

S SYSTEMATIC
T TRANSFER
P PLAN

Enrolment Form

(Please refer Product labeling available on page 79 & 81 and terms and conditions / Instructions 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 (EUIN)	
ARN-						

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction No. 19)
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 _____	Sign Here _____	Sign Here _____
First / Sole Unit Holder / Guardian	Second Unit Holder	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 Date:

D	D	M	M	Y	Y	Y	Y
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Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor) _____

Applicant Name: _____															
Name of 'Transferor' Scheme/Plan/Option	From: HDFC _____ <input type="checkbox"/> Regular Plan <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> Direct Plan <input type="checkbox"/> IDCW Reinvestment														
Name of 'Transferee' Scheme/Plan/Option	To: HDFC _____ <input type="checkbox"/> Regular Plan <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> Direct Plan <input type="checkbox"/> IDCW Reinvestment														
For Fixed Systematic Transfer Plan (FSTP) (for T&C of STP registered during NFO, Refer Instruction No. 8) (Please ✓ any one) (Refer Instruction No. 7)	Amount of Transfer per Installment: Rs. _____														
	Enrolment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y		
	M	M	Y	Y	Y	Y									
	M	M	Y	Y	Y	Y									
<input type="radio"/> Daily# _____ No. of Installments:* _____															
<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 (Mention any date of the month) <table border="1"><tr><td>D</td><td>D</td></tr></table>	D	D													
D	D														
For Capital Appreciation Systematic Transfer Plan (CASTP) (Not available during the NFO period) (Please ✓ any one) (Refer Instruction No. 9)	<input type="radio"/> Monthly+ <input type="radio"/> Quarterly Date of Transfer (Mention any date of the month) <table border="1"><tr><td>D</td><td>D</td></tr></table> Enrolment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><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	M	M	Y	Y	Y	Y
D	D														
M	M	Y	Y	Y	Y										
M	M	Y	Y	Y	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. 10
+Default Frequency/Date/Day [Refer Instruction 10(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)										
Date: <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	HDFC MUTUAL FUND	Enrolment Form No./Folio No. _____
D	D	M	M	Y	Y	Y	Y			
Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.										
Received from Mr./Ms./M/s. _____	'STP' application for transfer of Units;									
from Scheme / Plan / Option _____	ISC Stamp & Signature <table border="1"><tr><td> </td></tr></table>									
to Scheme / Plan / Option _____										
[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 or www.hdfcfund.com Missed Call Number - +91 85069 36767										