

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✓)\*

☐ SB

☐ CA

☐ CC

☐ SB-NRE

☐ SB-NR0

☐ Other

Bank a/c number

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\*

To

Or ☐ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

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

☐

Parag Parikh Flexi Cap Fund (PPFCF)

☐

Parag Parikh Liquid Fund (PPLF)

☐

Parag Parikh Tax Saver Fund (PPTSF)

☐

Parag Parikh Conservative Hybrid Fund (PPCHF)

Plan

☐

Direct (Default plan)

☐

Regular

Option

☐

Growth (Default option)

☐

Income Distribution cum capital withdrawal option. (N/A for Parag Parikh Flexi Cap Fund (PPFCF) and Parag Parikh Tax Saver Fund (PPTSF))

Sub-Option

☐

Reinvestment of Income Distribution cum capital withdrawal option

☐

Payout of Income Distribution cum capital withdrawal option

☐ Daily

☐ Weekly

☐ Monthly

(Default incase of PPLF)

(Applicable only for PPLF)

(Default in case of Parag Parikh Conservative Hybrid Fund (PPCHF))

☐ Monthly

(Applicable only for PPLF and PPCHF.)

**CKYC details (KIN):**

ARN-64917/ARN No.

Sub-broker Name/ Code

E434563

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.

**SIP DETAILS**

☐ Monthly SIP (Minimum ₹ 1000/- , 6 instalments)

☐ Quarterly SIP (Minimum ₹ 3000/- , 4 instalments)

☐ Monthly (Any date, maximum six)

SIP Amount

☐ 1,000

☐ 5,000

☐ 10,000

☐ Quarterly (Any date, maximum six)

☐ 50,000

☐ 100,000

☐ 500,000

☐ Any Other Amount

Period

☐ Standard

From

M M

Y Y

Y Y

Y Y

To

M M

Y Y

Y Y

Y Y

To

1 2

2 0

9 9

☐ Default

From

M M

Y Y

Y Y

Y Y

To

1 2

2 0

9 9

First SIP Cheque Date

D D

M M

Y Y

Y Y

Y Y

Y Y

Cheque No.

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

SIP TOP UP Start Month / Year

M M

Y Y

Y Y

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'

**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 Pvt 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
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ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)					
<b>PPFAS MUTUAL FUND</b>					
Date:	<input style="width: 90%;" type="text"/>	Corporate office : 81/82, 8th Flr, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.			ISC Stamp & Signature <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Folio No.:	<input style="width: 90%;" type="text"/>	Received from:	<input style="width: 90%;" type="text"/>	Amount:	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> OTM DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM              First SIP Cheque Date <input style="width: 150px;" type="text"/>		<input type="checkbox"/> SIP TOP UP FORM              Cheque No. <input style="width: 150px;" type="text"/>			

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

1. 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.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. 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.
4. 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.
5. 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.
6. Utility Code of the Service Provider will be mentioned by PPFAS Mutual Fund
7. Tick on the respective option to select your choice of action and instruction.
8. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
9. 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.
10. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
11. 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)
12. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
13. As per NPCI, Mandate Maximum CAP amount is Rs.100,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice. .
14. 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.

## PPFAS Mutual Fund

Systematic Withdrawal Plan  
(SWP) Form

Distributors Code	Sub-Distributors Code	EUIN No.	Date of Receipt	Bank Sr. No.
ARN-64917		E434563		

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

<input type="checkbox"/> <b>New Registration:</b> For enrollment under SWP facility	<input type="checkbox"/> <b>Change in withdrawal amount:</b> For Change in withdrawal amount under SWP facility	<input type="checkbox"/> <b>Cancellation:</b> For cancellation of SWP facility
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## EXISTING UNIT HOLDER'S INFORMATION

<b>Folio No.</b>	For Existing Investors
<b>Name</b>	Beneficial Investor
<b>PAN</b>	Enclosed <input type="checkbox"/> KRA Compliant

