

S SYSTEMATIC
I INVESTMENT
P PLAN

Enrolment Form

(Please read terms & conditions overleaf)



Enrolment Form No.

KEY PARTNER / AGENT INFORMATION	FOR OFFICE USE ONLY				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name & AMFI Reg. No. (ARN)</td> <td style="width: 50%; border-bottom: 1px solid black;">Sub Agent's Name & ARN</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">TimesofMoney ARN - 2115</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Name & AMFI Reg. No. (ARN)	Sub Agent's Name & ARN	TimesofMoney ARN - 2115		
Name & AMFI Reg. No. (ARN)	Sub Agent's Name & ARN				
TimesofMoney ARN - 2115					

The Trustee

HDFC Mutual Fund

Date :

D	D	M	M	Y	Y
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I / We have read and understood the contents of the Offer Document of the following Scheme and the terms & conditions overleaf. I / We hereby apply for enrolment under the SIP of the following Scheme / Plan / Option and agree to abide by the terms and conditions of the following Scheme / Plan / Option.

Folio No. (for existing Unit holder) / Application No. (for new investor)																																																							
Name of the First / Sole Applicant																																																							
PAN *	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">ENCLOSED (Please <input checked="" type="checkbox"/>)</td> <td style="width: 20px;"><input type="checkbox"/> PAN Proof</td> <td style="width: 20px;"><input type="checkbox"/> Form 60</td> <td style="width: 20px;"><input type="checkbox"/> Form 61</td> </tr> </table>	ENCLOSED (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> Form 60	<input type="checkbox"/> Form 61																																																		
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1. Name of Scheme / Plan / Option																																																							
2. Frequency (Please <input checked="" type="checkbox"/> any one only)	<input type="checkbox"/> Monthly SIP <input type="checkbox"/> Quarterly SIP																																																						
3. Enrolment Period	From <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td></tr></table> To <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td></tr></table>	M	M	Y	Y	M	M	Y	Y																																														
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4. Payment Mechanism <small>(Please <input checked="" type="checkbox"/> any one only)</small>	1. <input type="checkbox"/> Cheques <small>(Please provide the details in point 5 below)</small>																																																						
5. Cheque(s) Details	2. <input type="checkbox"/> SIP Auto Debit Facility* <small>(Please complete the Application Form for SIP Auto Debit Facility)</small>																																																						
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Cheque Number(s)</th> <th style="width: 15%;">Dated (DD/MM/YY)</th> <th style="width: 15%;">Amount (Rs.)</th> <th style="width: 15%;">Cheque Number(s)</th> <th style="width: 15%;">Dated (DD/MM/YY)</th> <th style="width: 15%;">Amount (Rs.)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td>7.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td>8.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td>9.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td>10.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td>11.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td>12.</td><td></td><td></td></tr> <tr> <td colspan="3" style="text-align: right;">Total (Rs.)</td> <td colspan="3"></td> </tr> <tr> <td colspan="3">Cheques drawn on</td> <td colspan="3">Name of Bank Branch</td> </tr> </tbody> </table>	Cheque Number(s)	Dated (DD/MM/YY)	Amount (Rs.)	Cheque Number(s)	Dated (DD/MM/YY)	Amount (Rs.)	1.			7.			2.			8.			3.			9.			4.			10.			5.			11.			6.			12.			Total (Rs.)						Cheques drawn on			Name of Bank Branch		
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6. Receipt of Document(s) by E-Mail (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Account Statement <input type="checkbox"/> Newsletter <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information [as may be permitted under SEBI (Mutual Funds) Regulations, 1996] E-Mail ID : IN BLOCK LETTERS																																																						

* Permanent Account Number. Mandatory where investment is Rs. 50,000 or more. In absence of PAN, please submit Form No. 60 or Form No. 61 (as applicable) with proof of address (refer item no. 15 overleaf).
ECS (Debit Clearing) is available in select cities and Direct Debit is available in select banks / branches only.

SIGNATURE(S)

<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
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)

	HDFC MUTUAL FUND	Enrolment Form No.						
Date : <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">D</td><td style="border: 1px solid black; width: 20px; text-align: center;">D</td><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td><td style="border: 1px solid black; width: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Head office : Ramon House, 3rd Floor, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400020	
D	D	M	M	Y	Y			
Received from Mr./Ms./M/s. 	'SIP' application(s) for	ISC Stamp & Signature						
Scheme / Plan / Option 								
<input type="checkbox"/> No. of Cheques 	<input type="checkbox"/> SIP Auto Debit Facility							
Total Amount (Rs.) 	Please Note : All purchases are subject to realisation of cheques							

Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE _____
residing in India at _____ (hereinafter
referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be
deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered
with the login ID _____
on the web site www.timesofmoney.com, hereinafter referred to as the Website") and enrolled for
service(s) offered by TimesofMoney Limited, a company incorporated under the Companies Act 1956
with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001
(hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context
thereof, be deemed to mean and include its successors in title and assigns) and has/have read,
understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the
Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and
severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or
agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney") for me/us, in
my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of
the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.

AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/We _____

have hereunto set my/our hand[s] at _____ this _____ day of _____ of 20____.

SIGNED, SEALED AND DELIVERED
By the within names

X _____

X _____

Date: ____/____/____ (dd/mm/yyyy)