IHDFC MUTUAL FUND		ebit Mandate Fo	-	="		/SI _{Dat}	0186 / Bonanza te D D M M Y Y Y Y
www.hdfcfund.com	LAPF UMRN	olicable for Lumpsum Ad	ditional Purchases	as well as SIP I	Registrations]		
(tick✓)						1105005004	100000005
☐ MODIFY Sponsor Bank Code		HDFC0000060		Utility Cod	,	HDFC05834	
☐ CANCEL I/We hereby author	rize: HDFC Mut	tual Fund			to debit (tic	k✔) SB / CA / CC	C / SB-NRE / SB-NRO / Other
Bank A/c No.:							
With Bank:	ık Name & Branch		IFSC			OR MICR	
an amount of Rupees						₹	
FREQUENCY	arterly 🔲 Half Ye	arly 🗌 Yearly 🔽	As & when prese	nted	DEBIT	TYPE Fixed A	mount Maximum Amount
Reference 1 Folio No: Phone No:							
Reference 2 Appln No:			Ema	il ID:			
I agree for the debit of mar	ndate processing cl	harges by the bank v	vhom I am auth	orizing to de	bit my accoun	t as per latest sch	nedule of charges of the bank.
From D D M M Y Y Y Y Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder						ignature of Account Holder	
or	1. Nam	e as in Bank Records	<u>2.</u>	Name as in F	Bank Records	<u>3.</u>	Name as in Bank Records
This is to confirm that the declaration has been been understood that I am authorized to confirm	en carefully read, understo	ood & made by me/us. I ar	m authorizing the U	ser entity/ corpora	ite to debit my acc	ount, based on the instr	ructions as agreed and signed by me.
I have understood that I am authorized to car				- — — —			
Please tick ✓ as applicable:	SIP Re	gistration/Renewa	al Form (for O	TM registered	d investors only	y)	- 0
OTM Debit Mandate is already register	•						
OTM Debit Mandate is attached and to The total of all installments in a day shoul	•			•		, , , ,	
KEY PARTNER / AGENT INFORMAT	<u>`</u>						ICE USE ONLY (TIME STAMP)
ARN AR	N Name Sub	b-Agent's ARN Ban	k Branch Code	Internal Code for Sub-Agent/ Employee	Employee U	nique Number	
ARN-				Employee	(EUIN)		
EUIN Declaration (only where EUIN box i	s left blank)						
I/We hereby confirm that the EUIN box h person of the above distributor/sub brok	as been intentionally I	left blank by me/us as thi he advice of in-appropria	is transaction is e Iteness, if any, pro	xecuted without vided by the em	t any interaction ployee/relations	or advice by the emp hip manager/sales pe	loyee/relationship manager/sales erson of the distributor/sub broker.
Sign Here	.	Sign Here			Sign Here		
First/ Sole Applicant/ Gua Transaction Charges for Applications thro		Second Applicant	cant Date: D			Third Applicant	
I confirm that I am a First tim	•	. , , , ,		☐ I confir		sisting investor in Mut	ual Funds.
(Rs. 150 deductible as Trans If the total commitment of investment t Charges, the same are deductible as ap be issued against the balance of the in	rough CID (i.e. amour	nt nor CID inctallment V r	o of inctallments) amounto to Do	10 000 or more	and your Dietributor	and payable to the Distributor) has opted to receive transaction ble in 3-4 installments. Units will istered Distributor) based on the
investors' assessment of various factor	s including the service	rendered by the ARN Hol	lder.				,
Investor Name:							
Existing Investor Folio No.			OR N	New Investor Application			
PAN/PEKRN & KYC#(Mandatory)	pplicant / Guardian		Second App	plicant	Third Applicant		
# Please attach Proof. If PAN/PEKRN/KY(SIP Installment		OID D. I.		*Default Chart Manth Again End Month/Year		
No. Scheme/Plan/Option	/Sub-option	Amount (₹)	SIP Da		Frequency	Start Month/	Year (Default Dec 2032)*
1.			□ 1 ^{st*} □ 5 th □ 15 th □ 20 ^t		Monthly* Quarterly	MMYY	YYMMYYYY
SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only) (Refer Item No. 7 e) SIP Top-up Frequency: Half-yearly Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)							
Maximum amount of debit (SIP+Top-up							/- per installment.
UNIT HOLDING OPTION *Demat Account details are mandatory if	DEMAT MODE the investor wishes to		CAL MODE (Defa u Aode	lt)	(refer ins	truction 10)	
NSDL DP Name					Bene	ficiary Account No.	
				ciary Account N			
*Investor opting to hold units in demat fo						application form	
I/WE WOULD LIKE TO INVEST TO Marriage Dream Home Dream	MEET MY/OUR FIN	ANCIAL GOALS (choo	ose anyone (√)			et Amount	
I/We hereby confirm and declare as under: I/We have read, understood and agree to Investment Plan (SIP). The ARN holder has	comply with the terms	s and conditions of OTM I the commissions (in the	Facility, Scheme r	elated documen	its of the Scheme	and the terms & con	iditions of enrolment for Systematic he different competing Schemes of
various mutual Funds from amongst which First Unit Holder's Signature	•			ignature		Th	nird Unit Holder's Signature
							nird Unit Holder's Signature
	ACKNO	WLEDGEMENT SLIP (or (ARN Holder)	
Head Of		LIDEO	MILITILAL FLINIE				
Date:	fice : HDFC House, 2nd	d Floor, H.T. Parekh Marg,		y Reclamation,			ISC Stamp & Signature
Date: Folio No OTM DEBIT MANADATE FORM			, 165-166, Backba	y Reclamation,			ISC Stamp & Signature

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 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 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.

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

- Investors who have already submitted a One Time Mandate (OTM) form or 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 and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- 4. 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.
- 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, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY
 format.
- 7. Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
- 8. Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- 10. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- 11. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- 12. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- $13. \ \ \, \text{There is no maximum duration for enrolment}.$
 - An investor has an option to choose the 'End Date' of the SIP by filling the date or the Default Date i.e. December 2032 will be the end date.
- 14. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.