S SYSTEMATIC
T TRANSFER
P PLAN

Enrolment Form

(Please read terms & conditions overleaf)

HDFC MUTUAL FUND

Enrolment Form No.

KEY PARTNER / AGENT INFORMATION		
Name and AMFI Reg. No. (ARN)	Sub Agent's name and Code/ Bank Branch Code	M O Code
ARN- 28191		

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

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Date: D D M M Y Y

I / We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information and the terms & conditions overleaf. I /We hereby apply to the Trustee of HDFC Mutual Fund 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). **The ARN holder (AMFI registered Distributor) 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.**

Please (✓) any one. ☐ NEW REGISTRATION ☐ CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)	
Name of the First / Sole Applicant	
Name of the Guardian (in case of First / Sole Applicant is a minor)	
Name of the Second Applicant	
Name of the Third Applicant	

Particulars		
1. Contact details of First / Sole Unit Holder /Guardian (if not provided earlier)	Mobile	Tel.
	Email	
2. Name of 'Transferor' Scheme/Plan/Option		
3. Name of 'Transferee' Scheme/Plan/Option		
4. Type of STP Plan/Frequency (Please ✓ any one)	☐ FSTP Amount of Transfer per Installment: Rs. _____	☐ CASTP
	☐ Daily# ☐ Weekly$	☐ Monthly ☐ Quarterly
	Date of Transfer (Please ✓ any one) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th	Date of Transfer (Please ✓ any one) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th
	No. of Installments: _____	Enrolment Period*: From: M M Y Y To: M M Y Y
		Enrolment Period*: From: M M Y Y To: M M Y Y
5. Receipt of Document(s) by E-mail (Please ✓) (Refer Item No. 13)	☐ YES^ ☐ NO	
	^ The email address provided under Section 1 above will be considered for sending documents by email.	

In case of insufficient space, please fill up separate Enrolment Forms.
*#Refer Item No. 7 (a) $Refer Item No. 7 (b) * Refer Instruction No. 9 (b) / 9(c) overleaf.*

SIGNATURE(S)

First / Sole Unit Holder / Guardian | Second Unit Holder | Third Unit Holder

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.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

HDFC MUTUAL FUND
Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020

Date:

Enrolment Form No.

ISC Stamp & Signature

Received from Mr./Ms./M/s. _____ 'STP' applications(s) for transfer of Units;

from Scheme / Plan / Option _____

to Scheme / Plan / Option _____