S AUTO I DEBIT P FACILITY

Application Form

(Please read terms & conditions overleaf)



REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing) / DIRECT DEBIT FACILITY

SIP via ECS (Debit Clearing) in select cities or via Direct Debit in select banks / branches only.

KEY PARTNER / AGENT INFORM	ATIC	N						TF	OR C	OFFI	CE U	SE ONL	Y												\equiv
Name & AMFI Reg. No. (ARN)	Sub Agent's Name & Code																								
ARN-23258								IJĹ																	
The Trustee HDFC Mutual Fund I / We have read and understood the con Please () any one. I / We hereby apply for enrolmen																									
conditions of the following Schem Please change my / our bank acco	e / Pl unt f	lan / or E (Opti CS (D	on. (N ebit (lew R learin	egist g) / D	ratio irect	n) Debit ((Chang	ge in	ban	k accou	nt).										-,		
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First SIP Transaction via Cheque No. Cheque Dated D D M M Y Y Amount (Rs.) Mandatory Enclosure (if 1st instalment is not by cheque) Blank cancelled cheque Copy of Cheque														- 20											
SIP Date [for ECS (Debit Clearing) / Direct Debit] 1st 10th 25th																									
There should be a minimum time gap of 30 da	ays ar	nd ma	ximu	m time	gap o	f 60 da	ys be	tween th						nd firs	t insta	llmen	t of S	P thr	ough	ECS (I	Debit	Clear	ing) o	Direc	t Debit.
SIP Period [for ECS (Debit Clearing) / Direct Mobile No.	t Deb	it]	Stai	t Fro	m	IM	M	YY		End	0 n	E-mai		Y											
Preferred messaging medium		S : Y			No			-mail		_		0													
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I/We hereby, authorise HDFC Mutua account by ECS (Debit Clearing) / D PARTICULARS OF BANK ACC	irect	Del								LIMI	tea a	ana tnei	r autn	iorise	a ser	vice	provi	iaers	5, 10	aebi	it my	//our	TOILC	wing	g bank
Bank Name	L	7							8									173			2				
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9 Digit MICR Code Accountholder Name as in	H		1						7	(1	iease	e enter f	ne 9	aigit	num	o er	tnat	app	ears	arte	rtne	cne	que	num	per)
Bank Account	L									<u> </u>				- 1		-	7						-		
I/We hereby declare that the particulars given above are correct First A										Account Holder's															
and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit. If (A)									gnati Bank		rds)														
the transaction is delayed or not effected at all for reasons of											- 1	r's													
incomplete or incorrect information, I/We would not hold the									gnati		rdal														
Fund/HDFC Asset Management Co							-	(As in I	AT A STANKE																
changes in my bank account. I/We have read and agreed to							10	Third Account Holder's Signature																	
the terms and conditions mentione	d o	/erle	at.					(As in L			rds)														
BANKER'S ATTESTATION (FO																									
Bank account and its MICR code are of						- 55	Signat	ture of Au	thorise	ed Offi	icial fr	om Bank (B	ank Sta	mp and	Date				Bank	Acc	ouni	t Nu	nber		
For Office Use only (Not to							_					(6		,											
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Authorisation of the Bank					7 3 7 7 7	be :	sign	ed by	the	e Inv	vest	or)											_		
This is to inform that I/We have registere Clearing Service (Debit Clearing) / Di							-	First /			_														
payment towards my investment in HDFC Mutual Fund shall be								l older's As in Ba																	
made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit								Second lolder's	Acco	ount atur	e														
Clearing) / Direct Debit mandate Form to	getil	vent	ied à	x exec	utea.		(/	As in Ba			s)														
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Bank Account Nu	mbei	•					()	As in Ba	nk Re	cord	S)														