

MUTUAL FUND There's only one right way®										UMRN										F O R O F F I C E U S E O N L Y										Date*																																																											
Tick (✓) CREATE MODIFY CANCEL										Sponsor Bank Code HDFC0999999										Utility Code HDFC00070000003309																																																																					
I/We hereby authorize										PPFAS Mutual Fund										to debit (tick✓)*										<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other																																																											
Bank a/c number																																																																																									
with Bank										Name of customers bank										IFSC										or MICR																																																											
an amount of Rupees																				₹																																																																					
FREQUENCY										<input type="checkbox"/> Monthly										<input type="checkbox"/> Quarterly										<input type="checkbox"/> Half Yearly										<input type="checkbox"/> Yearly										<input checked="" type="checkbox"/> As & when presented										DEBIT TYPE										<input type="checkbox"/> Fixed Amount										<input checked="" type="checkbox"/> Maximum Amount									
Reference 1										PAN No.										Mobile No.																																																																					
Reference 2										Folio No.										Email ID																																																																					
I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.																																																																																									
PERIOD																																																																																									
From*										Signature Primary Account holder										Signature of Account holder										Signature of Account holder																																																											
To																																																																																									
Or <input checked="" type="checkbox"/> Until Cancelled										1. Name as in bank records										2. Name as in bank records										3. 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 & signed by me.																																																																																									
* I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised 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].
- ☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration (usually within Thirty days depending on OTM or NACH 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.

Investors must read the SID / SAI and Key Information Memorandum and the instructions before completing this Form.

The Application Form should be completed in English and in BLOCK LETTERS only. **Note:** No need to attach One Time Mandate again, if already registered/submitted earlier.

Scheme	<input type="checkbox"/> Parag Parikh Long Term Equity Fund		<input type="checkbox"/> Parag Parikh Liquid Fund	
Plan	<input type="checkbox"/> Direct (Default Plan)	<input type="checkbox"/> Regular		
Option	<input type="checkbox"/> Growth (Default Plan)	<input type="checkbox"/> Dividend (N/A for Parag Parikh Long Term Equity Fund (PPLTEF))		
Sub-Option		<input type="checkbox"/> Div - Reinvest	<input type="checkbox"/> Div - Monthly Payout	
		<input type="checkbox"/> Daily (Default Option)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

CKYC details (KIN):

ARN-53321	Investor Name/ARN No.	Sub-broker Name/ Code	E054731	EIN No.
I/We hereby confirm that the EIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.				First Holder
				Second Holder
				Third Holder
Transaction charges for applications through Distributors				
<input type="checkbox"/> I confirm that I am a first time investor or (₹ 150 deductible as transaction charge & payable to distributor)		<input type="checkbox"/> I confirm that I am an existing investor (₹ 100 deductible as transaction charge & payable to distributor)		

Upfront commission shall be paid directly by the investor to the ARN Holder (AMF registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

EXISTING INVESTOR DETAILS (If you have existing folio)

Folio No.		The details in our records under the folio number mentioned alongside will apply for this application.																						
NAME OF SOLE/FIRST APPLICANT		Mr. Ms. M/s.																						
SIP DETAILS																								
<input type="checkbox"/> Monthly SIP (Default Option, Minimum: ₹ 1,000, 6 months) <input type="checkbox"/> Quarterly SIP (NA for Parag Parikh Liquid Fund)				Dates <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th				SIP Amount <input type="checkbox"/> 1,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> Any Other Amount																
Period	<input type="checkbox"/> Standard From		<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				To		<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>															
	<input type="checkbox"/> Default From		<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				To		<div> <div>1</div> <div>2</div> <div>2</div> <div>0</div> <div>9</div> <div>9</div> </div>															
First SIP Cheque Date			<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				Cheque No.																	

SIP TOP UP (Optional) (Tick to avail this facility)

SIP TOP UP Start Month / Year

M

M

Y

Y

Y

Y

SIP TOP UP Frequency:

☐ Half Yearly
 ☐ Yearly

TOP UP Amount*: (Minimum Rs. 500) Rs.

Note:

- Default Frequency is Yearly.
- It is mandatory to submit NACH (OTM).
- NACH mandate should be provided for maximum amount in line with your Top Up mandate & SIP tenure.

SIP TOP UP Amount-based Cap* (Optional) : Rs.

Please refer to point No. 7 under 'SIP Top Up Explained'


Continued to the next page

ARN-53321

E054731

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the OTM/NACH/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 / PPFAS AMC 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 PPFAS AMC/Bank with respect to the OTM/NACH/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for OTM / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of PPFAS Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of PPFAS Asset Management Company Limited, Investment Manager to PPFAS 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/OTM/Direct Debit/SI.

 Sole/First Unit Holder's Signature

 Second Unit Holder's Signature

 Third Unit Holder's Signature

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

PPFAS MUTUAL FUND

Date: Corporate office : 81/82, 8th Flr, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.

Folio No. Received from: Amount:

☐ OTM DEBIT MANDATE FORM ☐ SIP FORM First SIP Cheque Date Cheque No.
☐ SIP TOP UP FORM

ISC Stamp & Signature

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.
- 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 PPFAS Mutual Fund.
- In case of OTM, date and the validity of the mandate should be mentioned in DD/MM/YYYY format and in case of SIP TOP UP it should be in MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by PPFAS 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.
- 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" (Any corrections in this will be subject to rejection)
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- As per NPCI, Mandate Maximum CAP amount is Rs.100,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice. .
- If your OTM is registered, you can call and renew your SIP on the Toll Free Number: 1800 266 7790 based on the OTM limit and Expiry.