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

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

October 2023 KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) FOR OFFICE USE ONLY (TIME STAMP) ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN) ARN/RIA /Stock Broker/ Portfolio Manager's Name Employee Unique Identification Number (EUIN) **Bank Branch Code** Sub-Agent's ARN Internal Code for Sub-Agent/ Employee ARN - 1678 E 087722 EUIN Declaration (only where EUIN box is left blank) I/We hereby confirm that the EUIN 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. First/ Sole Applicant/ Guardian/ PoA Holder Second Applicant Third Applicant Transaction Charges for Applications through Distributors only Date: I confirm that I am an existing investor across Mutual Funds I confirm that I am a first time investor across Mutual Funds OR 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. Please (\checkmark) any one. In the absence of indication of the option the form is liable to be rejected. NEW REGISTRATION CANCELLATION Please (√) as applicable] OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month. OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH modalities. 1) INVESTOR DETAILS Application No. (For new investor)/ Folio No. (For existing Unitholder) PAN/ PEKRN[#] (Mandatory) Applicant Name Sole / First Applicant Second Applicant Third Applicant Guardian/POA Holder # Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP. I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (<) Purchase of Residence Children's Education Children's Marriage Retirement Others Target Amount 2) INVESTMENT DETAILS FOR SIP [Please tick (\checkmark)] HDFC HDFC HDFC Scheme Name Plan Regular Direct Regular Direct Regular Direct **Option / Facility** Growth IDCW | Reinvest Payout Growth IDCW | Reinvest Payout Growth IDCW | Reinvest Payout □Daily Weekly## □Daily Weekly## Weekly## Monthly Monthly Monthly Daily Frequency Quarterly Half-Yearly Quarterly Half-Yearly Half-Yearly Yearly Yearly Quarterly Yearly SIP Date⁺ or Weekly SIP Day⁺ (Not for daily frequency) or or or Enrolment Period** (MM/YY) From То From То From То SIP Amount SIP TOP-UP (✓) Not available for Daily and Weekly SIP Half Yearly Frequency Yearly Half Yearly Yearly Half Yearly Yearly Amount Percentage^s (%) & Frequency Yearly Yearly Yearly SIP Top-Up Cap Amount or CAP Month-Year*: ** Default, if not selected. • ** Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. • #* Triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day and SIP TOP up facility shall not be available. • In case of Quarterly SIP, only the Yearly option is available as SIP Top-Up frequency. • ^ TOP UP amount has to be in multiples of Rs. 100 only. • \$The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. Top-up will be applicable from next effective SIP installment. • **SIP tenure can be registerd upto a maximum of 30 years • # TOP-UP CAP Month-Year ACKNOWLEDGEMENT SLIP FOR SIP (To be filed in by the Investor) HDFC MUTUAL FUND: Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. DATE D D M M Y FOLIO NO. ISC Stamp & Signature Received from Mr. / Ms.

[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)] visit our website: www.hdfcfund.com \triangleright e-mail us at: hello@hdfcfund.com or (C) Missed Call Number - +91 85069 36767

