

Enrolment  
Form No. \_\_\_\_\_

Date : \_\_\_\_\_

The Trustee **ARN-28947**

HDFC Mutual Fund

I / We have read and understood the contents of the Offer Documents of the respective Scheme(s) and the terms & conditions overleaf. I / We hereby apply for enrolment under the STP 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).

Name of the First / Sole Applicant	_____
Name of the Guardian (in case of First / Sole Applicant is a minor)	_____
Name of the Second Applicant	_____
Name of the Third Applicant	_____

Particulars	Scheme 1*	Scheme 2*
1. Folio No. of 'Transferor' Scheme	_____	_____
2. Name of 'Transferor' Scheme/Plan/Option	_____	_____
3. Name of 'Transferee' Scheme/Plan/Option	_____	_____
4. Type of STP Plan / Frequency (Please ✓ any one Plan / Frequency only)	<input type="checkbox"/> FSTP <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="checkbox"/> CASTP <input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="checkbox"/> FSTP <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="checkbox"/> CASTP <input type="radio"/> Monthly <input type="radio"/> Quarterly
5. Date of Transfer (Please ✓ any one only)	<input type="checkbox"/> 1st of the month <input type="checkbox"/> 10th of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 25th of the month	<input type="checkbox"/> 1st of the month <input type="checkbox"/> 10th of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 25th of the month
6. Enrolment Period	From : MM _____ YY _____ To : MM _____ YY _____	From : MM _____ YY _____ To : MM _____ YY _____
7. Amount of Transfer per Instalment	FSTP Rs. _____	FSTP Rs. _____
8. Total Amount of Transfer	FSTP Rs. _____	FSTP Rs. _____
9. Receipt of Document(s) by E-Mail (Please ✓)	<input type="checkbox"/> Account Statement <input type="checkbox"/> Newsletter <input type="checkbox"/> Annual Report E-Mail ID : _____	

\* In case of insufficient space and enrolment for more than two schemes, 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)

#### HDFC MUTUAL FUND

Regd. office : Ramon House, 3rd Floor, H.T. Parekh Marg,  
169, Backbay Reclamation, Churchgate, Mumbai 400020

Enrolment  
Form No. \_\_\_\_\_

Date : \_\_\_\_\_

Received from Mr./Ms./M/s. \_\_\_\_\_ 'STP' application(s) for transfer of Units;

- From Scheme / Plan / Option \_\_\_\_\_  
to Scheme / Plan / Option \_\_\_\_\_
- From Scheme / Plan / Option \_\_\_\_\_  
to Scheme / Plan / Option \_\_\_\_\_

ISC Stamp & Signature