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Tetel Amount (De )	pplication No. ole/1st applic AN# EKRN# ame of Guard a case Applicant AN# EKRN# EKRN# Hird Applicant AN# EKRN# Please attach F cheme (Int an (Int) AN#	(For new investor)/ F	/KYC is already validated pl under Direct Plan must r	KYC# ( [Please] KYC# ( [Pleas]	tick (✓)] Mandatory) tick (✓)] Mandatory) tick (✓)] Mandatory) tick (✓)] efer Item No. 15 and e Scheme name). Option P (To be filled in //UTUAL FUND se, 2nd Floor, H.T. P	Proof Attached Proof Attached Proof Attached Proof Attached Proof Attached 16. by the Unit holder)		
Total Amount (Rs.) Please Note: All purchases are subject to realisation of cheques	oplication No.	(For new investor)/ F cant dian t is minor) ant proof. If PAN/PEKRN vestors applying t	/KYC is already validated pl under Direct Plan must r	KYC# ( [Please] KYC# ( [Pleas]	tick (✓)] Mandatory) tick (✓)] Mandatory) tick (✓)] Mandatory) tick (✓)] efer Item No. 15 and e Scheme name). Option P (To be filled in //UTUAL FUND se, 2nd Floor, H.T. P	Proof Attached Proof Attached Proof Attached Proof Attached The Proof	I Enrolment Form No.	
	oplication No.	(For new investor)/ F cant dian t is minor) cant cant cant cant cant cant cant cant	/KYC is already validated pl under Direct Plan must r	KYC# ( [Please] KYC# ( [Pleas]	tick (✓)] Mandatory) tick (✓)] Mandatory) tick (✓)] Mandatory) tick (✓)] efer Item No. 15 and e Scheme name). Option P (To be filled in //UTUAL FUND se, 2nd Floor, H.T. P	Proof Attached Proof Attached Proof Attached Proof Attached The Proof	I Enrolment Form No.	

Each SIP/ Micro SIP Amount (F	Rs.)		Freq	uency 🗌 Monthly	/ <sup>+</sup>	Quarterly	y (*Defaul	t Frequency) [Re	fer Item No. 6(iv)]
<b>SIP Top-up (Optional)</b> (Refer Item No. 7 e)	(Please ✓ to			ount (Rs.) Frequency: 🗖 Half-	/early 🗖	,			es of Rs. 500 only) ncy at yearly intervals only.)
Maximum amount of debit (SII	P+Top-up) under d								,
SIP/ Micro SIP Date 1st	5th	10th <sup>+</sup> 15th	20th	25th (*Default					**Please refer Item
SIP/ Micro SIP Period Start From	m <u>M M - Y</u>	ΥΥΥΕ	nd On**	M M - Y Y	Y Y C	)R Default	Date (Dec	ember 2032)	No. 6(ii) and 7(b)
First SIP/ Micro SIP Transactio	•	· · · –		•	) - M M		ΥΥ	Amount@ (Rs.	
Mandatory Enclosure (if 1st In		. ,		k cancelled cheque		Copy of che	eque		heque amount should each SIP Amount.
The name of the first/ sole appl		printed on the cheque							ach on Anount.
DEMAT ACCOUNT DET			NS	SDL				CDSL	
(Optional - refer instruction 10)		DP Name							
Investor opting to hold units in dema a copy of the DP statement to mate as stated in the application form.		DP ID Beneficiary							
l/we hereby authorise HDFC Mu Direct Debit / Standing Instruction BANK DETAILS			ıy Limite	d and their authorised servi	ce providers	s, to debit m	y/our follow	ring bank account	by ECS (Debit Clearing) /
Bank Name									
Branch Name					Bank	City			
Account Number									
9 Digit MICR Code				<ul> <li>(Please enter the second se</li></ul>	9 digit num	ber that a	ppears af	ter the cheque	number)
Account Type (Please ✓)	Savings	Current 🗖 NRO	🗖 NF	RE 🗖 FCNR 🔲 Oth	ners (please	specify) _			-
Accountholder Name as in Bank Account									
Authorisation of the B	ank Account H	older (to be sign	ed by	the Investor)**					
** To, The Branch Manager, <sub>-</sub> Bank)				(Name o	f the				
This is to inform that I/We ha Debit/Standing Instruction ar be made from my/our below carrying this ECS (Debit Cle executed.	nd that my/our payr r mentioned bank a	ment towards my/our account with your ba	investm nk. I/We	ent in HDFC Mutual Fund s authorise the representation	shall		Ba	nk Account Number	
I/ We have read and agreed to above are correct and agree to Fund/HDFC Asset Manageme	o make payments re	eferred above through	particip	ation in ECS (Debit Clearin					
Applicable to SIP Top-up	facility (not avail	able under Micro S	IP):						
I/We hereby agree to avail th designated account.			-		Debit/Stan	ding Instru	ction for a	further increase	in installment from my
Please write SIP Enrolment	FORM NO. / FONO NC	). On the reverse of t	ne cneq	ue.					
1st Account Holder's Signature (As in Bank Records)		2nd Acc Holde Signat (As in E Record	<b>r's</b> ure Bank			Hol Sigi (As i	<b>Account</b> Ider's nature n Bank cords)		
BANKER'S ATTESTATIC Certified that the signature	•	,							
details of Bank account and per our records			Signatu	re of Authorised Official from	Bank (Bank S	tamp and Da	ate)	Bank Acco	unt Number
For Office Use only (No	ot to be filled in	by Investor)							
Recorded on				Scheme Code					
Recorded by				Credit Account Nur	nber				