

One Time Mandate Instruction Form (OTM/NACH Form)

* Mandatory Fields



UMRN F O R O F F I C E U S E O N L Y Date*

Tick (✓) Sponsor Bank Code HDFC0999999 Utility Code HDFC00070000003309

CREATE I/We hereby authorize PPFAS Mutual Fund to debit (tick✓)* SB CA CC SB-NRE SB-NRO Other

MODIFY Bank a/c number

CANCEL with Bank Name of customers 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 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 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.

CKYC details (KIN):

KEY PARTNER/AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

ARN	ARN / Distributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUN)
ARN-					
I/We hereby confirm that the EUN 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

I confirm that I am a first time investor (₹ 150 deductible as transaction charge & payable to distributor) 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 (AMFI 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.

Scheme Parag Parikh Flexi Cap Fund (PPFCF) Parag Parikh Liquid Fund (PPLF) Parag Parikh ELSS Tax Saver Fund (PPTSF) Parag Parikh Conservative Hybrid Fund (PPCHF) Parag Parikh Arbitrage Fund (PPAF)

Plan Direct (Default plan) Regular

Option Growth (Default option) Income Distribution cum capital withdrawal option. (N/ A for Parag Parikh Flexi Cap Fund (PPFCF), Parag Parikh ELSS Tax Saver Fund (PPTSF) and Parag Parikh Arbitrage Fund (PPAF))

Sub-Option Reinvestment of Income Distribution cum capital withdrawal option Payout of Income Distribution cum capital withdrawal option
 Daily Weekly Monthly Monthly
(Default incase of PPLF) (Applicable only for PPLF) (Default incase of Parag Parikh Conservative Hybrid Fund (PPCHF)) (Applicable only for PPLF and PPCHF)

SIP DETAILS

Monthly SIP (Minimum ₹ 1000/-, 6 instalments) Monthly (Any date, maximum six) SIP Amount 1,000 5,000 10,000
 Quarterly SIP (Minimum ₹ 3000/-, 4 instalments) Quarterly (Any date, maximum six) 50,000 1,00,000 5,00,000
Period Standard From To Any Other Amount

First SIP Cheque Date D D M M Y Y Y Y Cheque No.

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Date: PPFAS MUTUAL FUND Registered Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021. ISC Stamp & Signature
Folio No. Received from: Amount:
 OTM DEBIT MANDATE FORM SIP FORM First SIP Cheque Date Cheque No.
 SIP TOP UP FORM

