APPLICATION FORM FOR SIP

[For Investments through NACH/ ECS (Debit 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 30, 2016

| | | | | | Familia and F | | | | | | |
|-----------------------------|--------------------------------------|---|--|----------------------------|---------------------------------|---------------------------|---------------------------------|--|--|--|--|
| V DADTHED / ACENT II | NEODRATION " | | | | Enrolment Fo | | IOF ONLY /TIME OTAR | | | | |
| ARN/ RIA Code | NFURMATION (Investors ARN/ RIA Name | rs applying under Direct Pla Sub-Agent's ARN | an must mention "Direct" in Bank Branch Code | Internal Code | Employee Unique | FUR OFFICE U | ISE ONLY (TIME STAN | | | | |
| | | · | | for Sub-Agent/ Employee | Identification Number (EUIN) | | | | | | |
| RN- | | | | | | | | | | | |
| JIN Declaration (only w | here FIIIN hay is left hi | ank) (Refer Item No. 3: | 1 | | | | | | | | |
| We hereby confirm th | at the EUIN box has | s been intentionally l | -, eft blank by me/us as outor/sub broker or no | s this transaction | is executed with | out any intera | ction or advice by t | | | | |
| nployee/relationship m | anager/sales person o | of the distributor/sub br | oker. | ntwittistaniuning til | e auvice of ill-app | ruprialelless, i | i any, provided by t | | | | |
| | gn Here | | Sign Here | | | | | | | | |
| | pplicant/ Guardian | | Second Applicant | | _ | Sign Here Third Applicant | | | | | |
| ansaction Charges for A | pplications through Dis | stributors only (Refer It | em No. 17 and please ti | ck (√) any one) | Date: D | D M M | Y Y Y | | | | |
| | am a First time investor ac | cross Mutual Funds. | | | at I am an existing inves | | ds. able to the Distributor) | | | | |
| sued against the balance of | paid directly by the inves | invested. stor to the ARN Holder (AN | ment X no. of installments d payable to the Distributo AFI registered Distributor) | | | | | | | | |
| NEW REGISTRATION | | · | MANDATE (Refer Item N | lo. 7(e)(iv)) | □ CA | NCELLATION (F | Refer Item No. 11) | | | | |
| | | | mmuzm z (noion noim n | 10. 7 (0)(11)) | | (| , | | | | |
| INVESTOR DETA | | g Unitholder) | | | | | | | | | |
| t/ Sole Applicant Details | , , , | | | | | | | | | | |
| obile No. | | Email Id | | | | | | | | | |
| ME OF FIRST / SOLE APPLI | CANT Mr. Ms. M/s. | | | | | | | | | | |
| ME OF THE SECOND APPLI | CANT Mr. Ms. M/s. | | | | | | | | | | |
| WE OF THE THIRD APPLICA | NT Mr. Ms. M/s. | | | | | | | | | | |
| Applicant | | PA | N/ PEKRN# (Mandatory) | | KYC M | andatory | Proof Attached | | | | |
| ole / First Applicant | | | , | | | | | | | | |
| econd Applicant | | | | | | | П | | | | |
| nird Applicant | | | | | | | | | | | |
| | | | | | | | | | | | |
| uardian/POA Holder | DN/WC is already validated a | blassa dan't attach any proof | PEKRN mandatory for Micro SI | D Defer Item No. 15 an | | | | | | | |
| | | | ON / Poa Holder (In case | | | | | | | | |
| Ms. M/s. | case of fillion) / CONTAC | JI FERSON - DESIGNATIO | ON / FOR HOLDER (III Case | or Nor-municular | iivesiuis) | | | | | | |
| LATIONSHIP WITH MINOR | R | | | | | | | | | | |
| | VEST TO MEET MY/OI | UR FINANCIAL GOALS | (choose anyone (√) (F | efer Item No. 19) | ı | | | | | | |
| <i>N</i> E WOULD LIKE TO IN | | Dream Car | Obildesels Education | Childre | n's Marriage | World Tour | Retiremen | | | | |
| | ream Home | _ Diodili odi | Children's Education | Officer | II S Marriage | vvoilu ioui | I TOUI CITICI | | | | |

