MUTUAL FUND		orm NACH/ECS			Date	D D M M Y Y Y	
www.hdfcfund.com	[Applicable for Lumpsum Ad	dditional Purchases as well	as SIP Registra	ations]			
(tick✓) UMRN							
MODIFY Sponsor Bank Code	HDFC0000060	Uti	lity Code		HDFC0583400		
CANCEL I/We hereby authorize: HDFC	Vlutual Fund		to c	debit (tick 🗸) SB / CA / CC / S	B-NRE / SB-NRO / Other	
Bank A/c No.:							
With Bank Name & Brai	ıch	IFSC			OR MICR		
an amount of Rupees					₹		
FREQUENCY	f Yearly ☐ Yearly ☑	As & when presented		DEBIT TY	PE Fixed Amou	unt 🛮 Maximum Amount	
Reference 1 Folio No:		Phone No:					
Reference 2 Applin No:		Email ID:					
l agree for the debit of mandate processin	g charges by the bank	whom I am authorizing	to debit my	account as	s per latest schedu	lle of charges of the bank.	
From D D M M Y Y Y Y Signa	ure of Primary Account Holo	der Signat	ure of Account	Holder	Signat	ure of Account Holder	
or Until Cancelled 1.	Name as in Bank Records	2Name	as in Bank Re	ecords	3Name	e as in Bank Records	
This is to confirm that the declaration has been carefully read, un I have understood that I am authorized to cancel/ amend the mar							
Please tick ✓ as applicable:	Registration/Renew	val Form (for OTM reg	istered inves	stors only)	∕ ₹	_	
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 de	ebit date 15th	, form can be submitte	ed till 4th of the month.	
OTM Debit Mandate is attached and to be registered in the				,		ACH or ECS modalities.	
The total of all installments in a day should be less than or e KEY PARTNER / AGENT INFORMATION (Investors as				rea or submitt		USE ONLY (TIME STAMP)	
ARN ARN Name		nk Branch Code Interr		Employee Uniqu entification Num (EUIN)		,	
ARN- 9992	06330			(EUIN) E107665			
EUIN Declaration (only where EUIN box is left blank)	96329	840	03	2107000			
I/We hereby confirm that the EUIN box has been intention person of the above distributor/sub broker or notwithstand	illy left blank by me/us as ti ng the advice of in-appropri	his transaction is executed ateness, if any, provided by	without any in	teraction or a	dvice by the employe	e/relationship manager/sales n of the distributor/sub broker	
Sign Here		Sign Here			Sign		
First/ Sole Applicant/ Guardian		Second Applicant			Third Applicant		
Transaction Charges for Applications through Distributors of	nly (Please tick (✓) any one			Date:		VI Y Y Y	
Loonfirm that I am a First time investor across	Mutual Funds			I am an avietir	ng investor in Mutual F		
(Rs. 150 deductible as Transaction Charge an						payable to the Distributor)	
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