end period. Dilication without PAN, the investor/s hele exceeding Rs. 50,000 in a year. e falls on a Non-Business Day or on a da he maximum per installment amount affiont to the modified once enrolled. In order to pare and Addenda issued from time to ti- puld be submitted atleast 30 days before nentioned, the chosen/Default date falli- ting the start period then the SIP start di W-SIP application is accompanied witt D-SIP/W-SIP should select "As & whe IP instalment is not debited on a partit IC/Fund, such missed mebited on a gartit IC/Fund, such missed debits will not b t start date/day as mentioned in the form ed the maximum time gap of 90 days be gly get extended.	to the amount as mentioned in One Time nitted together, debits for the SIP may h mation of the successful registration fro- Pregistration will take upto five days. The period to ensure minimum installments y reject the applications for less than min- to start anytime from a period after five modified to reduce the validity period w eby declare that they do not have any ex- te which is not available in a particular m er Top-Up shall not exceed Rs. 5 lakhs of make any changes, the investor needs t providers are not responsible if the regi- days or any other reason. In conditions of OTM Facility and SIP fa me of the respective Scheme(s) of HDFC the first date ^ for NACH/ Direct Clearin 19 15 days from submission date will be ate would be July 1). In fresh OTM mandates, the start date/in n presented" as payment frequency in ular day on account of system constra	Mandate already registe appen only on success im the Unit holder(s)' ba first debit may happen as per respective sche- nimum installments. days from the date of re- hich is more than SIP er disting Micro SIPs with H onth, the SIP will be pro- tite maximum amount in o cancel the existing SIF stration and subsequer cility in the Scheme Info Mutual Fund. (g/ Direct Debit / Standir considered as the start tay for D-SIP/W-SIP sh the OTM. ints, technical/operati date/day shall be rolled installment of SIP throu	ered or subm ful registratic ank. any time ther erne offer do eccipt of appl nd period reg HDFC Mutual cessed on th mentioned in or transaction ormation Doo ng Instruction date and will hall be 10 da onal issues/	hitted, if not re on of the mar reafter, based iccuments, ev ication based jistered throu I Fund which e immediate n OTM form, v or a fresh SIP n are delayed cument, State n. be registered ys after rece 'actions of ot n from the im	gistered. I date by the I on the dati en if the in d on the SIP ugh OTM, ir together w next busine vhichever i with Top-u or not effe ement of A ipt of confi her parties mediately f	e Unit I es opte vestor date a nvestor ith the ess day s less. p optio ith the date (e irmatic s or an	nolder(s) ed by the L has subm wailable / r should fi current aj //date. in. r the inve: al Informa g. If the ap on for reg y other ci ng month	bank. Ti Jnit holo nitted the mention rst cano pplication, Ka tation, Ka topplication istration rcumst	he Fund / ler(s). he form I hed, subj cel the SI cel the SI con will re ank acco ey Inform on is subr n of OTM ances be ed the ro	' AMC ate or ject to P and sult in uunt is nation nitted I from eyond II over
		ACKN	OWLEDGEMENT SLIP FOR SIP (1	o be flled in by the	Investor)							
Sch	eme / Plan / Option			Scheme 1								
				Scheme 2								

[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)]

Scheme 3

e-mail us at: hello@hdfcfund.com or 💮 visit our website: www.hdfcfund.com 🕜 Missed Call Number - +91 85069 36767

