

Enrolment Form No.

Date :

ARN-0163

The Trustee

HDFC Mutual Fund

I / We have read and understood the contents of the Offer Documents of the respective Scheme(s) and the terms & conditions overleaf. I / We hereby apply 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).

Name of the First / Sole Applicant	
Name of the Guardian <small>(in case of First / Sole Applicant is a minor)</small>	
Name of the Second Applicant	
Name of the Third Applicant	

Particulars	Scheme 1*	Scheme 2*
1. Folio No. of 'Transferor' Scheme		
2. Name of 'Transferor' Scheme/Plan/Option		
3. Name of 'Transferee' Scheme/Plan/Option		
4. Type of STP Plan / Frequency <small>(Please ✓ any one Plan / Frequency only)</small>	<input type="checkbox"/> FSTP <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="checkbox"/> CASTP <input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="checkbox"/> FSTP <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="checkbox"/> CASTP <input type="radio"/> Monthly <input type="radio"/> Quarterly
5. Date of Transfer <small>(Please ✓ any one only)</small>	<input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th of the month	<input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th of the month
6. Enrolment Period	From : MM <input type="text"/> YY <input type="text"/> To : MM <input type="text"/> YY <input type="text"/>	From : MM <input type="text"/> YY <input type="text"/> To : MM <input type="text"/> YY <input type="text"/>
7. Amount of Transfer per Instalment	FSTP Rs <input type="text"/> CASTP Rs <input type="text"/>	FSTP Rs <input type="text"/> CASTP Rs <input type="text"/>
8. Total Amount of Transfer	FSTP Rs <input type="text"/> CASTP Rs <input type="text"/>	FSTP Rs <input type="text"/> CASTP Rs <input type="text"/>
9. Receipt of Document(s) by E-Mail <small>(Please ✓)</small>	<input type="checkbox"/> Account Statement <input type="checkbox"/> Quarterly Newsletter <input type="checkbox"/> Annual Report E-Mail ID : _____	

* In case of insufficient space and enrolment for more than two schemes, please fill up separate Enrolment Forms

OPTION-A

D:\Com-3\HDFC-Merger-STP-FRM.p65 D-5 24.8.04 alok

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 Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020	Enrolment Form No.
Received from Mr./Ms./M/s. _____	`STP' application(s) for transfer of Units;	
1. From Scheme / Plan / Option _____ to Scheme / Plan / Option _____	<div style="border: 1px solid black; padding: 5px; width: fit-content;">ISC Stamp & Signature</div>	
2. From Scheme / Plan / Option _____ to Scheme / Plan / Option _____		

OPTION-1