

# Application Form for Equity and Debt Flex Systematic Investment Plan (Flex 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  
(Please refer Product labeling available on page 183 to 186 and terms and conditions 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 (EUN)	
ARN-						

### EUIN Declaration (only where EUIN box is left blank)

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 Applicant/ Guardian/ PoA Holder	Sign Here Second Applicant	Sign Here Third Applicant
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Date: 

D	D	M	M	Y	Y	Y	Y
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Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.  NEW REGISTRATION  CANCELLATION

### 1) INVESTOR DETAILS

Application No. (For new investor)/ Folio No. (For existing Unitholder)

Applicant Name:

### 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	1.	2.	3.																								
Plan / Option																											
Frequency	<input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly <sup>+</sup> <input type="checkbox"/> Quarterly																								
Start Date   Month Year	<table border="1"><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	<table border="1"><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	<table border="1"><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
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D	D	M	M	Y	Y	Y	Y																				
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Tenure of Flex SIP	<input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <sup>+</sup> <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years	<input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <sup>+</sup> <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years	<input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <sup>+</sup> <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years																								
First SIP Transaction via Cheque No.																											
Cheque Dated	<table border="1"><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	<table border="1"><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	<table border="1"><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
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D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
Amount																											

<sup>+</sup> Default, if not selected. • Investors/unit holders subscribing for this facility are required to submit the request at least 21 days prior to the SIP date.

Mandatory Enclosure (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque

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:

NOTE: In case the OTM is not registered, please fill in the attached OTM Debit Mandate.

### ACKNOWLEDGEMENT SLIP FOR Flex 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 

D	D	M	M	Y	Y	Y	Y
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 FOLIO NO. 

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Received from Mr. / Ms. \_\_\_\_\_

ISC Stamp & Signature

[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](mailto:hello@hdfcfund.com) or visit our website: [www.hdfcfund.com](http://www.hdfcfund.com) Missed Call Number - +91 85069 36767

