PPFAS One Time Mandate Instruction Form (OTM/NACH Form) * Mandatory Fi				
MUTUAL FUND There's only one right way®	UMRN F O R O F I C E U S E O N L Y Date* I <thi< th=""> I I<!--</th--></thi<>			
Tick (√) Sponsor Bank Code HDFC09999999 Utility Code HDFC00070000003309				
CREATE	orize PPFAS Mutual Fund to debit (tick√)* SB CA CC SB-NRE SB-NR0 Other			
CANCEL Bank a/c nur				
with Bank Na	ame of customers bank IFSC or MICR or MICR			
an amount of Rupees	₹			
FREQUENCY IMONTHIN I Quarterly I Half Yearly I Yearly I As & when presented DEBIT TYPE I Fixed Amount I Maximum Amount				
Reference 1 PAN No. Mobile No.				
Reference 2 Folio No.	Email ID			
PERIOD	mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.			
From*	Signature Primary Account holder Signature of Account holder Signature of Account holder			
To Until Cancell	led 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records			
This is to confirm the declaration has been	n 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. c cancel/amend this mandate by a appropriately communicating the cancellation/ammendent request to the user entity/corporate or the bank where I have authorised the debit.			
Parag Parikh Long Term Value	Fund - Growth SIP Registration/Renewal Form (for OTM registered investors only)			
Please tick as applicable:	ered in the folio. [No need to submit again].			
	d to be registered in the folio. SIP Auto debit will start after mandate registration (usually within Thirty days depending on OTM or NACH modalities).			
	lay should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.			
	e completed in English and in BLOCK LETTERS only. Note: No need to attach One Time Mandate again, if already registered/submitted earlier.			
Direct Plan Regular Pla	an CKYC details (KIN)			
South Stiparate ARNN	54854 Sub-broker Name/ Code EUIN No.			
We hereby confirm that the EUIN 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 has not charged any advisory fees on this transaction.				
Transaction charges for applications through Distributors ↓ confirm that I am a first time investor (₹ 150 deductible as transaction charge & payable to distributor) ↓ confirm that I am a existing investor (₹ 100 deductible as transaction charge & payable to distributor)				
	y 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.			
1. EXISTING INVESTOR DETAILS (If you have existing folio)				
Folio No. NAME OF SOLE/FIRST APPLIC	The details in our records under the folio number mentioned alongside will apply for this application. CANT Mr. Ms. M/s.			
SIP DETAILS				
Monthly SIP (Default Option, I	Minimum: ₹ 1,000, 6 months) Dates 1st 5th 10th (Default) SIP Amount			
□ Quarterly SIP (Minimum: ₹ 3	3,000, 4 quarters)			
Standard From	M M Y Y Y Y Y Y 100,000 500,000			
🛓 🗖 Default 🛛 From	M M Y Y Y Y To 1 2 2 0 9 9			
First SIP Cheque Date	D M M Y Y Y Cheque No.			
	SIP TOP UP (Optional) (Tick to avail this facility)			
SIP TOP UP Start Month / Year M 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 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 Ur	nit Holder 's Signature	
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)				
Date: Corporate office : 81/82, 8th Flr,	PPFAS MUTUAL FUND Sakhar Bhavan, Ramnath Goenka Marg, 230, No	ariman Point, Mumbai 400 021.	ISC Stamp & Signature	
Folio No. Received from:	Amo	punt:		
OTM DEBIT MANADATE FORM ISIP FORM First SIP Cheque Date Cheque No.				

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.

2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.

3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.

4. 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.

5. 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.

6. In case of SIP, 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.

- 7. Utility Code of the Service Provider will be mentioned by PPFAS Mutual Fund
- 8. Tick on the respective option to select your choice of action and instruction.

9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.

10. 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.

11. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.

12. For the convenience of the investors the frequency of the mandate will be "As and When Presented"

13. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.

14. As per NPCI, Mandate Maximum CAP amount is Rs.100,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice. .