| 2) INV | 2) INVESTMENT DETAILS [Please tick (<)] | | | | | | | | | | | | | | | |
|---|---|---|--|----------------------|---------------------------|-------------------------------------|------------------------|------------|-------------------------|---------------|------------|--------------------|-------------|----------------|-------|---|
| Scheme Name (1) | | | | | | Plan | Plan Option/Sub-option | | | | | | | | | |
| | | | | | _ | Regular 🔲 D | irect _ | | | | | | | | | |
| SIP Insta Amount | | | Start Month/Year M M Y Y Y | Υ | End Mont | h/ Year (Defa | ault Dec 2 | 036)* SI | IP 1st ate 20t | 5t h 25 | h | 0th⁺ [All 6 Da | 15th tes | S | Mo | equency nthly [†] arterly |
| Amoun | | TOP-UP Frequency | | 1 | FOP-UP Amount*: | | | | | 0R | CAP M | onth-Y | ear#: | Y | Y | Υ |
| (TOP UP | amount has to be in multiples of Rs. | 100 only. Please se | e Instruction 7(c){i}) | (Inves | stor has to | choose only | y one op | tion) | | | | | | | | |
| Scheme Name (2) | | | | | | Plan | | | | Optio | n/Sub-c | ption | | | | |
| | | | | | F | Regular 🗌 D | irect _ | | | | | | | | | |
| SIP Insta Amount | | | Start Month/Year End Month/Year (Default Dec 2036)* SIP 1st 5th 10th 10t | | | | | | | tes Quarterly | | | | | | |
| Amoun | | TOP-UP Frequency | | CAP | TOP-UP Amount*: | ₹ | | | | 0R | CAP M | onth-Y | 'ear#: Y | Y | Υ | Υ |
| (TOP OP | amount has to be in multiples of Rs. | | | (Inves | stor has to | choose only | y one op | tion) | | 0-4:- | /Ob | | | | | |
| | | Scheme Name (3) | | | | Plan | iront | | | Uptio | n/Sub-c | ption | | | | |
| | | | Start Month/Year | | | Regular 🔲 D h/ Year (Defa | | 026)* | ıp □1st | | h 🗆 1 | Oth+ [| 15th | S | P Fr | equency |
| SIP Insta Amount | | | M M Y Y | Υ | M | YY | Y Y | | ate 20t | | 5th 🗌 A | All 6 Da | tes | Ē | Мо | nthly [†] arterly |
| Amoun | P TOP-UP (√) • (₹) | TOP-UP Frequency | Half Yearly (✓): Yearly Half Yearly | 1 | FOP-UP Amount*: | | | | | 0R | CAP M | | 'ear": | V . | V | V |
| | amount has to be in multiples of Rs. | | | | | choose only | y one op | tion) | | OIT | IVI | IVI | ' | 1 | | |
| | not selected. • In case of Quarterly | | | | | | \ c::>1 | | | | | | | | | |
| | AP amount: Please refer Instruction m amount of debit (SIP+Top-up | . , | # TOP-UP CAP Month-Yea bit facility for investors | | | | , | nk of Inc | dia shall i | not ex | ceed Rs | s. 5,00 | ,000/ | - per | inst | allment |
| | Transaction via Cheque No. | · | Cheque Da | | | M M | Y Y | Y Y | | ınt@ (| | | | - | | |
| The name | 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. 3) BANK DETAILS | | | | | | | | | | | | | | | |
| • | k Details to be debited for the | SIP (OTM alread | v Registered) | | | | | | | | | | | | | |
| Bank Nai | | (- | Account Nu | mber: | | | | | | | | | | | | |
| NOTE: In | case the OTM is not registere | d. please fill in th | ne attached OTM Debit I | Manda | te. | | | | | | | | | | | |
| | T HOLDING OPTION | DEMAT MODE | | | | t) | (r | efer insti | ruction 1 | 0) | | | | | | |
| • | count details are mandatory if the in | vestor wishes to ho | old the units in Demat Mode | | • | , | , | | | , | | | | | | |
| NSDL | DP Name | | | I | N | | | | eneficiary ccount No | | | | | | | |
| CDSL | DP Name | | | Beneficia Account | | | | | | | | Т | | | | \prod |
| *Investor o | pting to hold units in demat form, m | | • | | | mat details a | s stated | in the apr | olication fo | rm. | | | | | | |
| | CLARATION AND SIGNAT | | | | | | | | | | | | | | | |
| I/We hereb I/We have r and of NAC The ARN he | y confirm and declare as under:- ead, understood and agree to compl H/ECS (Debit Clearing) / Direct Debit, older has disclosed to me/us all the gst which the Scheme is being recoi | / with the terms and of / Standing Instructions commissions (in the | he form of trail commission | ated doo | cuments of | the Scheme | and the t | erms & co | onditions o | f enrolr | nent for S | System hemes | atic In | vestm rious | ent P | lan (SIP) al Funds |
| 7E (S) | | | . <u> </u> | | | | | | | | | | | | | |
| ATUI | First/ Sole Unit holder/ Guardia | | | | Unit hold | | | | | | Third | Unit h | older | | | |
| SIGNATURE (S) | | | nature(s) should be as i ase the mode of holding | | | | | | | e orde | r. | | | | | |

| MUTUAL FUND www.hdfcfund.com | OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] |
|---|--|
| (tick✓) | UMRN OFFICE USE DNLY |
| ☐ CREATE Sponsor Bank Code | OFFICE USE ONLY Utility Code OFFICE USE ONLY |
| ☐ CANCEL I/We hereby authorize | to debit (tick) SB / CA / CC / SB-NRE / SB-NRO / Other |
| Bank A/c No.: | |
| With Bank! Bank! | Name & Branch IFSC OR MICR |
| an amount of Rupees | ₹ |
| FREQUENCY Monthly Quarte | erly 🗆 Half Yearly 🗆 Yearly 🗀 As & when presented DEBIT TYPE 🗎 Fixed Amount 🗹 Maximum Amount |
| Reference 1 Folio No: | Phone No: |
| Reference 2 Appln No: | Email ID: |
| I agree for the debit of manda | te processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. |
| From D D M M Y Y Y | Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder |
| to DDMMYYYY | |
| or | 1. Name as in Bank Records 2. Name as in Bank Records Name as in Bank Records |
| This is to confirm that the declaration has been c I have understood that I am authorized to cancel/ | Name as in Bank Records Name as in Bank Records Rame as in Bank Records Rame as in Bank Records Ramel by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. amend the mandate by appropriately compunicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit. |

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