One Time Mandate Instruction Form (OTM/NACH Form) * Ma		tion Form (OTM/NACH Form) * Mandatory Fields
	FOROFFFICEUSE	0 N L Y Date*
Tick (√)     Sponsor Bank Code     HDFC09999999     Utility Code     HDFC00070000003309		
CREATE //We hereby authorize PPFAS Mutual Fund to debit (tick√)* SB CA CC SB-NRE SB-NR0 Other		
MODIFY Bank a/c number		
with Bank Name of customer	s bank IFSC	
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         Lagree for the debit mandate processing charges by the bank whom Lam authorizing to debit my account as per latest schedule for charges of the bank.		
From*	Signature Primary Account holder Signate	ure of Account holder Signature of Account holder
To   Image: Constraint of the second secon	1. Name as in bank records 2. Nam	e as in bank records 3. Name as in bank records
<ul> <li>This is to confirm the declaration has been carefully read, understood &amp; made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed &amp; signed by me.</li> <li>I have understood that I am authorised to 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.</li> </ul>		
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.		
Direct Plan Regular Plan (Refer	Instruction Q and please tick (🗸 ) any one)	
ARN-146822	Sub-broker Name/ Code	EUIN No.
I/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 and the distributor and not charged any advisory fees on this transaction.		
Transaction charges for applications through Distributors		
L confirm that I am a first time investor (₹ 150 deductible as transaction charge & payable to distributor) I confirm that I am a existing investor (₹ 100 deductible as transaction charge & payable to distributor)		
1. 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 (Default Option, Minimum: ₹ 1,0	00, 6 months) <b>Dates</b> 🔲 1st 🗖 5th 🗖 10th (Defau	Parag Parikh Long Term Value Fund - Growth
Quarterly SIP (Minimum: ₹ 3,000, 4 quarters)		
8 Standard From MMY		<b></b> 50,000 <b></b> 100,000 <b></b> 500,000
Standard     From     M     M     Y     Y       Default     From     M     M     Y     Y	To 1 2 2 0 9 9	Any Other Amount
First SIP Cheque Date     D     M	Y         Y         Y         Cheque No.         Image: CheqNo.         Image: Cheque No	
UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (refer instruction 10)		
*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode		
NSDL DP Name		Beneficiary Account No.
CDSL DP Name		Beneficiary Account No.
*Investors opting to hold units in demat form, must provide a copy of the DP statement in order to enable us to match the demat details as stated in the Application Form. I/We hereby confirm and declare as under:- I/We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related document of the Scheme and the terns & conditions of enrolment for Systematic		
Investment plan (SIP). The ARN holder 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 fund from amongst which the Scheme is being recommended to me/us.		
Sole/First Unit Holder's Signature	Second Unit Holder's Signatu	ure
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)		
Date:       PPFAS MUTUAL FUND       ISC Stamp & Signature         Head office : Great Western Building, 130/132, S B S Marg, Opp. Lion Gate, Fort, Mumbai 400 001.       ISC Stamp & Signature		
Folio No. Received from:		Amount:
	First SIP Cheque Date	Cheque No.