

Application Form for Equity and Debt Flex Systematic Investment Plan (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
(Please refer Product labeling available on page 158 & 161 and terms and conditions overleaf)



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-
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.
Sign Here
First/ Sole Applicant/ Guardian/ PoA Holder
Sign Here
Second Applicant
Sign Here
Third Applicant

Date: DDMMYY

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

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

Applicant Name:

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
Please Specify
Target Amount

2) INVESTMENT DETAILS FOR SIP [Please tick (✓)]
Scheme Name
Plan / Option
Frequency
Start Date I Month Year
Tenure of Flex SIP
First SIP Transaction via Cheque No.
Cheque Dated
Amount

+Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 21 days prior to the SIP date.

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.

3) BANK DETAILS
OTM Bank Details to be debited for the SIP (OTM already Registered)
Bank Name:
Account Number:
NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

ACKNOWLEDGEMENT SLIP FOR Flex SIP (To be filled 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
FOLIO NO.
Received from Mr. / Ms.
ISC Stamp & Signature
[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)]
e-mail us at: hello@hdfcfund.com or visit our website: www.hdfcfund.com & Missed Call Number - +91 85069 36767



OTM Debit Mandate Form NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes]



UMRN

OFFICE USE ONLY

Date

D

D

M

M

Y

Y

Y

Y

Utility Code

OFFICE USE ONLY

Create

Modify

Cancel

Sponsor Bank Code

OFFICE USE ONLY

I/We authorize

HDFC Mutual Fund

To debit (tick3)

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

Reference 2

1. I 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 authorising 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

M

Y

Y

Y

Y

To

D

D

M

M

Y

Y

Y

Y

Signature of Primary Account Holder

Signature of Account Holder

Signature of Account Holder

Maximum period of validity of this mandate is 40 years only.

1.

Name as in Bank Records

2.

Name as in Bank Records

3.

Name as in Bank Records

Phone No.