## SYSTEMATIC WITHDRAWAL PLAN

<b>Scheme Name</b>	<input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan		
<b>Option</b>			
<b>Fixed Withdrawal Amount (₹)</b>		<b>Amount (in words)</b>	
<b>Total Amount of SWP (₹)</b>		<b>Amount (in words)</b>	
<b>Fixed Withdrawal Frequency</b>	[Please tick] <input type="checkbox"/> Monthly (Minimum 12 months)		
<b>Date (Only One)</b>	[Please tick] <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		
<b>Withdrawal Period From</b>	MMDDYYYY	<b>To</b>	MMDDYYYY

## DECLARATION

Having read and understood the contents of the Scheme Information Document of the Scheme, I / We hereby apply for units of the Scheme and agree to abide by the terms, conditions, rules and regulation governing the Scheme. I / We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions to the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme and I / We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / We hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

**For NRIs only:** I / We confirm that I am / we are Non Residents of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my/ our Non-Resident External / Non-Resident Ordinary / FCNR account. I / We confirm that details provide by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

To be signed by all applicants/Unitholders if mode of holding is "Joint".

## INSTRUCTIONS

- Options available and Minimum Amount :
  - Fixed withdrawal** : Investors can withdraw fixed amount of ₹ 1,000/- each and in multiple of Re. 1 thereafter.
  - SWP request should be for a minimum period of 12 months.
  - SWP is not available for investments which are pledged.
- PPFAS AMC will endeavor to credit the redemptions payouts directly to the designated Bank A/c of the unitholders of PPFAS Mutual Fund schemes through any of the available electronic mode (i.e. RTGS / NEFT / Direct Credit / NECS). PPFAS AMC reserves the right to use any of the above mode of payment as deemed appropriate for all folios where the required information is available. The Mutual Fund, however, reserves the right to issue a cheque / demand draft in spite of an investor opting for Electronic Payout.
- Default Dates:** In case of any ambiguity in selection of withdrawal frequency, the SWP date will be 10th of each month in case of Fixed withdrawal facility.
- A minimum period of 15 calendar days shall be required for registration of SWP. Unit-holder may change the amount ( but not below the minimum specified amount)/ frequency by giving a written notice at any Investor Service Center at least 15 calendar days prior to next SWP execution date.
- The SWP may be terminated by a written notice of 15 calendar days by a unit-holder. This SWP termination request may be sent to the office of AMC or at any Investor Service Center.



## ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)

<b>Scheme Name</b>	<input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan		
<b>Option</b>			
<b>Folio No.</b>		<b>Date</b>	
<b>Received from Mr. / Ms.</b>			
<b>SWP Frequency</b>	<input type="checkbox"/> Monthly		
<b>Total Amount of SWP (₹)</b>			
<b>ISC Stamp &amp; Signature</b>			

