

**OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI**

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

(tick ✓)

UMRN

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code  Utility Code

I/We hereby authorize:  to debit (tick ✓)  SB /  CA /  CC /  SB-NRE /  SB-NRO / Other

Bank A/c No.:

With Bank:  IFSC  OR MICR

an amount of Rupees

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No:  Phone No:

Reference 2 Appln No:  Email ID:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD-

From 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

  
to 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 3 | 1 | 1 | 2 | 2 | 0 | 3 | 2 |
|---|---|---|---|---|---|---|---|

  
or  Until Cancelled

Signature of Primary Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Name as in Bank Records Name as in Bank Records Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

**SIP Registration/Renewal Form (for OTM registered investors only)**

Please tick ✓ as applicable:

- OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in TEN Days i.e. for debit date 15th, form can be submitted till 4th of the month.
- OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities.

The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

| 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 (EJIN) |                                  |
| ARN-  | SANGHI   |                 |                  |                                      |  |                                  |

**EJIN Declaration (only where EJIN box is left blank)**

I/We hereby confirm that the EJIN 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 \_\_\_\_\_ Sign Here \_\_\_\_\_ Sign Here \_\_\_\_\_  
First/ Sole Applicant/ Guardian Second Applicant Third Applicant

Transaction Charges for Applications through Distributors only (Please tick (✓) any one) Date: 

|   |   |   |   |   |   |   |   |
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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

- I confirm that I am a **First time** investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
- I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested. 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.

Investor Name:

Existing Investor Folio No.  OR New Investor Application no.

PAN/PEKRN & KYC# (Mandatory)

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof.

| Sr. No. | Scheme/Plan/Option/Sub-option | SIP Installment Amount (₹) | SIP Date   | Frequency   | Start Month/Year  | End Month/Year (Default Dec 2032)* |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|-------------------------------|----------------------------|--|---|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.      |                               |                            | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup><br><input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | <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 | <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 |
| M       | M                             | Y                          | Y  | Y   | Y   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |
| M       | M                             | Y                          | Y  | Y   | Y   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |

**SIP Top-up (Optional)** (Please ✓ to avail this facility) Top-up Amount (Rs.)  (The amount should be in multiples of Rs. 500 only)  
(Refer Item No. 7 e) SIP Top-up Frequency:  Half-yearly  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only)

Maximum amount of debit (SIP + Top-up) under direct debit facility for investors with bank accounts with State Bank of India shall not exceed Rs. 5,00,000/- per installment.

**UNIT HOLDING OPTION**  DEMAT MODE\*  PHYSICAL MODE (Default) (refer instruction 10)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

NSDL DP Name  DP ID  I N  Beneficiary Account No.   
CDSL DP Name  Beneficiary Account No.

\*Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.

**I/WE WOULD LIKE TO INVEST TO MEET MY/OUR FINANCIAL GOALS (choose anyone (✓))**

Marriage  Dream Home  Dream Car  Children's Education  Children's Marriage  World Tour  Retirement | Target Amount

I/We hereby confirm and declare as under:-

I/We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP). **The ARN holder 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.**

First Unit Holder's Signature \_\_\_\_\_

Second Unit Holder's Signature \_\_\_\_\_

Third Unit Holder's Signature \_\_\_\_\_

**ACKNOWLEDGEMENT SLIP (To be filled in by the Distributor (ARN Holder))**

**HDFC MUTUAL FUND**

Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.

Date :

Folio No.  Received from:

OTM DEBIT MANADATE FORM  SIP FORM

ISC Stamp & Signature

**Declaration:** I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

**Authorisation to Bank:** This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of HDFC Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of HDFC Asset Management Company Limited, Investment Manager to HDFC Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.



### INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

- Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HDFC Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by HDFC Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- The mandate will be valid till 31/12/2032
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.

