

Enrolment Form

(Please read terms & conditions / instructions overleaf)



Enrolment Form No.

KEY PARTNER / AGENT INFORMATION (Inve	EY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN No. column.)								FOR OFFICE USE ONLY (TIME STAMP)							
ARN No. AR N Name	Sub-Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee		En	Employee Unique Identification Number (EUIN)											
ARN-0155		163	36													
Upfront commission shall be paid directly by the		AFI registered Di	stributor)	based or	n the inv	estors'	Date:	D	D	М	М	V	v	v v		
assessment of various factors including the service Declaration for "execution-only" trans action		ction 18)					Date.	-								
☐ I/We hereby confirm that where the EUIN		,	nsaction	is an "e	execution	on-only	/" tran	sactio	on.							
I / We have read and understood the contents of the terms & conditions overleaf. I / We hereby apply to to conditions of the respective Scheme(s) / Plan(s) / Op payable to him/them for the different competing Sche Applicable to PEKRN Holders: I, the first / sole hold Registration Authority and that my existing investment Applicable to application under Direct Plan: I/We he investments in Scheme through "Direct Plan" is/are m:	he Trustee of HDFC Mutual Fund ton (s). The ARN holder (AMFI re mes of various Mutual Funds fror lec also hereby declare that I do ts together with the current applic	I for enrolment un gistered Distributo n amongst which: not hold a Perma ation will not result	ider the S1 or) has dis the Schen nent Acco t in aggreg	P of the to closed to le is being unt Numb ate invest	following me/us al grecomn ber and l tments ex	g Schem II the cor nended t hold only xceeding	ne(s)/ P mmissi to me/u y a sing j Rs.50,	lan(s) ons (in s. gle PAN ,000/-i	/ Option the forn Exemp in a rollin	i(s) and n of trai t Refer ng 12 m	d agree I comn ence N ionths	e to abid nission o lo. (PEK period o	le by the or any ot RN) issu rin a fina	terms and her mode) ued by KYO incial year.		
Please (✓) any one. NEW REGISTRATION CANCELLATION																
Folio No. of 'Transferor' Scheme (for existing	ng Unit holder) / Application	No. (for new in	vestor)													
Name of the Applicant											К	YC is m		ry#		
		DAM#									D	roof At	ise (√) tached			
Name of First/Sole Appli	icant	PAN# or PEKRN#										1001 AU	lacifeu			
		PAN#									Р	Proof Attached				
Name of Guardian in case First/Sole A	ppiicantis a minor	or PEKRN#					İ									
Name of Second Applicant		PAN#									P	roof At	tached			
		or PEKRN#														
Name of Third Applica	PAN# or PEKRN#									P	roof At	tached				
# Please attach Proof. If PAN/PEKRN/KYC is	already validated, please do	n't attach any g	roof. Re	er Instn	uction 1	5 and	16									
Name of 'Transferor' Scheme/Plan/Option	(In	vestors app (ing t	xixter [] ne	ct Plan m	ust men		rect" ag	gainst t	the Sche	me na						
Name of 'Transferee' Scheme/Plan/Option	(In	westers applying	oder Dire	ct Plan m	ust men	tion "Di	rect" ag	gainst t	the Sche	me na	me).					
For Fixed Systematic Transfer Plan	Amount of Transfer per Install	ment Rs.														
(FSIP) (Please ✓ any one)	O Daily#						No. of Installments:*									
(Refer Instruction No. 7)	○ Weekly\$ [Day of Transfer (Please ✓ any one)] □ Monday □ Tuesday □ Wednesday □ Thursday [Priday ⁺ No. of Installments:*								
	○ Montfily* ○ Quarterly							ment P	eriod*:							
	Date of Transfer (Please any one) 11st						From:		M	M	γ	Υ	Y	Y		
							To:		M	M	Υ	Y	Y	Y		
For Capital Appreciation Systematic							F1									
Transfer Plan (CASTP)	Date of Transfer (Please ✓ ar			•					eriod*:	M	γ	V	٧	V		
(Please ✓ any one)	☐1st ☐5th ☐10th* ☐	15th □20th	□ 25th				From:				,	_ ·		· ·		
(Refer Instruction No. 8)							To:		М	М	Y	Y	Y	Y		
In case of multiple registration's, please fill up s #Refer Instruction No. 7 (a) \$Refer Instruc- First / Sole Unit Holde Please I	r/ Guardian *Refer Ins		nd Unit H	lolder	ult Freq			_		struc t			vi)]	_		
Please I	note : Signature(s) should be In case the mode of ho							me or	rder.							
	ACKNOWLEDGEME			in by t	he Unit	t holde	r)									
Deter	HDFC MUTUAL FUND Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg,							En	rolmer	ıt						
Date:	169, Backbay Reclan							Fo	rm No.	/Folio		C Stam	p & Sig	nature		
Received from Mr./Ms./M/s.			'STI	o' applic	cation fo	or trans	fer of	Units;								
from Scheme / Plan / Option																
to Scheme / Plan / Option																