

D	DIVIDEND
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. _____

April 30, 2016

The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS** only. Please tick in the appropriate box wherever applicable and strike off the section(s) not in use.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/ RIA Code	ARN/ RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN- 30156						

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

EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 16)

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
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Date:

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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 Dividend Transfer Plan and of the relevant Scheme(s) and hereby apply for enrolment under the DTP of the following Scheme(s) / Plan(s) / Option(s) (New Registration).

Please fill up items appearing under (A) and (B) below. Please (✓) any one only

- I/ We hereby apply for enrolment under the DTP of the following Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective Scheme(s) / Plan(s) / Option(s). **(New Registration)**. I/ We hereby agree that if the dividend in the Source Scheme is less than Rs. 500/- the dividend will be automatically reinvested in the Source Scheme.
- I/ We hereby apply for cancellation of Enrolment of DTP under the following Scheme(s) / Plan(s) / Option(s). **(Cancellation)**. Please fill up items appearing under (A) [Except PAN details] and (C) below.

(A)	Name of the Applicant	PAN # or PEKRN #	KYC is Mandatory # Please (✓)												
	First / Sole Applicant	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													Proof Attached <input type="checkbox"/>
	Guardian (in case First / Sole Applicant is a minor)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													Proof Attached <input type="checkbox"/>
	Second Applicant	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													Proof Attached <input type="checkbox"/>
	Third Applicant	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													Proof Attached <input type="checkbox"/>

Please attach proof. If PAN / PEKRN / KYC is already validated, please don't attach any proof. Refer Item No. 14 and 15.

(B)	Particulars (If your investment is to or from Direct Plan of the Scheme(s), please mention so clearly.)
	1. Folio No. of 'Source' Scheme / Plan / Option (for existing Unit holder) / Application No. (for new investor)
	2. Name of 'Source' Scheme/Plan/Option
	3. Name of 'Target' Scheme/Plan/Option

(C)	CANCELLATION OF DTP
	Folio No. of 'Source' Scheme / Plan / Option
	Name of 'Source' Scheme/Plan/Option
	Dividend Payment Details (Refer Item No. 13 overleaf) <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment

In case of insufficient space, please fill up separate Enrolment Forms.

SIGNATURE(S)	_____ First/Sole Unit holder / Guardian	_____ Second Unit holder	_____ Third Unit holder
	Please note : Signature(s) should be as it appears 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 :	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Enrolment Form No.
Received from Mr./Ms./M/s. _____	'DTP' application for transfer and investment	
of Dividend; from Scheme / Plan / Option _____	ISC Stamp & Signature	
to Scheme / Plan / Option _____		