

S	SYSTEMATIC
T	TRANSFER
P	PLAN

Enrolment Form

(Please read terms & conditions overleaf)



Enrolment
Form No.

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

The Trustee

Date :

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	
1. Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)	
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"/> Daily* <input type="radio"/> Weekly ^s <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 <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <small>(Not applicable for FSTP Daily Interval and FSTP Weekly Interval)</small>
6. Enrolment Period <small>(Please refer item no. 9 (c) / 9 (d) overleaf)</small>	From : <input type="text" value="MM"/> <input type="text" value="YY"/> To : <input type="text" value="MM"/> <input type="text" value="YY"/> <small>(Not applicable for FSTP Daily Interval and FSTP Weekly Interval)</small>
7. No. of Instalment (Mandatory for Daily and Weekly STP only)	For FSTP – Daily <input type="text"/> For FSTP – Weekly <input type="text"/>
8. Amount of Transfer per Instalment	FSTP Rs. <input type="text"/>
9. Receipt of Document(s) by E-Mail (Please ✓)	<input type="checkbox"/> Account Statement <input type="checkbox"/> Newsletter <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information [as may be permitted under SEBI (Mutual Funds) Regulations, 1996] E-Mail ID : _____

In case of insufficient space, please fill up separate Enrolment Forms.

* Refer Instruction No. 7 (a) ^s Refer Instruction No. 7 (b)

SIGNATURE(S)	_____ First/Sole Unit holder / Guardian	_____ Second Unit holder	_____ Third Unit holder
	<i>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.</i>		

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)		
Date :	HDFC MUTUAL FUND Regd. 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;		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">ISC Stamp & Signature</div>
from Scheme / Plan / Option _____		
to Scheme / Plan / Option _____		