## TERMS & CONDITIONS / INSTRUCTIONS FOR SWP

1. Systematic Withdrawal Plan (SWP) is available to investors in the Scheme(s) of PPFAS Mutual Fund. The SWP Facility is available only for units held / to be held in Non - demat Mode in the Transferor and the Transferee Scheme.
  2. This enrollment form should be completed in **ENGLISH** and in **BLOCK LETTERS** only. Please tick in the appropriate box for relevant options wherever applicable. Please do not overwrite. For any correction / changes (if any) made on the application form, the sole/all applicants are requested to authenticate the same by canceling and re-writing the correct details and counter-signing the same. This enrollment form, complete in all respects, should be submitted at any of the Official Points of Acceptance of PPFAS Mutual Fund. Incomplete enrollment form is liable to be rejected.
  3. Unitholders are advised to read the Scheme information Document of the respective Scheme(s) and Statement of Additional Information carefully.
  4. New Investors who wish to enroll for SWP are required to fill the SWP enrollment form along with the Scheme Application Form. Existing unit holders should provide their Folio Number. Unitholders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing folio number details and would prevail over any conflicting information furnished in this form. Unitholders name should match with the details in the existing folio, failing which this application form is liable to be rejected.
  5. **Unitholders must use separate 'SWP' enrollment forms for different Schemes/Plans/Options.**
  6. **Exit Load: In respect of amount withdrawn under SWP, the Exit Load, if any, applicable to the Scheme/Plan as on the date of allotment of units shall be levied.**
  7. Unit holder can avail of this facility by choosing date of his/her preference as given in the SWP form. In case the chosen date falls on a holiday or during a Book Closure period the immediate next Business Day will be deemed as the SWP withdrawal date. In case no date is mentioned 10th will be considered as the Default Date. The amount withdrawn (subject to deduction of tax at source, if any) under SWP by Redemption shall be converted into the specific Scheme / Plan Units at the NAV based prices as on the SWP withdrawal date of month, as applicable, and such Units will be subtracted from the Unit Balance of the Unit holders.
  8. **SWP Plan:**
    - I. SWP Plan is available for Growth and Dividend Option.
    - II. Unitholders under the Fixed Plan can redeem (subject to completion of lock-in/ pledge period, if any), under each Scheme / Plan / Option a minimum of Rs. 1000/- and in multiples of Rs. 1/- thereafter.
    - III. **Commencement date for SWP is the date from which the first withdrawal will commence.**
    - IV. The amount withdrawn under SWP by Redemption shall be converted into the specific Scheme/Plan Units at the NAV based prices as on the SWP withdrawal date and such Units will be subtracted from the Unit Balance of the Unitholders. In case these dates fall on a holiday or fall during a Book Closure period, the next Business Day will be considered for this purpose. If there is inadequate balance on the SWP date, the SWP will be processed for the balance units and SWP will continue. If there is nil balance on the SWP date, the SWP will be automatically terminated and there will not be any further trigger.
- If you decide to opt for this facility, you should be aware of the possibility that you could erode your capital.
- Example:** If the Unitholder decides to withdraw Rs. 1,000 every month and the appreciation is Rs. 100, then such redemption proceeds will comprise of Rs. 100 from the capital appreciation and Rs. 900 from the Unitholder's capital amount.
9. PPFAS Mutual Fund / PPFAS Asset Management Private Limited reserves the right to change / modify the terms and conditions of SWP.

Enrollment Form No. \_\_\_\_\_

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)									
ARN	ARN / Distributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIN)										
ARN	ARN-64917				E434563										
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 Halder						Date: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y								
<b>EUIN Declaration (only where EUIN box is left blank) (Refer Instruction No. 15)</b> I/We hereby confirm that the EUIN 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.															
Sign Here _____ First / Sole Unit Holder / Guardian		Sign Here _____ Second Unit Holder		Sign Here _____ Third Unit Holder											

I/ We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrollment under the Systematic Withdrawal Plan of the following Scheme(s)/Plan(s)/Option(s). **The ARN holder (AMFI registered Distributor) 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.**

Please (✓) any one.

☐ NEW REGISTRATION

☐ CANCELLATION

Folio No. of 'Source' Scheme (for existing Unit holder) / Application No. (for new investor) \_\_\_\_\_

Name of the Applicant		KYC is mandatory# Please (✓)
Name of First/Sole Applicant	PAN# or PEKRN# _____	Proof Attached <input type="checkbox"/>
	KYC Number _____	
Name of Guardian in case First/Sole Applicant is a minor	PAN# or PEKRN# _____	Proof Attached <input type="checkbox"/>
	KYC Number _____	
Name of Second Applicant	PAN# or PEKRN# _____	Proof Attached <input type="checkbox"/>
	KYC Number _____	
Name of Third Applicant	PAN# or PEKRN# _____	Proof Attached <input type="checkbox"/>
	KYC Number _____	

# Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 12 and 13

Name of 'Source' Scheme/Plan/Option _____		(Investors applying under Direct Plan must mention "Direct" against the Scheme name).							
Name of 'Target' Scheme/Plan/Option _____		(Investors applying under Direct Plan must mention "Direct" against the Scheme name).							
Amount (Rs) _____	In Words: _____								
Write any date in the column below (Maximum 6 dates)									
<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly (Any date, maximum six)	<input type="checkbox"/> Quarterly (Any date, maximum six)	No of Instalments						
STP will be executed any day between Monday to Friday except Holidays	<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>	Please write a number _____ OR						
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly		Enter Enrollment Period						
<table border="1" style="width: 100%;"> <tr> <td>MON</td><td>TUE</td><td>WED</td></tr> <tr> <td>THU</td><td>FRI</td><td></td></tr> </table>	MON	TUE	WED	THU	FRI		1 <sup>st</sup> Instalment _____ 2 <sup>nd</sup> Instalment _____	From DD/MM/YYYY _____ To DD/MM/YYYY _____	
MON	TUE	WED							
THU	FRI								
<b>Note:</b> The gap between 1 <sup>st</sup> and 2 <sup>nd</sup> instalment should be exactly 15 calendar days.									

In case of multiple registrations, please fill up separate Enrollment Forms.

\*Default frequency/Date/Day (Refer Instruction 16)

**SIGNATURE(S)**

\_\_\_\_\_ First / Sole Unit Holder / Guardian      \_\_\_\_\_ Second Unit Holder      \_\_\_\_\_ Third Unit Holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

## ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

PPFAS MUTUAL FUND		
Date: _____	<b>Corporate Office:</b> 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021	Enrollment Form No./Folio No. _____ <div style="border: 1px solid black; padding: 5px; width: 150px; float: right;">ISC Stamp &amp; Signature</div>
Received from Mr./Ms./M/s. _____	'STP' application for transfer of Units;	
from Scheme / Plan / Option _____		
to Scheme / Plan / Option _____		



