

S SYSTEMATIC
T TRANSFER
P PLAN

Enrolment Form

(Please refer Product labeling available on cover page of the KIM 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	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIN)	
ARN-						
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: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
EUIN Declaration (only where EUIN box is left blank) (Refer Instruction No. 18) 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# <input type="text"/> KYC Number <input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Guardian in case First/Sole Applicant is a minor	PAN# or PEKRN# <input type="text"/> KYC Number <input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Second Applicant	PAN# or PEKRN# <input type="text"/> KYC Number <input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Third Applicant	PAN# or PEKRN# <input type="text"/> KYC Number <input type="text"/>	Proof Attached <input type="checkbox"/>

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 15 and 16

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) (Please ✓ any one) (Refer Instruction No. 7)	Amount of Transfer per Installment: Rs. _____	No. of Installments:* _____
	<input type="radio"/> Daily# <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) <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: <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To: <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
For Capital Appreciation Systematic Transfer Plan (CASTP) (Please ✓ any one) (Refer Instruction No. 8)	<input type="radio"/> Monthly* <input type="radio"/> Quarterly Date of Transfer (Please ✓ any one) <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: <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To: <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 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. 9 +Default Frequency/Date/Day [Refer Instruction 9(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;	ISC Stamp & Signature
from Scheme / Plan / Option _____		
to Scheme / Plan / Option _____		