

S	SWING
S	SYSTEMATIC
T	TRANSFER
P	PLAN

HDFC SWING SYSTEMATIC TRANSFER PLAN Enrolment Form



(Please refer Product labeling available on cover page of the
KIM and terms and conditions 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:

D	D	M	M	Y	Y	Y	Y
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EUIN Declaration (only where EUIN box is left blank) (Refer item no. 2)
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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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 Swing Systematic Transfer Plan and 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 ENROLMENT CANCELLATION

			KYC is Mandatory # Please (✓)						
Name of the First / Sole Applicant	PAN # or PEKRN #	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>							Proof Attached <input type="checkbox"/>
Name of the Guardian (in case of First / Sole Applicant is a minor)	PAN # or PEKRN #	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>							Proof Attached <input type="checkbox"/>
Name of the Second Applicant	PAN # or PEKRN #	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>							Proof Attached <input type="checkbox"/>
Name of the Third Applicant	PAN # or PEKRN #	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 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 item no. 21 and 22.

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. Frequency of Swing STP @ (please ✓ any one Plan/Frequency only)	<input type="radio"/> Weekly <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday*	<input type="radio"/> Monthly*	<input type="radio"/> Quarterly												
5. No. of Installments (for Weekly interval only) [please refer item no. 14(b)]	_____														
6. Date of Transfer for (for Monthly & Quarterly Interval only) (please ✓ any one only)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th														
7. Enrolment Period [please refer item no. 14(b) & (g)]	From : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table> To : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table> (Not applicable for Weekly Interval) There should be a minimum time gap of 10 days and maximum time gap of 90 days between the date of submission of SWING STP enrolment form and the commencement of the SWING STP facility.			M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y										
M	M	Y	Y	Y	Y										
8. First Installment Amount [please refer item no. 14(a)]	Rs. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px;"> </td></tr></table>		From the 2nd installment onwards, the transfer amount shall be determined by formula in item no. 9 overleaf.												

* Default Frequency / Date / Day

@ Or immediate next Business Day, if the indicated day is a non Business Day.

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 _____	'Swing STP' application for transfer of Units;	
From Scheme / Plan / Option _____		
To Scheme / Plan / Option _____		
		ISC Stamp & Signature