

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	Date of Receipt	Folio No.	Branch Trans. No.	ISC Name & Stamp
ARN- 25741						

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: _____

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.**

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 ⁵ <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>	Form : <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value=""/> <input type="text" value=""/> To : <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value=""/> <input type="text" value=""/> <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" value=""/> For FSTP – Weekly <input type="text" value=""/>
8. Amount of Transfer per Instalment	FSTP <input type="text" value="Rs."/> <input type="text" value=""/>
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 Item No. 7 (a) ⁵Refer Item No. 7 (b)

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)		
Date : _____ Received from Mr./Ms./M/s. _____ from Scheme / Plan / Option _____ to Scheme / Plan / Option _____	HDFC MUTUAL FUND Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020	Enrolment Form No. _____ <div style="border: 1px solid black; padding: 5px; text-align: center;">ISC Stamp & Signature</div>