One Time Mandate Instruction Form (OTM/NACH Form)

* Mandatory Fields

PPFAS MUTUAL FUND
There's only one right way©

UMRN FOR OFFICE USE ONLY **Date*** DD MM YYYY

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-NRO ☐ 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* DD MM YYYY
 # To DD MM YYYY

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.

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 (EUIN)
ARN-167174					E038800

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 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 a 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)

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
- ☐ Daily (Default incase of PPLF)
- ☐ Weekly (Applicable only for PPLF)
- ☐ Monthly (Default incase of Parag Parikh Conservative Hybrid Fund (PPCHF))

☐ Payout of Income Distribution cum capital withdrawal option
- ☐ Monthly (Applicable only for PPLF and PPCHF.)

SIP DETAILS

☐ Monthly SIP (Minimum ₹ 1000/-, 6 instalments)
☐ Quarterly SIP (Minimum ₹ 3000/-, 4 instalments)

Period ☐ Standard From MM YYYY To MM YYYY

☐ Monthly (Any date, maximum six)

☐ Quarterly (Any date, maximum six)

SIP Amount
☐ 1,000 ☐ 5,000 ☐ 10,000
☐ 50,000 ☐ 1,00,000 ☐ 5,00,000
☐ Any Other Amount

First SIP Cheque Date DD MM YYYY **Cheque No.**

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

PPFAS MUTUAL FUND
Registered Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.

Date: ISC Stamp & Signature

Folio No. Received from: Amount:

☐ OTM DEBIT MANDATE FORM ☐ SIP FORM ☐ SIP TOP UP FORM First SIP Cheque Date Cheque No.

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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.

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

SIP TOP UP Start Month / Year M M 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'

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