

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- ARN-64917					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.

- Scheme  Parag Parikh Flexi Cap Fund (PPFCF)  Parag Parikh Liquid Fund (PPLF)  Parag Parikh 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 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)  Quarterly SIP (Minimum ₹ 3000/-, 4 instalments)  Quarterly (Any date, maximum six)  SIP Amount  1,000  5,000  10,000  50,000  1,00,000  5,00,000  Any Other Amount

Period  Standard From       To

First SIP Cheque Date           Cheque No.

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Date:  PPFAS MUTUAL FUND Registered Office: 81/82, 8<sup>th</sup> 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  SIP TOP UP FORM First SIP Cheque Date  Cheque No.

## 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. 1,00,00,000/- (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.
15. Mandate date will be valid upto 120 days and the mandate date has to be either less or equal to the current business date.  
  
# As per NPCI circular NPCI/2023-24/NACH/008 date 18th August 2023 with effect from 1st October 2023 maximum period of the mandate to be 30 years and end date to be mentioned in the form.
16. "From date" of the mandate period should not be beyond 120 days from the current date.

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

SIP TOP UP Start Month / Year	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	SIP TOP UP Frequency:	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly
TOP UP Amount*: (Minimum Rs. 500) Rs. _____					
<b>Note:</b> <ul style="list-style-type: none"> <li>• Default Frequency is Yearly.</li> <li>• It is mandatory to submit NACH (OTM).</li> <li>• NACH mandate should be provided for maximum amount in line with your Top Up mandate &amp; SIP tenure.</li> </ul>					
SIP TOP UP Amount-based Cap* (Optional): Rs. _____					
*Please refer to point No. 7 under 'SIP Top Up Explained'					

### DEMAT ACCOUNT DETAILS (Optional - Nomination Provided in Demat Account shall be considered)

NSDL	DP Name		CDSL	DP Name	
NSDL: Depository Participant (DP) ID (NSDL only)		Beneficiary Account Number (NSDL only)	CDSL: Beneficiary ID (CDSL only)		

**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

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 (EUIIN)	
ARARN-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 Holder  
Date: 

D	D	M	M	Y	Y	Y	Y
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**EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction No. 15)**  
I/We hereby confirm that the EUIIN 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
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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 Schemels) and hereby apply for enrollment under the Systematic Withdrawal Plan of the following Schemel(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# _____ KYC Number _____	Proof Attached <input type="checkbox"/>
Name of Guardian in case First/Sole Applicant is a minor	PAN# or PEKRN# _____ KYC Number _____	Proof Attached <input type="checkbox"/>
Name of Second Applicant	PAN# or PEKRN# _____ KYC Number _____	Proof Attached <input type="checkbox"/>
Name of Third Applicant	PAN# or PEKRN# _____ KYC Number _____	Proof Attached <input type="checkbox"/>

# 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%;"><tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr></table>					<table border="1" style="width:100%;"><tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr></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 style="width:33%;">MON</td><td style="width:33%;">TUE</td><td style="width:33%;">WED</td></tr><tr><td>THU</td><td>FRI</td><td></td></tr></table>	MON	TUE	WED	THU	FRI		1 <sup>st</sup> Instalment _____	From DD/MM/YYYY To DD/MM/YYYY			
MON	TUE	WED									
THU	FRI										
<b>Note:</b> Second installment date will be considered 15 days from the date of first installment.											

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
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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)**

Date: _____	<b>PPFAS MUTUAL FUND</b> Corporate Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021	Enrollment Form No./Folio No. _____
Received from Mr./Ms./M/s. _____ from Scheme / Plan / Option _____ to Scheme / Plan / Option _____	'STP' application for transfer of Units;	ISC Stamp & Signature

**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 (EUIIN)
ARN- 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>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 (For Parag Parikh Flexi Cap fund only 1st and 10th dates available)
<b>Withdrawal Period From</b>	MM/YYYY To MM/YYYY

**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 model), 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 inspite 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>ISC Stamp &amp; Signature</b>
Received from Mr. / Ms.		
<b>SWP Frequency</b>	<input type="checkbox"/> Monthly	