

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)	
ARN-						

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
---	---	---	---	---	---	---	---

☐ 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><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D	<table><tr><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td><td>D</td></tr></table> or	D	D	D	D	D	D						
D	D	D	D	D	D																						
D	D	D	D	D	D																						
D	D	D	D	D	D																						
Enrolment Period** (MM/YY)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><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><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><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><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To <table><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																								
M	M	Y	Y																								
M	M	Y	Y																								
M	M	Y	Y																								
M	M	Y	Y																								
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 ^s (%) & Frequency	Yearly	Yearly	Yearly																								
SIP Top-Up Cap Amount or CAP Month-Year*:	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	<table><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	<table><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><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><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: hello@hdfcfund.com or visit our website: www.hdfcfund.com 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"/> <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"/> <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"/> <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 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 or  visit our website: www.hdfcfund.com  Missed Call Number - +91 85069 36767

PAN LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes except for MINORS]



UMRN	<input type="text"/>	OFFICE USE ONLY	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Utility Code	<input type="text"/>	OFFICE USE ONLY	<input type="text"/>	<input type="checkbox"/>	Create	<input type="checkbox"/>	Modify	<input type="checkbox"/>	Cancel			

Sponsor Bank Code OFFICE USE ONLY I/We authorize **HDFC Mutual Fund**

To debit (tick✓) ☐ SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number

With Bank IFSC/MICR

an amount of Rupees ₹

Debit Type ☐ Fixed Amount ☒ Maximum Amount **Frequency** ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented

PAN/PEKRN Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From

To

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

Phone No.

1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

FOLIO LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes for MINORS/ Folio based mandate]



UMRN	<input type="text"/>	OFFICE USE ONLY	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utility Code	<input type="text"/>	OFFICE USE ONLY	<input type="text"/>	<input type="checkbox"/>	Create	<input type="checkbox"/>	Modify	<input type="checkbox"/>	Cancel		

Sponsor Bank Code OFFICE USE ONLY I/We authorize **HDFC Mutual Fund**

To debit (tick✓) ☐ SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number

With Bank IFSC/MICR

an amount of Rupees ₹

Debit Type ☐ Fixed Amount ☒ Maximum Amount **Frequency** ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented

Folio Nos Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From

To

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

Phone No.

1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

INSTRUCTIONS to fill the Mandate (All mandatory fields highlighted)

Write Name of your Bank (as in Cheque/ pass book) 1	Write Your Bank a/c no. (as in Cheque/ pass book) 2	Tick Bank account type 3	Mention any one of Your bank code IFSC or MICR Code (as in Cheque/ pass book) 4	Mandatory to mention the date 5
--	--	--	--	---

PAN LEVEL/ FOLIO LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes except for MINORS]

UMRN

OFFICE USE ONLY

Date

Utility Code

OFFICE USE ONLY

☐ Create
☐ Modify
☐ Cancel

Sponsor Bank Code
 I/We authorize HDFC Mutual Fund

To debit (tick ☒ SB/CA/CC/SB-NRE/SB-NRO 3
 Bank A/c number 2

With Bank 1
 IFSC/MICR 4

an amount of Rupees ₹ 11

Debit Type ☐ Fixed Amount ☒ Maximum Amount
 Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented

PAN/PEKRN/ Folio Nos
 Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From 6
 To 7

Signature of Primary Account Holder
 8

Signature of Account Holder
 2

Signature of Account Holder
 3

Name as in Bank Records
 1

Name as in Bank Records
 2

Name as in Bank Records
 3

Phone No. 10

Mandatory to write Payment Start date 6	Mandatory to write till payment date 7	Sign as per Bank records (Sign of all account holder primary & Joint required) 8	Write your Name as per Bank records (All signatories name required) 9	Write your Mobile No. 10	Write maximum Mandate Amount (In both figure & words) That may be debited 11
---	--	---	--	--	---

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM) - PAN / FOLIO NOS. LEVEL

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Investor may register for the One Time Mandate (OTM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg lumpsum, SIP) received through any mode i.e. physical or electronic ("OTM facility"). Investors who have already submitted a One Time Mandate (OTM) form i.e. already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form. 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned. 3. Mobile Number: Unit holder(s) should mandatorily provide their mobile number on the mandate form. 4. Where the mode of holding in the bank account is "Joint", the OTM mandate is to be signed by all Jointholders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification. 5. PAN/PEKRN/ Folio Nos.: Investors, should provide the PAN/PEKRN of the First Holder, as applicable, under Reference 1. Investors, should provide the Folio nos of the First Holder, as applicable. 6. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, | <p>Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.</p> <ol style="list-style-type: none"> 7. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format. 8. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund 9. Tick on the respective option to select your choice of action and instruction. 10. The numeric data like Bank account number, Investors account number should be left padded with zeroes. 11. Please mention the Name of Bank and Branch, IFSC / MICR Code. 12. The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected. 13. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented". 14. As per NPCI Circular NPCI/2023-24/NACH/008, mandate can be registered for a maximum duration of 30 years. An investor has to mandatorily enter the 'End Date' of the mandate by filling the date for a maximum period of 30 years from the start date or less. 15. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking. 16. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM. 17. Date has to be filled in mandatorily. |
|---|--|

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank/AMC communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We will inform the AMC about any changes in my bank account. I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.