

# 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)	
AR-64917					E434563	

**EUN Declaration (only where EUN box is left blank)**  
I/We hereby confirm that the EUN 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 border="1"><tr><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or _____	D	D	D	D	<table border="1"><tr><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or _____	D	D	D	D	<table border="1"><tr><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or _____	D	D	D	D												
D	D	D	D																								
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D	D	D	D																								
Enrolment Period** (MM/YY)	From <table border="1"><tr><td>M</td><td>M</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></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table border="1"><tr><td>M</td><td>M</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></tr></table>	M	M	Y	Y	M	M	Y	Y	From <table border="1"><tr><td>M</td><td>M</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></tr></table>	M	M	Y	Y	M	M	Y	Y
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SIP Amount																											

**SIP TOP-UP (✓) Not available for Daily and Weekly SIP**

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 <sup>†</sup> :	_____ <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	_____ <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	_____ <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y
M	M	Y	Y												
M	M	Y	Y												
M	M	Y	Y												

\* 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	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	FOLIO NO.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											ISC Stamp & Signature
D	D	M	M	Y	Y	Y	Y															
Received from Mr. / Ms. _____																						
[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: <a href="mailto:hello@hdfcfund.com">hello@hdfcfund.com</a> or <a href="http://www.hdfcfund.com">www.hdfcfund.com</a> ☎ Missed Call Number - +91 85069 36767																						

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

Maximum amount of debit (SIP + Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

First SIP Transaction via Cheque No.  Cheque Dated           Amount@ (Rs.)

Mandatory Enclosure (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque @The first cheque amount should be same as each/total SIP Amount.

The name of the first/ sole applicant must be pre-printed on the cheque.

## 3) BANK DETAILS

OTM Bank Details to be debited for the SIP (OTM already Registered)

Bank Name:  Account Number:

## 4) UNIT HOLDING OPTION DEMAT MODE\* PHYSICAL MODE (Default)

\*Demat Account details are mandatory for (i) Foreign Portfolio Investors and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name <input type="text"/>	DP ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Beneficiary Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDSL	Depository Participant (DP) Name <input type="text"/>	Beneficiary Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

## 5) DECLARATION AND SIGNATURE(S)

I/ We hereby confirm and declare as under:-

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ Debit Clearing/ Direct Debit/ Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder 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.

SIGNATURE (S)

First/ Sole Unit holder/ Guardian/ POA Holder

Second Unit holder

Third Unit holder

Please note: Signature(s) should be as it appears in the folio/ on the Application Form and in the same order.  
In case the mode of holding is joint, all Unit holders are required to sign.

## Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility, please visit our website [www.hdfcfund.com](http://www.hdfcfund.com) and also refer to scheme related documents.

- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with HDFC Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. 5 lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- HDFC Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility and SIP facility in the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.
- The Enrolment Form should be submitted atleast 30 days before the first date ^ for NACH/ Direct Clearing/ Direct Debit/ Standing Instruction.  
If the start period is not mentioned, the chosen/Default date falling 15 days from submission date will be considered as the start date and will be registered from that date (eg. If the application is submitted on June 1 without indicating the start period then the SIP start date would be July 1).
- In cases where D-SIP/W-SIP application is accompanied with fresh OTM mandates, the start date/day for D-SIP/W-SIP shall be 10 days after receipt of confirmation for registration of OTM from destination banks.
- Investors enrolling for D-SIP/W-SIP should select "As & when presented" as payment frequency in the OTM.
- In case the D-SIP/W-SIP instalment is not debited on a particular day on account of system constraints, technical/operational issues/actions of other parties or any other circumstances beyond the control of HDFC AMC/Fund, such missed debits will not be re-initiated.  
^ In case the auto debit start date/day as mentioned in the form does not satisfy this condition, the first date/day shall be rolled over to begin from the immediately following month (provided the roll over date/day does not exceed the maximum time gap of 90 days between the SIP submission date and first installment of SIP through NACH/Direct Clearing or Direct Debit/ Standing Instruction) and the end date/day shall accordingly get extended.
- The SIP registrations will be discontinued in cases where six (6) consecutive installments are not honored.

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

Scheme / Plan / Option	<input type="text"/>	Scheme 1
	<input type="text"/>	Scheme 2
	<input type="text"/>	Scheme 3

[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

# Enrolment Form

(Please refer terms and 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/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 (EJIN)	
AFARN-64917					E434563	
Date:						D D M M Y Y Y Y

**EJIN Declaration (only where EJIN box is left blank) (Refer Instruction No. 19)**  
I/we hereby confirm that the EJIN 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 _____ First / Sole Unit Holder / Guardian	Sign Here _____ Second Unit Holder	Sign Here _____ Third Unit Holder
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I/we hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply to the Trustees for enrolment under the STP in the following Scheme(s)/Plan(s)/Options(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.**

Please (✓) any one.  NEW REGISTRATION  CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor) \_\_\_\_\_

