

# APPLICATION FORM FOR SIP & FLEX SIP

[For Investments through NACH/ Direct Clearing/  
Direct Debit Facility/ Standing Instruction]



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

April 2022

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.

### Enrolment Form no.

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	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	

**EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 2(I)a)**  
 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.

Sign Here _____ First/ Sole Applicant/ Guardian	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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Transaction Charges for Applications through Distributors only (Refer Item No. 13) Date: D D M M Y Y Y Y

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 (✓) any one. In the absence of indication of the option the form is liable to be rejected.

- NEW REGISTRATION**  **CANCELLATION** (Refer Item No. 7)

### 1) INVESTOR DETAILS

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

First/ Sole Applicant Details

Mobile No.		Email Id			
<b>NAME OF FIRST / SOLE APPLICANT</b>	Mr. Ms. M/s.				
<b>NAME OF THE SECOND APPLICANT</b>	Mr. Ms. M/s.				
<b>NAME OF THE THIRD APPLICANT</b>	Mr. Ms. M/s.				

Applicant	PAN/ PEKRN* (Mandatory)	KYC Number	KYC Mandatory	Proof Attached
Sole / First Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA Holder			<input type="checkbox"/>	<input type="checkbox"/>

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP Refer Item No. 11 and 12.

**NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-individual Investors)/ PoA HOLDER**

Mr. Ms. M/s.

**RELATIONSHIP WITH MINOR**

**I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓) (Refer Item No. 15)**

- Purchase of Residence  Children's Education  Children's Marriage  Retirement  Others *Please Specify*

Target Amount

### ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

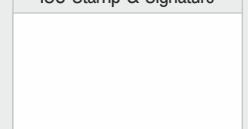
HDFC MUTUAL FUND

Date:    Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Application/ Folio No.   
 Received from Mr./Ms./M/s.  SIP application

Scheme / Plan / Option  Scheme 1  
 Scheme 2

ISC Stamp & Signature



**2A) INVESTMENT DETAILS FOR SIP [Please tick (✓)]**

Scheme Name (1)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹) _____	Start Month/Year M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		For Weekly SIP (Please (✓) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP Amount (₹) ^ _____ OR Percentage <sup>s</sup> (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y	

Scheme Name (2)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹) _____	Start Month/Year M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		For Weekly SIP (Please (✓) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP Amount (₹) ^ _____ OR Percentage <sup>s</sup> (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y	

Scheme Name (3)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option
SIP Installment Amount (₹) _____	Start Month/Year M M Y Y Y Y	End Month/Year (Default Dec 2040)* M M Y Y Y Y	SIP Frequency (Please refer Item iii) <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
SIP Date (Please (✓) one or more of the following dates) (Please refer Item 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		For Weekly SIP (Please (✓) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> SIP TOP-UP (✓) Not available for Daily and Weekly SIP Amount (₹) ^ _____ OR Percentage <sup>s</sup> (%) _____ Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Frequency: Yearly		SIP TOP-UP CAP CAP Amount*: ₹ _____ OR _____ (Investor has to choose only one option) CAP Month-Year*: M M Y Y Y Y	

\*Default, if not selected. • \*\*Triggerred and processed only on all Business Days and SIP TOP up facility shall not be available. • ## Triggerred 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. Please see Item v (a). • \$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.

\*TOP-UP CAP amount: Please refer Item v (b){1} # TOP-UP CAP Month-Year: Please refer Item v (b){2}

**Maximum amount of debit (SIP + Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.**

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated D D M M Y Y Y Y Y Y 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/total SIP Amount.

The name of the first/ sole applicant must be pre-printed on the cheque.

**2B) INVESTMENT DETAILS FOR FLEX SIP [Please tick (✓)]**

Scheme Name (1)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option <b>Growth</b>
SIP Installment Amount (₹) _____ <small>Maximum Rs. 1,00,000</small>	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly		Start Month/Year M M Y Y Y Y
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			

Scheme Name (2)		Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option/Sub-option <b>Growth</b>
SIP Installment Amount (₹) _____ <small>Maximum Rs. 1,00,000</small>	SIP Frequency (Please refer Item No. E) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly		Start Month/Year M M Y Y Y Y
SIP Date (Please (✓) one or more of the following dates) (Please refer Item No. 5) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th* <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			
Tenure of SIP - Please (✓) (Please refer Item No. D) <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years* <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years			

\*Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date.

First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated D D M M Y Y Y Y Y Y Amount (Rs.) \_\_\_\_\_

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

The name of the first/ sole applicant must be pre-printed on the cheque.

