

S	SWING
S	SYSTEMATIC
T	TRANSFER
P	PLAN

HDFC SWING SYSTEMATIC TRANSFER PLAN

Enrolment Form

(Please read terms & 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	ARN Name	Sub-Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)												
ARN-					Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y									

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.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer item no. 2)
 I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as this is an "execution-only" transaction without any interaction or advice by the employee / relationship manager/ sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here _____ First/Sole Unit holder / Guardian	Sign Here _____ Second Unit holder	Sign Here _____ Third Unit holder
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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 the Statement of Additional Information and the terms & conditions overleaf. I/We hereby apply to the Trustee of HDFC Mutual Fund for enrolment under the Swing 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.**

Applicable to PEKRN Holders: I, the first / sole holder, also hereby declare that I do not hold a Permanent Account Number and hold only a single PAN Exempt Reference No. (PEKRN) issued by KYC Registration Authority and that my existing investments together with the current application will not result in aggregate investments exceeding Rs.50,000/- in a rolling 12 months period or in a financial year.

Applicable to application under Direct Plan: I/We hereby declare and confirm that I/We have read and understood the Scheme related documents pertaining to the "Direct Plan" and also confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. HDFC Mutual Fund/HDFC AMC/Trustee shall not be liable for any consequences arising out of such investments.

Please (✓) any one NEW ENROLMENT CANCELLATION **KYC is Mandatory # Please (✓)**

Name of the First / Sole Applicant	PAN # or PEKRN #	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Proof Attached <input type="checkbox"/>
Name of the Guardian (in case of First / Sole Applicant is a minor)	PAN # or PEKRN #	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Proof Attached <input type="checkbox"/>
Name of the Second Applicant	PAN # or PEKRN #	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Proof Attached <input type="checkbox"/>
Name of the Third Applicant	PAN # or PEKRN #	<table border="1" style="width: 100%;"><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/PEKRN/KYC is already validated, please don't attach any proof. Refer item no. 21 and 22.

1. Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)															
2. Name of 'Transferor' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).														
3. Name of 'Transferee' Scheme/Plan	(Investors applying under Direct Plan must mention "Direct" against the Scheme name). (ONLY GROWTH OPTION)														
4. Frequency of Swing STP @ (please ✓ any one Plan/Frequency only)	<input type="radio"/> Weekly <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday*	<input type="radio"/> Monthly*	<input type="radio"/> Quarterly												
5. No. of Installments (for Weekly interval only) [please refer item no. 14(b)]	_____														
6. Date of Transfer for (for Monthly & Quarterly Interval only) (please ✓ any one only)	<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th												
7. Enrolment Period [please refer item no. 14(b) & (g)]	From: <table border="1" style="display: inline-table; vertical-align: middle;"><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	To: <table border="1" style="display: inline-table; vertical-align: middle;"><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	(Not applicable for Weekly Interval) There should be a minimum time gap of 10 days and maximum time gap of 90 days between the date of submission of SWING STP enrolment form and the commencement of the SWING STP facility.
M	M	Y	Y	Y	Y										
M	M	Y	Y	Y	Y										
8. First Installment Amount [please refer item no. 14(a)]	Rs. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									From the 2nd installment onwards, the transfer amount shall be determined by formula in item no. 9 overleaf.					

* Default Frequency / Date / Day

@ Or immediate next Business Day, if the indicated day is a non Business Day.

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)

Date :	HDFC MUTUAL FUND Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai - 400 020	Enrolment Form No.
Received from Mr./Ms.M/s _____	'Swing STP' application for transfer of Units;	
From Scheme / Plan / Option _____	ISC Stamp & Signature	
To Scheme / Plan / Option _____		