

# Application Form for Equity and Debt Systematic Investment Plan (SIP)

[For Investments through NACH/ Direct 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

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA /Stock Broker/ Portfolio Manager's Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUN)	
ARN-						

**EUIN Declaration (only where EUIN box is left blank)**  
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here	Sign Here	Sign Here
First/ Sole Applicant/ Guardian/ PoA Holder	Second Applicant	Third Applicant

**Transaction Charges for Applications through Distributors only**

Date: 

D	D	M	M	Y	Y	Y	Y
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☐ I confirm that I am a first time investor across Mutual Funds. OR ☐ I confirm that I am an existing investor across Mutual Funds.

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected. ☐ NEW REGISTRATION ☐ CANCELLATION

Please (✓) as applicable:  
☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.  
☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH modalities.

**1) INVESTOR DETAILS** Application No. (For new investor)/ Folio No. (For existing Unitholder)

Applicant	Name	PAN/ PEKRN* (Mandatory)
Sole / First Applicant		
Second Applicant		
Third Applicant		
Guardian/POA Holder		

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP

**I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))**

☐ Purchase of Residence ☐ Children's Education ☐ Children's Marriage ☐ Retirement ☐ Others *Please Specify*

Target Amount

**2) INVESTMENT DETAILS FOR SIP [Please tick (✓)]**

Scheme Name	HDFC	HDFC	HDFC																								
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct																								
Option / Facility	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW   <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW   <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW   <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout																								
Frequency	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly																								
SIP Date* or Weekly SIP Day* (Not for daily frequency)	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D						
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Enrolment Period** (MM/YY)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y
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SIP Amount																											
<b>SIP TOP-UP (✓) Not available for Daily and Weekly SIP</b>																											
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*																								
Amount																											
Percentage <sup>s</sup> (%) & Frequency	Yearly	Yearly	Yearly																								
SIP Top-Up Cap Amount or CAP Month-Year*:	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y												
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\* Default, if not selected. \*\* Triggered and processed only on all Business Days and SIP TOP up facility shall not be available. \*\*\* Triggered and processed on the day opted by the investor. If the day opted falls on non-business day, it will be triggered and processed on the next business day and SIP TOP up facility shall not be available. • In case of Quarterly SIP only the Yearly option is available as SIP Top-Up frequency. • ^ TOP UP amount has to be in multiples of Rs.100 only. • \$The minimum TOP UP Percentage has to be 10% and in multiples of 1% thereafter, of the existing SIP installment. Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. Top-up will be applicable from next effective SIP installment. • \*TOP-UP CAP amount • \*\*SIP tenure can be registered upto a maximum of 30 years • # TOP-UP CAP Month-Year

**ACKNOWLEDGEMENT SLIP FOR SIP (To be filled in by the Investor)**

**HDFC MUTUAL FUND:** Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

DATE 

D	D	M	M	Y	Y	Y	Y
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 FOLIO NO. 

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Received from Mr. / Ms. \_\_\_\_\_

ISC Stamp & Signature

[For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]

e-mail us at: [hello@hdfcfund.com](mailto:hello@hdfcfund.com) or visit our website: [www.hdfcfund.com](http://www.hdfcfund.com) Missed Call Number - +91 85069 36767

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