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

OTM Debit Mandate is atta	ched and to be registered in	* ;		•	bit date 15th, form ca 10 to 30 days depe			
					Enrolment I	Form no.		
KEY PARTNER / AGENT I	NFORMATION (Investors	applying under Direct Pla	n must mention "Direct" in	ARN column.)		FOR OFFICE	USE ONLY (TIM	NE STAMP
ARN/ RIA Code	ARN/ RIA Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Numbe (EUIN)	r		
ARN-42260					E025630			
EUIN Declaration (only w I/We hereby confirm th employee/relationship n employee/relationship n	at the EUIN box has nanager/sales person	been intentionally le of the above distrib	eft blank by me/us as utor/sub broker or no	this transactio twithstanding th	n is executed wi e advice of in-a	thout any inter opropriateness,	action or advi if any, provid	ce by the ed by the
	ign Here		Sign Here			Sign H		
	pplicant/ Guardian		Second Applicant		_	Third App		
Transaction Charges for A	pplications through Dist	ributors only (Refer Ite	em No. 17 and please tic	k (√) any one)	Date:			
(Rs. 150 deduc If the total commitment of i Charges, the same are dedu issued against the balance o Upfront commission shall be the ARN Holder.	f the installment amounts in	. amount per SIP installr e installment amount and vested.	ment X no. of installments d payable to the Distributor	amounts to Rs.10 In such cases Tran		ur Distributor has be recoverable in 3	opted to receive 3-4 installments.	transaction Units will be
Please (\checkmark) any one. In the abs	ence of indication of the opt	ion the form is liable to be	e rejected.					
NEW REGISTRATION		HANGE OTM DEBIT I	MANDATE (Refer Item N	o. 7(e)(iv))		ANCELLATION ((Refer Item No.	11)
1) INVESTOR DETA	ILS							
Application No. (For new investigation of the second		Unitholder)						
Mobile No.		Email Id						
IAME OF FIRST / SOLE APPL	CANT Mr. Ms. M/s.							
NAME OF THE SECOND APPL								
VAME OF THE THIRD APPLIC	Mr. Ms. M/s.							
Applicant	PAN/ PEKR	N [#] (Mandatory)		1	CYC Number		KYC Mandate	pry Attached
Sole / First Applicant								
Second Applicant								
Third Applicant								
Guardian/POA Holder								
	RN/KYC is already validated ple	ase don't attach any proof. F	PEKRN mandatory for Micro SIF	Refer Item No. 15 an	d 16.			
IAME OF THE GUARDIAN (In								
Mr. Ms. M/s.	case of minor)/ control	TENSON - DESIGNATIO	N/ TOK HOLDEN (III case	or won-murviduar i	114631013)			
RELATIONSHIP WITH MINO	R							
I/WE WOULD LIKE TO IN	VEST TO MEET MY/OU	R FINANCIAL GOALS	(choose anyone (√) (R	efer Item No. 19				
		Dream Car	Children's Education		n's Marriage	🗌 World Tou	ur 🗌 Re	etirement
Marriage								
Marriage								
_			MENT SLIP (To be fill HDFC MUTUAL Fl Parekh Marg, 165-166, Ba	JND		- 400 020.	ISC Stamp & S	

Scheme 1 Scheme 2 Scheme 3

Scheme / Plan / Option

2) INVESTMENT DETAILS [Please tick (√)]		
Scheme Nar	ne (1)	Plan	Option/Sub-option
		Regular Direct	t
SIP Installment	Start Month/Year	End Month/Year (Defaul	
Amount (₹)			Daily ⁺⁺ Monthly ⁺ Quarterly
SIP Date (Please (~) one or more of the followin 1st 2nd 3rd 4th 5th 17th 18th 19th 20th 21st	ng dates) 6th 7th 8th 22nd 23rd 24th	9th10th ⁺ 1 25th26th2	
□ SIP TOP-UP (✓) Amount (₹) ^ Frequency (✓): □ Half Yearly □ Yearly ⁺	Percentage ^s (%) Frequency: Yearly	SIP TOP-UP CAP CAP Amount*: ₹ (Investor has to choose only on	CAP Month-Year*: OR M Y Y Y e option) OR M Y Y Y
Scheme Nar	ne (2)	Plan	Option/Sub-option
		Regular Direct	t
SIP Installment	Start Month/Year	End Month/Year (Defaul	It Dec 2036)* SIP Frequency (Please refer Instruction 6)
Amount (₹)	M M Y Y Y Y	M M Y Y	Y Y Daily** Monthly* Quarterly
SIP Date (Please (✓) one or more of the followin □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 17th □ 18th □ 19th □ 20th □ 21st	☐ 6th ☐ 7th ☐ 8th ☐ 22nd ☐ 23rd ☐ 24th	9th10th ⁺ 1 25th26th2	27th 28th 29th 30th 31st
□ SIP TOP-UP (✓) Amount (₹) ^ Frequency (✓): □ Half Yearly □ Yearly ⁺	Percentage ^s (%) Frequency: Yearly	SIP TOP-UP CAP CAP Amount*: ₹ (Investor has to choose only one)	
Scheme Nar	ne (3)	Plan	Option/Sub-option
		Regular Direct	t
SIP Installment	Start Month/Year	End Month/Year (Defaul	It Dec 2036)* SIP Frequency (Please refer Instruction 6)
Amount (₹)	M M Y Y Y	́ММУҮҮ	Y Y Daily ⁺⁺ Monthly ⁺ Quarterly
SIP Date (Please (✓) one or more of the followin □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 17th □ 18th □ 19th □ 20th □ 21st	ng dates) ☐ 6th ☐ 7th ☐ 8th ☐ 22nd ☐ 23rd ☐ 24th	9th10th⁺1 25th26th2	
□ SIP TOP-UP (✓) Amount (₹) ^ Frequency (✓): □ Half Yearly □ Yearly ⁺	Percentage ^s (%)	SIP TOP-UP CAP CAP Amount*: ₹ (Investor has to choose only one	
⁺ Default if not selected. • In case of Quarterly SIP, only the ^x \$The minimum TOP UP Percentage has to be 10% and in m			unt has to be in multiples of Rs.100 only. <i>Please see Instruction</i> $7(c){i}$
*TOP-UP CAP amount: Please refer Instruction 7(c) {ii}] Maximum amount of debit (SIP+Top-up) under dir		: Please refer Instruction 7(c){ii} vith bank accounts with State	·] e Bank of India shall not exceed Rs. 5,00,000/- per installment.
First SIP Transaction via Cheque No.	Cheque Dat	ed	Amount@ (Rs.)
Mandatory Enclosure (if 1st Installment is not by ch The name of the first/ sole applicant must be pre-prir		d cheque Copy of d	cheque @The first cheque amount should be same as each/total SIP Amount.
3) BANK DETAILS			
OTM Bank Details to be debited for the SIP (OTM a	Iready Registered)		
Bank Name:	Account Nun	nber:	
NOTE: In case the OTM is not registered, please fil	ll in the attached OTM Debit M	andate. 	

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L	DP Name								DP ID								Benef Accol	iciary nt No.								
L	DP Name									eneficiary ccount No																٦
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