

**SIP Enrolment Form**  
**[For Investments through ECS (Debit Clearing) / Direct Debit Facility/ Standing Instruction]**



(Please read terms & conditions overleaf) Enrolment Form No. \_\_\_\_\_

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

ARN No.	Name	Sub Agent's name and Code/ Bank Branch Code	M O Code
ARN-			

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.

Transaction Charges for Applications through Distributors only (Refer Instruction 15 and please tick (✓) any one) Date: 

D	D	M	M	Y	Y	Y	Y
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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.

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** (Refer Item No. 10)

**INVESTOR AND SIP DETAILS**

Application No. (For new investor)/Folio No. (For existing Unitholder) \_\_\_\_\_

**Sole/1st Applicant** \_\_\_\_\_

**SIGNATURE** (Refer Item No. 3(b)) \_\_\_\_\_

PAN# \_\_\_\_\_ KYC# (Mandatory) [Please tick (✓)]  Attached

**Name of Guardian** (In case first/sole holder is minor) \_\_\_\_\_

PAN# \_\_\_\_\_ KYC# (Mandatory) [Please tick (✓)]  Attached

**Second Applicant** \_\_\_\_\_

PAN# \_\_\_\_\_ KYC# (Mandatory) [Please tick (✓)]  Attached

**Third Applicant** \_\_\_\_\_

PAN# \_\_\_\_\_ KYC# (Mandatory) [Please tick (✓)]  Attached

# Please attach Proof. If PAN/KYC is already validated please don't attach any proof. Refer Item No. 13 and 14.

Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Option \_\_\_\_\_

Each SIP Amount (Rs.) \_\_\_\_\_ SIP Frequency  Monthly\*  Quarterly (+Default Frequency) [Refer Item No. 6(iv)]

**SIP Top-up (Optional)** (Please ✓ to avail this facility) (Refer Item No. 7 e)  
Top-up Amount (Rs.) \_\_\_\_\_ (The amount should be in multiples of Rs. 500 only)  
SIP Top-up Frequency:  Half-yearly  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

SIP Date  1st  5th  10th+  15th  20th  25th (+ Default Date) [Refer Item No. 6(iv)]

SIP Period Start From 

M	M	Y	Y	Y	Y
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 End On\*\* 

M	M	Y	Y	Y	Y
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 OR Default Date (December 2031) \*\*Please refer Item No. 6(ii) and 6(iii)

**First SIP Transaction via Cheque No.** \_\_\_\_\_ **Cheque Dated**

D	D	M	M	Y	Y	Y	Y
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**Amount@ (Rs.)** \_\_\_\_\_

**Mandatory Enclosure** (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque @The first cheque amount should be same as each SIP Amount.

**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.**

**BANK DETAILS**

Bank Name \_\_\_\_\_ Bank City \_\_\_\_\_

Branch Name \_\_\_\_\_

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) \_\_\_\_\_

Accountholder Name as in Bank Account \_\_\_\_\_

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

\*\* To, The Branch Manager, \_\_\_\_\_ (Name of the Bank)

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**

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.

**Applicable to SIP Top-up facility:** I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

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

<b>1st Account Holder's Signature</b> (As in Bank Records)	<b>2nd Account Holder's Signature</b> (As in Bank Records)	<b>3rd Account Holder's Signature</b> (As in Bank Records)
<b>BANKER'S ATTESTATION (FOR BANK USE ONLY)</b>		
Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records		<b>Signature of Authorised Official from Bank (Bank Stamp and Date)</b>
		<b>Bank Account Number</b>

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

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