

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 Utility Code

I/We hereby authorize to debit (tick ✓)* SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with 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 Mobile No.

Reference 2 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.

CHANGE OF BANK FOR EXISTING SIP

All SIP Specified SIP

NAME OF THE SOLE/FIRST UNIT HOLDER

First Name Middle Name Last Name Folio No.

EXISTING SIP Details for Change of Bank

Scheme Name: _____ Plan & Option / Sub-Option: _____

SIP Amount: ₹ _____ Rupees in Words: _____


SIP Date: SIP Start Month/Year: SIP End Month/Year:


SIP TOP UP Start Month / Year SIP TOP UP Frequency: Half Yearly Yearly


TOP UP Amount*: (Minimum Rs. 500) Rs. _____

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

TERMS AND CONDITIONS FOR CHANGE OF BANK FOR EXISTING SIP

- Investor needs to submit the change of bank for SIP form duly completed and signed by all the unit holders.
- This request should be received to us at least 30 days prior to the next due date of SIP.
- This form is for change in bank for SIP registered in physical OTM hence all conditions for OTM registration and existing SIP will remain same.
- The investor has to fill the OTM mandate details through which he/she wishes to route the future installments for the ongoing SIP & sign according to the mode of holding in the bank account.
- The Investor has to submit a cancelled cheque leaf with the name printed on it along with the COB request to register new bank details.
- In case the new OTM is rejected by the banker, the SIP will also be rejected.
- The existing default bank account for redemption and dividend payout in the folio will remain the same.
- Investor has option to change Debit mandate either for all SIP's or only for investor specified SIP(s) registered in the folio.
- In case investor does not opt for any option [All SIPs or Specified SIP(s)], Change of Bank will be applicable on all SIPs registered in the mentioned folio.
- AMC reserves the right to reject the request in case of any mismatch or discrepancy in the details provided.
- In case investor wants to change the bank details for more than one SIP but not in all SIP's available in the folio, then a separate form will be required for each SIP where bank mandate needs to be changed.

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

1. Investors who have already submitted a One Time Mandate (OTM) form are 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.