

SIP Enrolment Form for HDFC Gold Fund
[For Investments through ECS (Debit Clearing) / Direct Debit Facility/
Standing Instruction]

Enrolment Form No.

(Please read terms & conditions overleaf)

IMPORTANT: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

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Name and AMFI Reg. No. (ARN)) Agent's na	ame and Code/	_	ch Code		M O Code	Date	of Receipt		Folio No.		Branch Tr	ans. No.			ISC	Name & Sta	auh	
NJ India Invest / ARN-01 Upfront commission shall be paid directly		tor to the	55537 ARN Holder		agistered [Distributor)	hased on the i	nvestors' asses	sment of v	arious fac	tors includi	ıa			_		_		T	
the service rendered by the ARN Holder. TRANSACTION CHARGES FOR APPLII In case of subscription through SIPs, the transals had be deducted only if the total commitment. When we read and understood the conterby the same. I /We hereby apply to the Troor indirectly, in making this investment. Throm amongst which the Scheme is beir Please () any one. In the absence of indirects</th <th>CATIONS TI ction charge of file. amount pe nts of the So ustee of HDF ne ARN hold ng recomme</th> <th>HROUGH ₹ 150 (for f r SIP installi heme Info C Mutual ler has dis nded to m</th> <th>DISTRIBUTE first time mutual ments X No. of rmation Doo Fund for enr sclosed to m ne/us. I/ We</th> <th>ORS/AGE al fund inver finstallmen ument un ne/us all hereby a</th> <th>ENTS ON estor) or ₹ 1 nts) amount of Statem under the \$ the commapply to t</th> <th>LY (REFER 100/- (for invits to ₹ 10,00 ent of Add SIP of the : missions (ii</th> <th>a INSTRUCTIO estor other than f 10/- or more. In s itional Informat Scheme and ag n the form of</th> <th>N 7) first time mutual f uch cases the tra tion and the ter gree to abide by trail commissi</th> <th>und investor) saction char ms & cond / the terms</th> <th>will be ded ge shall be tions of Si and cond</th> <th>ucted and pai recovered in IP enrolmer ditions of th</th> <th>d to the distri 3-4 installmen at and ECS (a same. VV</th> <th>outor who has. Units wo</th> <th>ill be issue aring) / Di ot receive</th> <th>d against irect De ed nort</th> <th>t the bala bit / Sta been ind</th> <th>nce of the nding Induced by</th> <th>e instalment struction a y any reba</th> <th>t amounts and agre te or gift:</th> <th>invested. e to abide s, directly</th>	CATIONS TI ction charge of file. amount pe nts of the So ustee of HDF ne ARN hold ng recomme	HROUGH ₹ 150 (for f r SIP installi heme Info C Mutual ler has dis nded to m	DISTRIBUTE first time mutual ments X No. of rmation Doo Fund for enr sclosed to m ne/us. I/ We	ORS/AGE al fund inver finstallmen ument un ne/us all hereby a	ENTS ON estor) or ₹ 1 nts) amount of Statem under the \$ the commapply to t	LY (REFER 100/- (for invits to ₹ 10,00 ent of Add SIP of the : missions (ii	a INSTRUCTIO estor other than f 10/- or more. In s itional Informat Scheme and ag n the form of	N 7) first time mutual f uch cases the tra tion and the ter gree to abide by trail commissi	und investor) saction char ms & cond / the terms	will be ded ge shall be tions of Si and cond	ucted and pai recovered in IP enrolmer ditions of th	d to the distri 3-4 installmen at and ECS (a same. VV	outor who has. Units wo	ill be issue aring) / Di ot receive	d against irect De ed nort	t the bala bit / Sta been ind	nce of the nding Induced by	e instalment struction a y any reba	t amounts and agre te or gift:	invested. e to abide s, directly
SIP REGISTRATION (For Nev	v Investors	s, please	attach Ap	plicatio	n Form 1	for HDF0	Gold Fund)			CHANG	E IN BAN	IK ACCO	JNT	C/	ANCEL	LATIC	N (Ref	fer I tem	No. 12)
INVESTOR DETAIL	S																			
Application No. (For new inve	stor)/Foli	o No. (For existin	g Unith	older)															
Sole/1st Applicant													S	IGN	ATU	JRE	(Refe	er Item	No.	3(b)
PAN#					KYC# (I	Mandato	ry) [Please	tick (🗸)]	Proof	Attache	d									
Name of Guardian (In case first/sole holder is minor)																				
PAN#					KYC# (N	Mandato	ry) [Please	tick (✓)]	Proof	Attache	d									
Second Applicant																				
PAN#					KYC# (N	Mandato	ry) [Please	tick (🗸)]	Proof	Attache	d									
Third Applicant																				
PAN#					K > C # (I	Mandato	n/) [Plassa	tick (✔)]	7 Proof	Attacha	М									
# Please attach Proof. If PAN/KY	C is alread	dv valida	ted pleas							Attachio	u									
SIP INVESTMENT I						, ,														
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Each SIP Amount (₹)					SIP F	requer	ncy	Month	ly ⁺	С	Quarterl	y (+De	fault F	reque	ency	(Ref	fer Ite	em No	. 6(iv)]
SIP Top-up (Optional (Refer Item No. 8f)	al) (Pleas	se ✓ to	o avail th	is faci			Amount p-up Fred		Half-	yearly		he am arly (Qua								**
SIP Date* 1st 5	th	10th	+ 15	ith	20t	h	25th (+Default	Date)	[Refer	r Item I	Vo. 6(iv)]							
SIP Period Start From*	М	YY	End	On*	* M	М	YY	OR Defa	ult Dat	e (De	cembe	2031)	**P					. 6(ii) a	and 6	(iii)
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