

Enrolment Form

(Please refer terms and conditions / Instructions overleaf)

Enrolment Form No. _____

| 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 (EUIN) | |
| ARN- | | | | | | |
| Date: | | | | | | D D M M Y Y Y Y |

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction No. 19)
I/We hereby confirm that the EUIN 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 _____ First / Sole Unit Holder / Guardian | Sign Here _____ Second Unit Holder | Sign Here _____ Third Unit Holder |
|---|--|---|

I/We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply to the Trustees for enrolment under the STP in the following Scheme(s)/Plan(s)/Options(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 Applicant | | KYC is mandatory# Please (✓) |
|--|--|--|
| Name of First/Sole Applicant | PAN# or PEKRN# _____ KYC Number _____ | Proof Attached <input type="checkbox"/> |
| Name of Guardian in case First/Sole Applicant is a minor | PAN# or PEKRN# _____ KYC Number _____ | Proof Attached <input type="checkbox"/> |
| Name of Second Applicant | PAN# or PEKRN# _____ KYC Number _____ | Proof Attached <input type="checkbox"/> |
| Name of Third Applicant | PAN# or PEKRN# _____ KYC Number _____ | Proof Attached <input type="checkbox"/> |

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 16 and 17

| | | |
|--|--|--|
| Name of 'Transferor' Scheme/Plan/Option | (Investors applying under Direct Plan must mention "Direct" against the Scheme name). | |
| Name of 'Transferee' Scheme/Plan/Option | (Investors applying under Direct Plan must mention "Direct" against the Scheme name). | |
| For Fixed Systematic Transfer Plan (FSIP) (for T&C of STP registered during NFO, Refer Instruction No. 8) (Please ✓ any one) (Refer Instruction No. 7) | Amount of Transfer per Installment: Rs. _____ | |
| | <input type="radio"/> Daily# | No. of Installments:* _____ |
| | <input type="radio"/> Weekly\$ [Day of Transfer (Please ✓ any one)] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday ⁺ | No. of Installments:* _____ |
| | <input type="radio"/> Monthly ⁺ <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one. No other date can be specified.) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th ⁺ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th | Enrolment Period*: From: M M Y Y Y Y To: M M Y Y Y Y |
| For Capital Appreciation Systematic Transfer Plan (CASTP) (Not available during the NFO period) (Please ✓ any one) (Refer Instruction No. 9) | <input type="radio"/> Monthly ⁺ <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one. No other date can be specified.) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th ⁺ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th | Enrolment Period*: From: M M Y Y Y Y To: M M Y Y Y Y |

In case of multiple registrations, please fill up separate Enrolment Forms. #Refer Instruction No. 7 (a) \$Refer Instruction No. 7 (b) *Refer Instruction No. 10
+Default Frequency/Date/Day [Refer Instruction 10(a)(v)&(vi)]

SIGNATURE(S)

| | | |
|--|-----------------------------|----------------------------|
| _____ First / Sole Unit Holder / Guardian | _____ 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.**

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

HDFC MUTUAL FUND

Date: _____ Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020. Enrolment Form No./Folio No. _____

Received from Mr./Ms./M/s. _____ 'STP' application for transfer of Units;
from Scheme / Plan / Option _____
to Scheme / Plan / Option _____

ISC Stamp & Signature