2) IN	VESTMENT DETAILS FOR SIP [Please tick ()]</th <th></th>																						
-	n amount of debit (SIP+Top-up) under direct debit facility fo	or investors	s with bank a	ccour	ıts	with	State	e Ba	ank	of l	ıdia	sha	ll no	t ex	ceed	l R	s. 5,0)0,0	00/-	per	' insta	ıllm	ent.
First SIP	Transaction via Cheque No.	Cheque I	Dated D									Aı	nour	nt@	(Rs	:.)							
Mandato	ry Enclosure (if 1st Installment is not by cheque)	Blank cance	elled cheque			Cop	by of	ch	equ	е			a	The	e firs	tcl	neque	ean	nount	tsh	nould	be s	same
The nam	e of the first/ sole applicant must be pre-printed on the cheque	е.				-	-						as	ea	ch/to	otal	SIP /	4mo	ount.				
3) BA	NK DETAILS																						
OTM Ba	nk Details to be debited for the SIP (OTM already Register	ed)																					
Bank Na	ame:	Account I	Number:																				
4) UN	IIT HOLDING OPTION DEMAT MODE*	PHYSIC	AL MODE (D	efault)																		
	ccount details are mandatory for (I) Foreign Portfolio Investors and (ii) ly by NSDL/CDSL)	investors wh	no wish to hold	I the ur	nits	in Der	nat M	lode	e (Ac	cou	nt sta	item	ent (C	(AS)	for u	inits	held	in de	emat n	noc	le will	be	
NSDL	Depository Participant (DP) Name	DP I	ID I N										ciary It No.										
CDSL	Depository Participant (DP) Name		Beneficiary Account No.																				
*Investor	opting to hold units in demat form, may provide a copy of the DP state	ement for us	to match the	demat	deta	ails as	s state	ed ir	1 the	e app	licatio	on f	orm.										
	CLARATION AND SIGNATURE(S)																						
(2)																							
SIGNATURE (S)	First/ Sole Unit holder/ Guardian/ POA Holder		Second Un	it hold	ler										Т	hir	d Uni	t ho	lder				
INAI	Please note: Signature(s) should	he ee it en				ih e	1 m m l :			For													
			onditions a																				
14/6	For detailed terms and conditions on SIP, including for OTM																				. h		مامعم
wit	ere a onetime mandate is already registered in a folio for a bank account 1 the SIP Registration Form.		. ,			-		•								012	a sepa	Irate	cnequ	ueı	o ne d	ven	along
	total of all installments in a day should be less than or equal to the amoun ere the mandate form and the SIP registration form are submitted togeth													•		he L	Jnit ho	older	(s) ba	ınk.	The F	und /	AMC
WO	uld present the SIP transactions without waiting for the confirmation of th ase the onetime mandate is successfully registered, new SIP registration	e successful	l registration fro	om the	Unit	holde	er(s)'t	banl	k. ¯										. ,				
Wh	le the Fund and RTA reserve the right to enhance the SIP period to ensuested for a period less than minimum installments, they may reject the a	sure minimu	m installments	as pe	r res	specti	ve scl																ate or
lf st	art date for SIP period is not specified, SIP will be registered to start anyt							rece	eipt (of ap	plicat	tion	based	lon	the SI	íP di	ate av	ailab	ole / m	enti	ioned,	subj	ect to
	ndate being registered. ny time during the SIP period, the onetime mandate is to be modified to r	reduce the va	alidity period w	hich is	mo	re tha	n SIP	end	per	iod r	egiste	ered	throu	gh (DTM,	inve	estor s	shou	Id firs ¹	t ca	ncel tl	ne SI	P and
	reafter modify the OTM end period. ase of Micro SIP application without PAN, the investor/s hereby declare :	that thev do i	not have anv ex	kistina	Mic	ro SIP	's with	ו HD	OFC	Mutu	ial Fu	nd v	/hich	toae	ther v	with	the c	urrer	nt app	lica	tion w	ill res	sult in
agg	regate investments exceeding Rs. 50,000 in a year. ase the selected date falls on a Non-Business Day or on a date which is no																						
For	SIPs through OTM, the maximum per installment amount after Top-Up sh	all not excee	d Rs. 5 lakhs o	r the m	axin	num a	moun	ntm	entio	oned	in OT	TM fo	orm, v	vhic	hever	r is le	ess.						
	Top-up details cannot be modified once enrolled. In order to make any ch C Mutual Fund or the AMC, its registrars and other service providers ar						-												nvesto	or's	bank	acco	unt is
deb	ited in advance or after the specific SIP date due to local holidays or any c estors are deemed to have read and understood the terms and condition.	other reason.																					
Me	morandum, Instructions and Addenda issued from time to time of the res	pective Sche	eme(s) of HDFC	; Mutua	al Fu	ınd.						nom	, otati	51110		luu	niona		innau	011,	itoy ii	10111	lation
lf th	Enrolment Form should be submitted atleast 30 days before the first date e start period is not mentioned, the chosen/Default date falling 15 days fr	om submiss						-				regi	stered	l froi	m tha	t daí	te (eg	. If th	e appl	lica	tion is	subr	nitted
ln c	June 1 without indicating the start period then the SIP start date would be ases where D-SIP/W-SIP application is accompanied with fresh OTM	- /	the start date/o	day for	D-9	SIP/W	-SIP :	sha	ll be	10 c	ays a	after	rece	ipt o	of con	firn	nation	ı for	regist	trat	ion of	отм	from
	tination banks. estors enrolling for D-SIP/W-SIP should select "As & when presented"	" as paymen	t frequency in	the OT	M.																		
In c	ase the D-SIP/W-SIP instalment is not debited on a particular day on a control of HDFC AMC/Fund, such missed debits will not be re-initiated	account of s				nical/	opera	tion	nal is	ssue	s/act	ions	of ot	her	partie	3S O	r any	othe	r circ	um	stanc	es be	eyond
∧ I dat dat	n case the auto debit start date/day as mentioned in the form does not sa e/day does not exceed the maximum time gap of 90 days between the SII e/day shall accordingly get extended.	tisfy this cor P submission	n date and first	installr																			
The	SIP registrations will be discontinued in cases where six (6) consecutive	e installments	s are not honor	ed.					_		_	_				_	_	_					
	ACKNOWLEDGE	MENT SLI	P FOR SIP (1	To be t	flle	d in I	oy th	e Ir	ive	stor)						_						