## TERMS & CONDITIONS / INSTRUCTIONS FOR STP

1. STP is a facility where in unit holder(s) of designated open-ended scheme (s) of PPFAS Mutual Fund (Source Scheme) can opt to transfer a fixed amount at regular intervals to designated open-ended scheme(s) of PPFAS Mutual Fund (Target Scheme). The STP Facility is available only for units held / to be held in Non - demat Mode in the Source and the Target Scheme.
2. The STP Enrollment Form should be completed in English and in Block Letters only. Please tick (✓) in the appropriate box ( ), where boxes have been provided. The STP Enrollment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of PPFAS Mutual Fund.
3. One STP Enrollment Form can be filled for one Scheme/Plan/Option only.
4. Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Target Scheme(s) and Statement of Additional Information (SAI) carefully before investing. The SIDs / KIMs of the respective Scheme(s) and SAI are available with the ISCs of PPFAS Mutual Fund, brokers/distributors and also displayed at the PPFAS Mutual Fund website i.e. <http://amc.ppfas.com>
5. Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Target Scheme will be as per the existing folio number of the Source Scheme, Units will be allotted under the same folio number. Unitholders' names should match with the details in the existing folio number, failing which, the application is liable to be rejected.
6. If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date/ Day and the same will be considered for the purpose of determining the applicability of NAV. Unit holders should be aware that if they decide to take up this facility, there is possibility of erosion of capital e.g. If the unit holder decides to transfer Rs. 1,000 every month and the appreciation is Rs. 100, then such transfer proceeds will comprise of Rs. 100 from the capital appreciation and Rs. 900 from the unit holder's capital amount.
7. In case the Start Date is mentioned but End Date is not mentioned, the application will be registered for the minimum number of installments. In case the End Date is mentioned but Start Date is not mentioned, the application will be registered after expiry of 10 days from submission of the application from the default date i.e. 10th of each month (or the immediately succeeding Business Day), provided the minimum number of installments are met. There will be no maximum duration for STP enrollment. However, STPs will be registered in a folio held by a minor, only till the date of the minor attaining majority, even though the instructions may be for a period beyond that date. The STP facility will automatically stand terminated upon the Unit Holder attaining 18 years of age.
- 8. In respect of STP enrollments made in the abovementioned Scheme(s), the Load Structure prevalent at the time of enrollment shall govern the Investors during the tenure of the STP. For Scheme load structure, please refer to key Information Memorandum or contact the nearest Investor Service Centre (ISC) of PPFAS Mutual Fund or visit our website <http://amc.ppfas.com>**
9. STP will be automatically terminated if all units are liquidated or withdrawn from the Source Scheme or pledged or upon receipt of intimation of death of the unit holder.
10. Unit holders will have the right to discontinue the STP facility at any time by sending a written request to the ISC. Notice of such discontinuance should be received at least 7 days prior to the due date of the next transfer date. On receipt of such request, the STP facility will be terminated.
- 11. Permanent Account Number**  
SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his/her permanent account number (PAN) (Except as mentioned below) irrespective of the amount of investment. Where the applicant is a minor, and does not possess his / her own PAN, he / she shall quote the PAN of his/ her father or mother or the guardian, as the case may be. Applications not complying with the above requirement may not be accepted/ processed. PAN card copy is not required separately if KYC acknowledgment letter is made available. For further details, please refer Section 'Permanent Account Number' under Statement of Additional Information available on our website <http://amc.ppfas.com>
- PAN Exempt Investments**  
PAN Exempt KYC Reference Number (PEKRN) holders may enroll for this facility. For further details on PAN exempt Investments, refer Instructions of Scheme Application Form or Statement of Additional Information. However, if the amount per installment is Rs. 50,000 or more, in accordance with the extant Income Tax rules, investors will be required to furnish a copy of PAN to the Mutual Fund.
- 12. Know Your Customer (KYC) Compliance:** Investors should note that it is mandatory for all registrations for Systematic Transfer Plan (STP) to quote the KYC Compliance Status/ KYC Number, as applicable for each applicant (guardian in case of minor) in the application and attach proof of KYC Compliance viz. KYC Acknowledgment Letter. For more details, please refer to the Statement of Additional Information available on our website <http://amc.ppfas.com>
13. Investors with existing STP enrollment, who wish to invest under the Direct Plan of the Target Scheme must cancel their existing enrollment and register afresh for the facility.
- 14. Investment through Distributors**  
Distributors / Agents are not entitled to distribute units of mutual funds unless they are registered with Association of Mutual Funds in India (AMFI). Every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote the Employee Unique Identification Number (EUIN) obtained by him/her from AMFI in the Application Form. Individual ARN holders including senior citizens distributing mutual fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor, please ensure that the EUIN is correctly filled up in the Application Form. However, in case of any exceptional cases where there is no interaction by the employee/ sales person/relationship manager of the distributor/sub broker with respect to the transaction and EUIN box is left blank, you are required to provide the duly signed declaration to the effect as given in the form. These requirements do not apply to Overseas Distributors.  
**New cadre distributors:** New cadre distributors are permitted to sell eligible schemes of the Fund (details of eligible scheme is available on [www.amc.ppfas.com](http://amc.ppfas.com)) They also hold an EUIN which must be quoted in the application form. In case your application through such distributor is not for an eligible scheme, it is liable to be rejected.  
**Direct Investments**  
Investors applying under Direct Plan must mention "Direct" in ARN column. In case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Target Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.
15. PPFAS Mutual Fund / PPFAS Asset Management Private Limited reserves the right to change/modify the terms and conditions of the STP. For the updated terms and conditions of STP, contact the nearest ISC or visit our website <http://amc.ppfas.com>