

F	FLEX
S	SYSTEMATIC
T	TRANSFER
P	PLAN

HDFC FLEX SYSTEMATIC TRANSFER PLAN Enrolment Form

(Please refer Product labeling available on cover page of the
KIM 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	ARN Name	Sub-Agent's ARN/ Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)										
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.					Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y							
EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 18) 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										

conditions of the scheme related documents and the terms & conditions mentioned overleaf of Flex Systematic Transfer Plan of the relevant Scheme(s) and hereby apply for enrolment under the Systematic Withdrawal Advantage Plan of 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

Name of the Applicant	PAN # or PEKRN #	KYC is Mandatory # Please (✓)								
First / Sole Applicant	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									Proof Attached <input type="checkbox"/>
Guardian (in case the First / Sole Applicant is a minor)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									Proof Attached <input type="checkbox"/>
Second Applicant	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									Proof Attached <input type="checkbox"/>
Third Applicant	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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 Instruction 15 and 16.

1. Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)													
2. Name of 'Transferor' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).												
3. Name of 'Transferee' Scheme/Plan	(Investors applying under Direct Plan must mention "Direct" against the Scheme name). (ONLY GROWTH OPTION)												
4. Amount and Frequency of Flex STP (please ✓ any one)	Amount of Transfer per Installment: Rs. _____ (The transfer amount shall be determined by formula in Instruction 8(a))												
	<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 (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th ⁺ <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Enrolment Period*: From : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> To : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y
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 9(b) and 9(c) ⁺ Default Frequency/Date/Day [Refer Instruction 7, 9(h) and 9(i)]

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 : HUL House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Enrolment Form No.
Received from Mr./Ms.M/s _____	ISC Stamp & Signature	
From Scheme / Plan / Option _____	'Flex STP' application for transfer of Units;	
To Scheme / Plan _____	- Growth Option	