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Scheme / Plan / Option	Scheme 1
с. Г	
	Scheme 2
	Scheme 3
[For any queries please co	ntact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]
e-mail us at: hello@	ehdfcfund.com or 🌐 visit our website: www.hdfcfund.com 🌔 Missed Call Number - +91 85069 36767

To debit (tick✓) SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number IFSC/MICR With Bank IFSC/MICR IFSC/MICR an amount of Rupees ₹ Debit Type Fixed Amount I Maximum Amount Frequency Monthly Quarterly Half Yearly Yearly Yearly As & when presented PAN/PEKRN Reference 2 I.1 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 authorizing 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 authorized 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 D M M Y Y Y Io D M Y Y Y Y Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder Signature of Account Holder															is mod	esl							
MUTUAL FUND BHARDSA APROKA Utility Code Image: Segend for the segmend for the segend for the segmend	HDFC UMRN						Y						7			<u> </u>	M	N	/	Y	Y	Y	Y
To debit (tick✓) SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number With Bank IFSC/MICR an amount of Rupees ₹ Debit Type Fixed Amount ☑ Maximum Amount Frequency Monthly Quarterly Half Yearly Yearly- ☑ As & when presented PAN/PEKRN Image for the debit of mandate processing charges by the bank whom I am authorizing the user entity/Corporate 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 authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 1. 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 □ □ M M Y Y Y To □ 0 M Y Y Y Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder Phone No. 1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records	MUTUAL FUND	Code			OFFICE	USE ONL	(] Cr	eate		_	Mo	dify] Can	cel	
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an amount of Rupees ₹ Debit Type Fixed Amount Maximum Amount Frequency Monthly Quarterly Half Yearly Yearly Ø As & when presented PAN/PEKRN Reference 2 Image: A an 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 authorizing to debit my account as per latest schedule of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing 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 D M M Y Y Y To D M M Y Y Y Phone No. 1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records	To debit (tick) SB/CA/CC/S	B-NRE/SB-1	NRO/OTHE	ER	Bank A	Vc numb	er [
Debit Type Fixed Amount Maximum Amount Frequency Monthly Quarterly Half Yearly Yearly As & when presented PAN/PEKRN Reference 2	With Bank] IF	SC/M	ICR										
PAN/PEKRN Reference 2 1.1 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 authorizing 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 D D M Y Y Y To D M Y Y Y Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder Phone No. 1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records	an amount of Rupees																₹						
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