S AUTO
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Application Form

(Please read terms & conditions overleaf)

HDFC MUTUAL FUND

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing) / DIRECT DEBIT FACILITY

SIP via **ECS (Debit Clearing)** in select cities or via **Direct Debit** in select banks / branches only.

KEY PARTNER / AGENT INFORMATION		
Name and AMFI Reg. No. (ARN)	Sub Agent's Name and Code / Bank Branch Code	M O Code
ARN- 7671		

FOR OFFICE USE ONLY			
Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp

The Trustee
HDFC Mutual Fund

Date : D D M M Y Y

I / We have read and understood the contents of the Offer Document of the following Scheme and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit.

Please (✔) any one.

- ☐ I / We hereby apply for enrolment under the SIP via ECS (Debit Clearing) / Direct Debit of the following Scheme / Plan / Option and agree to abide by the terms and conditions of the following Scheme / Plan / Option. **(New Registration)**
- ☐ Please change my / our bank account for ECS (Debit Clearing) / Direct Debit **(Change in bank account)**.
- ☐ I / We hereby apply for cancellation of ECS (Debit Clearing) / Direct Debit facility for SIP of the following Scheme / Plan / Option **(Cancellation)**.

INVESTOR AND SIP DETAILS

Sole / First Investor Name

PAN (Mandatory)#

Sole/1st Applicant / Guardian | Second Applicant | Third Applicant

#Please attach PAN Proof. If PAN is already validated, please don't attach any proof.

Application No. | Folio No.

Scheme

Plan | Option

Each SIP Amount (Rs.) | Frequency ☐ Monthly ☐ Quarterly

First SIP Transaction via Cheque No. | **Cheque Dated** D D M M Y Y | **Amount (Rs.)**

Mandatory Enclosure (if 1st instalment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of Cheque

SIP Date [for ECS (Debit Clearing) / Direct Debit] ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

There should be a minimum time gap of 30 days and maximum time gap of 60 days between the first cheque for SIP investment and first installment of SIP through ECS (Debit Clearing) or Direct Debit.

SIP Period [for ECS (Debit Clearing) / Direct Debit] Start From M M Y Y | End On** (please ✓) ☐ Till further Notice ☐ _____ years & _____ months

** Please refer item no. 10 and 11 of Terms and Conditions

Mobile No. | E-mail ID

Preferred messaging medium **SMS** : Yes ☐ No ☐ **E-mail** : Yes ☐ No ☐ ***Note : Please ✓ for your preferred medium of messaging.***

I/We hereby, authorise HDFC Mutual Fund/HDFC Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Bank Name

Branch Name

Bank City

Account Number | Account Type ☐ Savings ☐ Current ☐ Cash Credit

9 Digit MICR Code ◄ (Please enter the 9 digit number that appears after the cheque number)

Accountholder Name as in Bank Account

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/ We will also inform HDFC Mutual Fund/HDFC Asset Management Company Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

First Account Holder's Signature *(As in Bank Records)*	**Please write application Form No. / Folio No. on the reverse of the Cheque.**
Second Account Holder's Signature *(As in Bank Records)*	
Third Account Holder's Signature *(As in Bank Records)*	

BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)	Bank Account Number

For Office Use only (Not to be filled in by Investor)

Recorded on | Scheme Code

Recorded by | Credit Account Number

Authorisation of the Bank Account Holder (to be signed by the Investor)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit and that my payment towards my investment in HDFC Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit mandate Form to get it verified & executed.

Bank Account Number

First Account Holder's Signature *(As in Bank Records)*	
Second Account Holder's Signature *(As in Bank Records)*	
Third Account Holder's Signature *(As in Bank Records)*	