PAN LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes except for MINORS]

HDFC MUTUAL FUND BHAROSA APNO KA

UMRN OFFICE USE ONLY Date D D M M Y Y Y Y

Utility Code OFFICE USE ONLY ☐ Create ☐ Modify ☐ Cancel

Sponsor Bank Code OFFICE USE ONLY I/We authorize HDFC Mutual Fund

To debit (tick✓) SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number

With Bank IFSC/MICR

an amount of Rupees ₹

Debit Type ☐ ~~Fixed Amount~~ ☑ Maximum Amount **Frequency** ☐ ~~Monthly~~ ☐ ~~Quarterly~~ ☐ ~~Half Yearly~~ ☐ ~~Yearly~~ ☑ As & when presented

PAN/PEKRN Reference 2

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

Maximum period of validity of this mandate is 40 years only.

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

Phone No.

FOLIO LEVEL OTM DEBIT MANDATE FORM NACH/DIRECT DEBIT/SI

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations received through various modes for MINORS/ Folio based mandate]

HDFC MUTUAL FUND BHAROSA APNO KA

UMRN OFFICE USE ONLY Date D D M M Y Y Y Y

Utility Code OFFICE USE ONLY ☐ Create ☐ Modify ☐ Cancel

Sponsor Bank Code OFFICE USE ONLY I/We authorize HDFC Mutual Fund

To debit (tick✓) SB/CA/CC/SB-NRE/SB-NRO/OTHER Bank A/c number

With Bank IFSC/MICR

an amount of Rupees ₹

Debit Type ☐ ~~Fixed Amount~~ ☑ Maximum Amount **Frequency** ☐ ~~Monthly~~ ☐ ~~Quarterly~~ ☐ ~~Half Yearly~~ ☐ ~~Yearly~~ ☑ As & when presented

Folio Nos Reference 2

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

Maximum period of validity of this mandate is 40 years only.

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

Phone No.