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

# Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 16 and 17

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) (for T&C of STP registered during NFO, Refer Instruction No. 8) (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. No other date can be specified.) <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: M M Y Y Y Y To: M M Y Y Y Y
For Capital Appreciation Systematic Transfer Plan (CASTP) (Not available during the NFO period) (Please ✓ any one) (Refer Instruction No. 9)	<input type="radio"/> Monthly <sup>+</sup> <input type="radio"/> Quarterly	Enrolment Period*:
	Date of Transfer (Please ✓ any one. No other date can be specified.) <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	From: M M Y Y Y Y
		To: 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. 10  
+Default Frequency/Date/Day [Refer Instruction 10(a)(v)&(vi)]

**SIGNATURE(S)**

_____ First / Sole Unit Holder / Guardian	_____ Second Unit Holder	_____ Third Unit Holder
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**Please note : Signature(s) should be as it appears in the folio/ 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: \_\_\_\_\_ Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. Enrolment Form No./Folio No. \_\_\_\_\_

Received from Mr./Ms./M/s. \_\_\_\_\_ 'STP' application for transfer of Units;  
from Scheme / Plan / Option \_\_\_\_\_  
to Scheme / Plan / Option \_\_\_\_\_

ISC Stamp & Signature  
\_\_\_\_\_

<b>S</b>	<b>SYSTEMATIC</b>
<b>W</b>	<b>WITHDRAWAL</b>
<b>A</b>	<b>ADVANTAGE</b>
<b>P</b>	<b>PLAN</b>

## Enrolment Form

(Please refer Product labeling available on page 53 & 54 and terms and conditions overleaf)

Date : 

D	D	M	M	Y	Y	Y	Y
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ARN-64917 E434563

I / We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms and conditions mentioned overleaf of Systematic Withdrawal Advantage Plan (SWAP) and of the relevant Scheme(s) and hereby apply to the Trustees for enrolment under the SWAP of the following Scheme(s)/ Plan(s)/ Options(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.**

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

<input type="checkbox"/> <b>New Registration:</b> For enrolment under SWAP facility	<input type="checkbox"/> <b>Change in withdrawal amount:</b> For Change in withdrawal amount under SWAP facility	<input type="checkbox"/> <b>Cancellation:</b> For cancellation of SWAP facility
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<b>FOLIO NO. OF EXISTING UNIT HOLDER / APPLICATION NO. (New Investor)</b>	
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<b>1) UNIT HOLDER INFORMATION</b>	
<b>First / Sole Unit holder</b>	PAN# or PEKRN# <input type="text"/> KYC Number <input type="text"/>
<b>Guardian</b> (in case of First / Sole Unit holder is a minor)	PAN# or PEKRN# <input type="text"/> KYC Number <input type="text"/>

<b>2) SCHEME DETAILS</b> (If the SWAP is to be registered from Direct Plan of the Scheme, please mention so clearly.)	
<b>SCHEME NAME #</b>	
<b>PLAN</b>	
<b>OPTION</b>	

# Please note that one SWAP Form must be used for one Scheme / Plan / Option only. Unit holder(s) need to fill in Separate SWAP Form for each Scheme / Plan / Option.

<b>3) WITHDRAWAL DETAILS</b> (Please ✓ choice of Plan)	
<input type="checkbox"/> <b>Fixed Plan</b> (Refer item 8(ii) & (iii) overleaf)	<input type="checkbox"/> <b>Variable Plan</b> (Capital Appreciation, if any) (Refer item 9(ii) overleaf)
	<input type="checkbox"/> 6% <input type="checkbox"/> ____%
<input type="radio"/> MONTHLY@ <input type="radio"/> QUARTERLY <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY    (@ Default Frequency)	<input type="radio"/> QUARTERLY <sup>®</sup>
Rs. (in figures) <input type="text"/>	<input type="radio"/> HALF-YEARLY
Rs. (in words) <input type="text"/>	<input type="radio"/> YEARLY
	(@ Default Frequency)

<b>4) ENROLMENT DETAILS</b> (refer item 7, 8, 9 & 10 overleaf)							
Commencement Date : <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Refer Item 8(v), 9(iii) & 10 overleaf)	M	M	Y	Y	Y	Y	Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <sup>®</sup> <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st   (@ Default Date)
M	M	Y	Y	Y	Y		
Last Withdrawal Date : <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		

<b>5) PAYMENT OF SWAP PROCEEDS</b> (refer item 14)	
Redemption proceeds through SWAP will be credited to the default bank account registered in the Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Folio, please mention the Bank Account No. and Name below:	
ACCOUNT NO.	<input type="text"/>
BANK NAME	<input type="text"/>
(If the above mentioned bank details do not match with the registered bank account in your the Folio, proceeds will be credited to the default bank account registered in the Folio.)	

<b>6) SIGNATURES</b> ^		
_____	_____	_____
First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

^ **Please note:** Signature(s) should be as it appears in the Folio/ on the Application Form and in the same order.  
**In case the mode of holding is joint, all Unit holders are required to sign.**

<b>ACKNOWLEDGEMENT SLIP</b> (To be filled in by the Unit holder)		
Date :	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	ISC Stamp & Signature
Received from Mr. / Ms. / M/s. _____		
a 'SWAP' application for redemption of Units of Scheme / Plan / Option _____		