

# Enrolment Form

(Please read terms & conditions / instructions 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 (EUIIN)	Date:	D	D	M	M	Y	Y	Y	Y
ARN-													

**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 EUIIN box is left blank) (Refer Instruction No. 18)**  
**I / We hereby confirm that the EUIIN 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 in-appropriateness, 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 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.

**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/HDFCAMC/Trustee shall not be liable for any consequences arising out of such investments.

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# or PEKRN#	KYC is mandatory# Please (✓)
Name of First/Sole Applicant	<input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Guardian in case First/Sole Applicant is a minor	<input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Second Applicant	<input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Third Applicant	<input type="text"/>	Proof Attached <input type="checkbox"/>

# Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 15 and 16

Name of 'Transferor' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).														
Name of 'Transferee' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).														
For Fixed Systematic Transfer Plan (FSIP) (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 <sup>+</sup>	No. of Installments:* _____													
	<input type="radio"/> Monthly <sup>+</sup> <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <sup>+</sup> <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 Capital Appreciation Systematic Transfer Plan (CASTP) (Please ✓ any one) (Refer Instruction No. 8)	<input type="radio"/> Monthly <sup>+</sup> <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <sup>+</sup> <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 <sup>+</sup>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. _____ from Scheme / Plan / Option _____ to Scheme / Plan / Option _____	'STP' application for transfer of Units;	ISC Stamp & Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div>