

# Enrolment Form

(Please read terms & conditions / instructions overleaf)



EUIN- E019976

Enrolment Form No.

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- 6574				

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.

Date: 

D	D	M	M	Y	Y	Y	Y
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I / We have read and understood the contents of the Key Information Memorandum(s), Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information and the terms & conditions overleaf. I / We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the STP of the following Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective Scheme(s) / Plan(s) / Option(s). The ARN holder (AMFI registered Distributor) 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.

Please (✓) any one.  NEW REGISTRATION  CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)										
Name of the Applicant	PAN#	KYC is mandatory# Please (✓)								
First / Sole Applicant	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Proof Attached <input type="checkbox"/>
Guardian (in case the First / Sole Applicant is a minor)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Proof Attached <input type="checkbox"/>
Second Applicant	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Proof Attached <input type="checkbox"/>
Third Applicant	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Proof Attached <input type="checkbox"/>

# Please attach Proof. If PAN/KYC is already validated, please don't attach any proof. Refer Instruction 15 and 16

Name of 'Transferor' Scheme/Plan/Option														
Name of 'Transferee' Scheme/Plan/Option														
For <b>Fixed Systematic Transfer Plan (FSTP)</b> (Please ✓ any one) (Refer Instruction No. 7)	Amount of Transfer per Installment: Rs. _____													
	<input type="radio"/> Daily#	No. of Installments:* _____												
	<input type="radio"/> Weekly\$ [Day of Transfer (Please ✓ any one)] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday+	No. of Installments:* _____												
	<input type="radio"/> Monthly+ <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th+ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Enrolment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y									
M	M	Y	Y	Y	Y									
For <b>Capital Appreciation Systematic Transfer Plan (CASTP)</b> (Please ✓ any one) (Refer Instruction No. 8)	<b>OR</b>													
	<input type="radio"/> Monthly+ <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th+ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Enrolment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
	M	M	Y	Y	Y	Y								
	M	M	Y	Y	Y	Y								

In case of multiple registrations, please fill up separate Enrolment Forms.

#Refer Instruction No. 7 (a) \$Refer Instruction No. 7 (b) \* Refer Instruction No. 9 overleaf + Default Frequency/Date/Day [Refer Instruction 9(a)(v)&(vi)]

SIGNATURE(S)	_____	_____	_____
	First / Sole Unit Holder / Guardian	Second Unit Holder	Third Unit Holder
	Please note : Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.		

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)			
HDFC MUTUAL FUND			
Date:	Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020	Enrolment Form No./Folio No.	
Received from Mr./Ms./M/s. _____ 'STP' application for transfer of Units;		ISC Stamp & Signature <table border="1" style="width: 100%; height: 100%;"><tr><td> </td></tr></table>	
from Scheme / Plan / Option _____			
to Scheme / Plan / Option _____			