HDFC MUTUAL FUND
www.hdfcfund.com

OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date D D M M Y Y Y Y

(tick✓)
☐ CREATE
☐ MODIFY
☐ CANCEL

UMRN

Sponsor Bank Code: HDFC0000060 Utility Code: HDFC05834000028635

I/We hereby authorize: HDFC Mutual Fund to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees ₹

FREQUENCY ~~☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly~~ ☑ As & when presented DEBIT TYPE ~~☐ Fixed Amount~~ ☑ Maximum Amount

Reference 1 Folio No: Phone No:

Reference 2 Appln No: Email ID:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From D D M M Y Y Y Y
to D D M M Y Y Y Y
or ~~☐ Until Cancelled~~

Signature of Primary Account Holder | Signature of Account Holder | Signature of Account Holder

1. Name as in Bank Records | 2. Name as in Bank Records | 3. Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

SIP Registration/Renewal Form (for OTM registered investors only)

Please tick ✓ as applicable:

☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in TEN Days i.e. for debit date 15th, form can be submitted till 4th of the month.

☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities.

The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

ARN	ARN Name	Sub-Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN-					

FOR OFFICE USE ONLY (TIME STAMP)

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 | Sign Here — Second Applicant | Sign Here — Third Applicant

Transaction Charges for Applications through Distributors only (Please tick (✓) any one) Date: D D M M Y Y Y Y

☐ I confirm that I am a **First time** investor across Mutual Funds. **(Rs. 150 deductible as Transaction Charge and payable to the Distributor)**

☐ I confirm that I am an existing investor in Mutual Funds. **(Rs. 100 deductible as Transaction Charge and payable to the Distributor)**

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested. 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.

Investor Name:

Existing Investor Folio No. OR New Investor Application no.

PAN/PEKRN & KYC# (Mandatory) Sole / First Applicant / Guardian | Second Applicant | Third Applicant

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof.

*Default

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2032)*
1.			☐ 1st* ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th	☐ Monthly* ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y

☐ **SIP Top-up (Optional)** (Please ✓ to avail this facility) (Refer Item No. 7 e)

Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only)

SIP Top-up Frequency: ☐ Half-yearly ☐ Yearly (Quarterly SIP offers top-up frequency at yearly intervals only.)

Maximum amount of debit (SIP+Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

UNIT HOLDING OPTION ☐ **DEMAT MODE*** ☐ **PHYSICAL MODE (Default)** (refer instruction 10)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

NSDL **DP Name** _____ **DP ID** I N _____ **Beneficiary Account No.** _____

CDSL **DP Name** _____ **Beneficiary Account No.** _____

*Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.

I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓)

☐ Marriage ☐ Dream Home ☐ Dream Car ☐ Children's Education ☐ Children's Marriage ☐ World Tour ☐ Retirement | Target Amount

I / We hereby confirm and declare as under:-

I/ We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP). **The ARN holder 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.**

First Unit Holder's Signature | Second Unit Holder's Signature | Third Unit Holder's Signature

ACKNOWLEDGEMENT SLIP (To be filled in by the Distributor (ARN Holder)

HDFC MUTUAL FUND

Date :

Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

ISC Stamp & Signature

Folio No. _____ Received from: _____

☐ OTM DEBIT MANADATE FORM ☐ SIP FORM