

Enrolment Form No.

KEY PARTNER / AGENT INFORMATION		FOR OFFICE USE ONLY
Name & AMFI Reg. No. (ARN)	Sub Agent's Name & ARN	
ARN-0163		

The Trustee

Date :

HDFC Mutual Fund

I / We have read and understood the contents of the Offer Document of the following Scheme and the terms & conditions overleaf. I / We hereby apply for enrolment under the SIP of the following Scheme / Plan / Option and agree to abide by the terms and conditions of the following Scheme / Plan / Option.

Name of the First / Sole Applicant						
PAN *		Form No. 60 / 61 (Please ✓)		<input type="checkbox"/> Yes <input type="checkbox"/> No		UIN**
Name of the Guardian (in case of First / Sole Applicant is a minor)						
PAN *		Form No. 60 / 61 (Please ✓)		<input type="checkbox"/> Yes <input type="checkbox"/> No		UIN**
Name of the Second Applicant						
PAN *		Form No. 60 / 61 (Please ✓)		<input type="checkbox"/> Yes <input type="checkbox"/> No		UIN**
Name of the Third Applicant						
PAN *		Form No. 60 / 61 (Please ✓)		<input type="checkbox"/> Yes <input type="checkbox"/> No		UIN**
1. Name of Scheme / Plan / Option						
2. Frequency (Please ✓ any one only) <input type="checkbox"/> Monthly SIP <input type="checkbox"/> Quarterly SIP						
3. Enrolment Period From MMYY To MMYY						
4. Payment Mechanism (Please ✓ any one only)			<input type="checkbox"/> Cheques (Please provide the details in point 5 below)			
			<input type="checkbox"/> SIP Auto Debit Facility*** (Please complete the Application Form for SIP Auto Debit Facility)			
5. Cheque(s) Details						
Cheque Number(s)		Dated (DD/MM/YY)	Amount (Rs.)	Cheque Number(s)		Dated (DD/MM/YY)
Amount (Rs.)						Amount (Rs.)
1.				7.		
2.				8.		
3.				9.		
4.				10.		
5.				11.		
6.				12.		
Total (Rs.)						
Cheques drawn on			Name of Bank		Branch	
6. Receipt of Document(s) by E-Mail (Please ✓)						
<input type="checkbox"/> Account Statement <input type="checkbox"/> Newsletter <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information						
E-Mail ID :						

* Permanent Account Number. Mandatory where investment is Rs. 50,000 or more. In absence of PAN, please submit Form No. 60 or Form No. 61 (as applicable) with proof of address. (refer item no. 16 overleaf).

** Unique Identification Number. Mandatory for 'Specified Investors' (refer item no. 17 overleaf).

*** Mandate for ECS (Debit Clearing). This facility is available in select cities only.

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
Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020

Date : _____ Enrolment Form No. _____

Received from Mr./Ms./M/s. _____ 'SIP' application(s) for: _____

Scheme / Plan / Option _____ No. of Cheques _____ **SIP Auto Debit Facility**

Total Amount (Rs.) _____

ISC Stamp & Signature

Please Note : All Purchases are subject to realisation of cheques / demand drafts.

