□ HDFC	OTM De	ebit Ma	ndate Fo	orm	NAC	H/E	CS/D	IREC	T D	EΒ	IT/S	SI		D	ate D	n M	M	/ V	v v
MUTUAL FUND			Lumpsum Ad											D.		D IVI	IVI	1	1 1
(tick✓)	UMRN																		
☐ CREATE Sponsor Bank Code		HDFC00	00060				Utility	Code				HD	FC0	583	40000	286	35		
☐ CANCEL //We hereby authorize:	HDFC Mut	tual Fund	d						to de	bit (t	tick✓	') SI	3 / C	A/C	C / SB	-NRE/	SB-N	IRO /	Other
Bank A/c No.:		\Box		Т								\exists							
With Bank Na	me & Branch				IFSC	T			$\overline{\Box}$	Ť	T		0R I	ИICR			ПΤ	T	
an amount of Rupees														₹	T				
FREQUENCY Monthly Quarter	y ☐ Half Ye	arly 🗆	Yearly Z	As &	when pr	resent	ted			DEB	IT T	YPE		ixed /	\moun	⊧	/laxim	um A	mount
Reference 1 Folio No:					P	hone	No:												
Reference 2 Appln No:					Е	mail	ID:												
I agree for the debit of mandate	processing ch	narges by	the bank v	vhom	ı I am a	autho	rizing to	debit	my a	CCO	unt a	s pe	r late	st sc	hedule	of ch	arges	of the	e bank.
From D D M M Y Y Y Y	Signature	of Primary	Account Hold	er			Signature	of Acco	ount He	older				9	Signatur	e of Acc	ount H	older	
to DDMMYYYY																			
or Until Cancelled 1. 2. 3. Name as in Bank Records										orde									
This is to confirm that the declaration has been care I have understood that I am authorized to cancel/ ar				n auth	orizing th	e Usei					CCOUR	nt, bas	ed on	the ins					by me.
							— —				- —				- X				
Please tick ✓ as applicable:	SIP Re	gistratio	n/Renewa	al Fo	orm (fo	r OT	M regist	ered in	vesto	ors o	nly)								
OTM Debit Mandate is already registered in OTM Debit Mandate is attached and to be re																			
The total of all installments in a day should be le																III OI LO	75 11100	iantico	•
KEY PARTNER / AGENT INFORMATION ARN ARN ARN Name		•				ect" ir		,	F				FO	R OF	FICE US	SE ONI	Y (TII	ME ST	TAMP)
Ann Name	ARN ARN Name Sub-Agent's			k Branc	n Code		Internal C for Sub-A Employ	Employee Unique Identification Numbe (EUIN)			nber								
ARN-36863									E02	254	51								
EUIN Declaration (only where EUIN box is left to I/We hereby confirm that the EUIN box has be		eft blank b	v me/us as thi	is tran	saction	is exe	cuted wit	hout an	v inte	ractio	on or a	advic	e bv t	he em	plovee/i	elation	ship m	anage	er/sales
person of the above distributor/sub broker or n	otwithstanding t	he advice o	in-appropria	tenes	s, if any,	provi	ded by the	emplo	yee/re	elatio	nship	man	ager/	sales	person o	f the dis	tributo	r/sub	broker.
Sign Here		.			ign Here				_ .						Sign He				
First/ Sole Applicant/ Guardian Transaction Charges for Applications through Distributors only (Please					nd Applic	ant				Da	ate:	D	D	Th N	nird Appl	icant	V	V	
I confirm that I am a First time inve	stor across Mutu	ial Funds.	, , , ,							m an	existi	ing in	vesto	r in Mu	itual Fun		<u>.</u>	<u> </u>	
(Rs. 150 deductible as Transaction If the total commitment of investment throug		•			installme	ents) :	•								and pa				
Charges, the same are deductible as applicate be issued against the balance of the installm investors' assessment of various factors include:	ole from the installient amounts inv	llment amo ested. Upfr	unt and payal ont commiss	ole to t ion sh	the Distr	ibuto	r. In such (as es Ti	ransac	ction (Charg	e wil	l be re	cover	able in 3	-4 inst	allmen	ts. Uni	ts will
Investor Name:																			
Existing Investor Folio No.	xisting Investor Folio No.				R New Investor Appli					ion r	no.								
PAN/PEKRN & KYC#(Mandatory)	Sole / First Ap	oplicant /	Guardian				Second	Applic	ant						Thir	d Appl	icant		
# Please attach Proof. If PAN/PEKRN/KYC is alr			attach any pro stallment	of.													ad Ma		Default
Sr. No. Scheme/Plan/Option/Sub-option			Amount (₹)			Date		•				tart Month/Year (Default Dec 2032)*							
1.					1≝* □ : 15 th □ :				nthly arter			M	M	Y	YY	M	M	Y	YY
SIP Top-up (Optional) (Pleas	se ✓ to avail this	facility)	Top-up Amo							(T)	he ar	noun	shou	ıld be	in multip	les of F	ls. 500	only)	
(Refer Item No. 7 e)			SIP Top-up F	reque	ency:	Ċ	Half-yea	rly	Ye	early	(Qı	uarterly	SIP o	ffers to	p-up frequ	ency at	yearly in	tewals o	only.)
Maximum amount of debit (SIP+Top-up) unde	_							nk of In						00,00	0/- per i	nstallm	ent.		
*Demat Account details are mandatory if the in	DEMAT MODE				IODE (De	efault)		(1	refer i	instru	ction	10)						
NSDL DP Name	VESION WISHES IO	noid the dir	DP II		N	Т		<u> </u>	1	Be	nefic	iarv A	Accou	nt No.		Т		П	
CDSL DP Name						neficia	ary Accou	nt No.		T	T	T							+
*Investor opting to hold units in demat form, m I/WE WOULD LIKE TO INVEST TO MEE							demat de	tails as	stated	d in th	e app	licati	on for	m.					
Marriage Dream Home Dream Ca	r Children's l	Education [Children's	Marria	age 🔲 '	World	Tour	Retiren	nent	Tar	rget A	mou	nt	\perp					
I / We hereby confirm and declare as under:- I/ We have read, understood and agree to comp. Investment Plan (SIP). The ARN holder has disci various mutual Funds from amongst which the	oly with the terms losed to me/us all Scheme is being	and condi	tions of OTM issions (in the ded to me/us.	Facility form	y, Schem of trail c	ne rek	ated docu ission or a	ments o	of the S er mod	Scher le), pa	me an ayabl	nd the e to h	term im/th	s & co em for	nditions the diff	of enro	olment i	for Sy:	stematic emes of
First Unit Holder's Signature					it Holder'										hird Uni				
			50001			8						_			->)			
ARN-36863 E025451	ACKNO	WLEDGEN	MENT SLIP (To be	e filled in	n by 1	the Distri	butor ((ARN	Hold	ler)								
Head Office :	HDFC House, 2nd	f Floor, H.T.			UAL FU		Reclamat	ion. Ch	urchaa	ate. M	lumba	ai - 40	00 02	0.	IS	C Star	np &	Signa	iture
Date :																			

Received from:

Folio No.

 $\hfill\square$ otm debit manadate form \hfill $\hfill\square$ sip form