One Time Mana	date Instruction Form (OTM/NACH Form)	* Mandatory Fields	PPFAS 📣				
UMRN FOROFFICE	J S E O N L Y	Date*	MUTUAL FUND There's only one right way®				
Tick (√) Sponsor Bank Code HDF	CO9999999 Utility	y Code HDFC0007000003309					
CREATE I/We hereby authorize PPFAS Mut	tual Fund to debit (tick√)* 🔲 SB 🛄 CA 🛄 CC 🛄	SB-NRE 🔲 SB-NR0 🗌 Other				
CANCEL Bank a/c number							
with Bank Name of customers bank	IFSC	or MICR					
an amount of Rupees			₹				
FREQUENCY - Monthly - Quarterly - Half Ye	early 🗖 Yearly 🗹 As & when presen	ted DEBIT TYPE 🕀 Fixed Am					
Reference 1 PAN No.		Mobile No.					
Reference 2 Folio No.		Email ID					
	rges by the bank whom I am authorizing to debit	my account as per latest schedule for ch	narges of the bank.				
From*							
# To							
	Name as in bank records 2. Na						
This is to confirm that the declaration has been carefully read, understoc have understood that I am authorised to cancel/amend this mandate b							
SIP Re	egistration/Renewal Form (for OTM reg	gistered investors only)					
Please tick v as applicable OTM Debit Mandate is already registered in the folio. [No r	need to submit accin]						
 OTM Debit Mandale is already registered in the folio. IN F OTM Debit Mandate is attached and to be registered in the 	-	gistration (usually within Thirty days de	pending on OTM or NACH modalities				
The total of all installments in a day should be less than or	· · ·						
Investors must read the SID / 5 The Application Form should be completed in English a	SAI and Key Information Memorandum and ind in BLOCK LETTERS only. Note: No need to a						
CKYC details (KIN):							
KEY PARTNER/AGENT INFORMATION (Investors applying under D	Direct Plan must mention "Direct" in ARN column.)						
ARN ARN / Dis	stributor Name Sub Agent's ARN	Bank Branch Code for Su	nal Code Employee Unique b-Agent/ Identification Number ployee (EUIN)				
ARN-ARN-118251							
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us a the employee/relationship manager/sales person of the above distributor or notwi	rithstanding the advice of in-appropriateness, if any, provided by		cond Holder Third Holder				
employee/relationship manager/sales person of the distributor and the distributor Transaction charges for applications through Distribution							
□ I confirm that I am a first time investor (₹ 150 deductible as transact		-	• • •				
Upfront commission shall be paid directly by the investor to the ARN I	Holder (AMFI registered Distributor) based on the inve XISTING INVESTOR DETAILS (If you have		ng the service rendered by the ARN Holder				
Folio No.		he folio number mentioned alongs	ide will apply for this application				
	Vs.		and the set of the set				
Scheme Parag Parikh Flexi Cap Fund (PPFCF)	Parag Parikh Liquid Fund Parag P (PPLF) (PPTSF)	Parikh Tax Saver Fund 🔲 Parag Parik (PPCHF)	kh Conservative Hybrid Fund				
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 Par	ag Parikh Tax Saver Fund (PPTSF))				
			•				
Sub-Option Reinvestment of Income Distribution cum capital withdrawal option							
	nthly ıult incase of Parag Parikh Conservative Hybrid Fund (PPCH	(Applicable only for PPLF and F	PPCHF.)				
	SIP DETAILS						
Monthly SIP (Minimum ₹ 1000/-, 6 inst	Mapthly (Apy data	maximum six) SIP Amount					
□ Quarterly SIP (Minimum ₹ 3000/-, 4 instalments)							
Standard From Image: Standard from Image: Standard from from from from from from from from							
		Any Other Am	nount				
First SIP Cheque Date D D M Y	Y Y Cheque No.						
	CKNOWI EDGEMENT SLIP. (To be filled in b	ov the Applicant)					
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) PPFAS MUTUAL FUND							
Date: Registered Office: 81/8	82, 8 th Floor, Sakhar Bhavan, Ramnath Goenka Mo	arg, 230, Nariman Point, Mumbai 400 02	ISC Stamp & Signature				
Folio No Received from:		Amount:					
	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. 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.
- 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.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.

- 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)
- 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 ..
- 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						
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 N	lame					
NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Acco		Beneficiary Account Number (NSDL only)				CDSL: Ber	neficiary ID (CD	SL 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