

S	SYSTEMATIC
W	WITHDRAWAL
A	ADVANTAGE
P	PLAN



Enrolment Form

(Please refer Product labeling available on page 79 & 81 and terms and conditions overleaf)

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code/Stock Broker/Portfolio Manager Registration Number (PMRN)	ARN/RIA/Stock Broker/Portfolio Manager's Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIN)	
ARN-181211					E528682	

EUIN Declaration (only where EUIN box is left blank)
 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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Date :

D	D	M	M	Y	Y	Y	Y
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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 and conditions mentioned overleaf of Systematic Withdrawal Advantage Pan (SWAP) and of the relevant Scheme(s) and hereby apply to the Trustees for enrolment under the SWAP 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. In the absence of indication of the option the form is liable to be rejected.

<input type="checkbox"/> New Registration: For enrolment under SWAP facility	<input type="checkbox"/> Change in withdrawal amount: For Change in withdrawal amount under SWAP facility	<input type="checkbox"/> Cancellation: For cancellation of SWAP facility
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FOLIO NO. OF EXISTING UNIT HOLDER

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1) UNIT HOLDER INFORMATION

First / Sole Unit holder	PAN# or PEKRN#	
	KYC Number	
Guardian (in case of First / Sole Unit holder is a minor)	PAN# or PEKRN#	
	KYC Number	

2) SCHEME DETAILS (If the SWAP is to be registered from Direct Plan of the Scheme, please mention so clearly.)

SCHEME NAME #	
PLAN	
OPTION	

Please note that one SWAP Form must be used for one Scheme / Plan / Option only. Unit holder(s) need to fill in Separate SWAP Form for each Scheme / Plan / Option.

3) WITHDRAWAL DETAILS (Please ✓ choice of Plan)

<input type="checkbox"/> Fixed Plan (Refer item 8(ii) & (iii) overleaf)	<input type="checkbox"/> Variable Plan (Capital Appreciation, if any) (Refer item 9(ii) overleaf)
<input type="radio"/> MONTHLY@ <input type="radio"/> QUARTERLY <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency) Rs. (in figures) Rs. (in words)	<input type="checkbox"/> 6% <input type="checkbox"/> % <input type="radio"/> QUARTERLY® <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)

4) ENROLMENT DETAILS (refer item 7, 8, 9 & 10 overleaf)

Commencement Date : <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	Withdrawal Date
M	M	Y	Y	Y	Y		
Last Withdrawal Date : <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th® <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st (@ Default Date)
M	M	Y	Y	Y	Y		

5) PAYMENT OF SWAP PROCEEDS (refer item 14)

Redemption proceeds through SWAP will be credited to the default bank account registered in the Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Folio, please mention the Bank Account No. and Name below:

ACCOUNT NO.	
BANK NAME	

(If the above mentioned bank details do not match with the registered bank account in your the Folio, proceeds will be credited to the default bank account registered in the Folio.)

6) SIGNATURES ^

First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder
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^ **Please note:** Signature(s) should be as it appears in the Folio/ 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 : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	ISC Stamp & Signature
Received from Mr. / Ms. / M/s. _____		
a 'SWAP' application for redemption of Units of Scheme / Plan / Option _____		