

(Please read terms & conditions overleaf)

Enrolment Form No. _____

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing) / DIRECT DEBIT FACILITY/STANDING INSTRUCTION

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

KEY PARTNER / AGENT INFORMATION

FOR OFFICE USE ONLY

Name and AMFI Reg. No. (ARN)	Sub Agent's name and Code/ Bank Branch Code	M O Code	Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp
ARN- 9686						

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. Date:

D	D	M	M	Y	Y
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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 Fund:

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

INVESTOR AND SIP DETAILS

SIGNATURE (Refer Item No. 3(b))

Sole/1st Applicant / Guardian _____
PAN# _____ KYC Compliance Status** YES NO

Second Applicant _____
PAN# _____ KYC Compliance Status** YES NO

Third Applicant _____
PAN# _____ KYC Compliance Status** YES NO

Please attach PAN Proof. If PAN is already validated please don't attach any proof. Refer instruction No 14. ** Mandatory for Rs. 50,000 and above. If YES, attach proof. Refer instruction No 15.

Application No. (For new investor) _____ Folio No. _____

Scheme _____

Plan _____ Option _____

Each SIP Amount (Rs.) _____ Frequency Monthly Quarterly

First SIP Transaction via Cheque No. _____ Cheque Dated

D	D	M	M	Y	Y
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 Amount (Rs.) _____

Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled cheque Copy of cheque

SIP Date [for ECS (Debit Clearing) / Direct Debit / Standing Instruction] 1st 5th 10th 15th 20th 25th

There should be a minimum time gap of 30 days and maximum time gap of 60 days between the first cheque for SIP investment and first installment of SIP through ECS (Debit Clearing) or Direct Debit / Standing Instruction.

SIP Period [for ECS (Debit Clearing) / Direct Debit] Start From

M	M	Y	Y
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 End On**

M	M	Y	Y
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 ** Please refer item no. 6(ii) and 6(iii) of Terms and Conditions

Receipt of Document(s) by E-mail (Please ✓)(Refer Item No. 10) E-Mail YES NO Mobile No. _____

Email ID _____

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.

INVESTOR AND SIP DETAILS
Bank Name _____

Branch Name _____

Bank City _____

Account Number _____

9 Digit MICR Code _____ ◀ (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____

Account holder Name as in Bank Account _____

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Please write SIP Enrolment Form No. / Folio No. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)	2nd Account Holder's Signature (As in Bank Records)	3rd Account Holder's Signature (As in Bank Records)
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BANKER'S ATTESTATION (FOR BANK USE ONLY)
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 _____

For Office Use only (Not to be filled in by Investor)

Recorded on _____ Scheme Code _____
Recorded by _____ Credit Account Number _____

Authorisation of the Bank Account Holder (to be signed by the Investor)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my payment towards my investment in HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

Bank Account Number	1st Account Holder's Signature (As in Bank Records)
	2nd Account Holder's Signature (As in Bank Records)
	3rd Account Holder's Signature (As in Bank Records)