	[Applicable for Lumpsur			M DEBIT MANDA ases as well as SIP F							s exc	ept for	MIN	DRS]					
H HDFC	UMRN			OFFICE USE ONI	LY						ate	D	D	M	M	Y	Y	Y	Y
MUTUAL FUND BHAROSA APNO KA	Utility Code			OFFICE USE ONL	Y					Crea	ite] Mod	ify		Ca	ance	1
Sponsor Bank Code	OFFICE USE ON	LY		I/We authorize	HD	FC M	utual	Fund											
To debit (tick√)	SB/CA/CC/SB-NRE/SB-N	NRO/OTHE	ER	Bank A/c numb	ber														
With Bank								I	FSC/N	/ICR									
an amount of Rupees] [₹					
Debit Type 🕀 Fixed	Amount 🛛 Maximu	m Amoun	ıt	Frequency	⊟₩	onthly		uartei	ly	🗆 Half	Yea	rly		Yearly	- 🛛	As &	when	pres	sented
declaration has been caref	nandate processing charge fully read, understood & ma am authorised to cancel/a e debit.	ade by me/	′us. I am	authorising the use	to debit er entity	//Corpo	count as rate to c	lebit m	y acco	ount, bas	sed o	on the i	nstru	ctions	as ag	reed a	ind sig	ned l	by me.
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Phone No.		1	Na	me as in Bank Reco	rds	2	Na	ame as	in Bar	ık Recor	ds		3	Na	ame as	s in Ba	ink Rec	ords	
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E HDFC MUTUAL FUND BHAROSA APNO KA Sponsor Bank Code To debit (tick✓) With Bank an amount of Rupees Debit Type Fixed Folio Nos 1.1 agree for the debit of m declaration has been caref	UMRN Utility Code Utility Code SB/CA/CC/SB-NRE/SB-NB-NADATE processing charge am authorised to cancel/a	INRO/OTHE	anases as	well as SIP Registra OFFICE USE ONL I/We authorize Bank A/c numb Frequency m I am authorizing the use	tions re HD Der R to debit er entity	DFC M	through utual utual ce 2 [count as rate to c	variou: Fund uarter	s mode	S for MI Da Crea Crea AICR [Half Chedule bunt, bas	ate tte	rly narges	D	Mod Mod ₹ ₹ ¢early 8 bank	M ify 	nis is t reed a	when o confi	pres rm ti ned i	sented hat the by me.
EHDFC MUTUAL FUND BHAROSA APNO KA Sponsor Bank Code To debit (tick) With Bank an amount of Rupees Debit Type Fixed Folio Nos 1. I agree for the debit of m declaration has been caref 3. I have understood that I	UMRN Utility Code Utility Code SB/CA/CC/SB-NRE/SB-NB-NADATATATATATATATATATATATATATATATATATATA	INRO/OTHE	ases as	well as SIP Registra OFFICE USE ONL I/We authorize Bank A/c numb Frequency m I am authorizing the use	HD HD Boer [R B B Co debiti Commu	DFC M	hrough utual utual cce 2 [count a: rate to c y the ca	variou: Fund uarter s per la s per la	s mode	S for MI Da Crea Crea AICR [Half Chedule bunt, bas	ate Ite Yea of ch sed o ent r	rly narges	D	Mod Mod ₹ ₹ ¢early e bank ctions e user	- 2. Th as agg	nis is t reed a ı/ corp	when o confi	pres rm ti ned I	sented by me. e bank

INSTRUCTIONS to fill the Mandate (All mandatory fields highlighted)

Write Name of your Bank (as in Cheque/ pass book)	Write Your Bank a/c no. (as in Cheque/ pass book) 2	Tick Bank account type	Mention any one of Your bank code IFSC or MICR Code (as in Cheque/ pass book)	Mandatory to mention the date
[Applicable MUTUAL FUND BHAROSA APNO KA Sponsor Bank Code	e for Lumpsum Additional Purchase	DFSRE USE ONLY	Ithrough various modes except for MINOF Date D D Create	RS]
	VCC/SB-NRE/SB-NR03THER	We authorize HDFC Mutual F Bank A/c number 2		
declaration has been carefully	ate processing charges by the bank who read, understood & made by me/us. I ar authorised to cancel/amend this mandai	Reference 2 m I am authorizing to debit my account as authorising the user entity/Corporate to de	per latest schedule of charges of the bank. 2. The bit my account, based on the instructions as a generative of the user entity	nis is to confirm that the reed and signed by me.
From 6 D M M To 7 D M M Phone No.				e of Account Holder s in Bank Records
	ndatory to write (Sign o payment date holder	n as per c records f all account primary & required) Write you Name as Bank reco (All signatories required)	per Write your Mobile No. s name	Write maximum Mandate Amount (In both figure & words) That may be debited

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

- 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.
- 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.
- 4. 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 party verification.
- 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 OTM Facility, SIP registration through 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.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 8. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
- 9. 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/2023-24/NACH/008, mandate can be registered for a maximum duration of 30 years. An investor has to mandatorily enter the 'End Date' of the mandate by filling the date for a maximum period of 30 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 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, ransactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.