

Enrollment Form No. _____

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 (EUIIN)

FOR OFFICE USE ONLY (TIME STAMP)

ARN-4464

VIKRAM S. BAGADTHEY

E032737

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.

Date:

D

D

M

M

Y

Y

Y

Y

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction No. 15)

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here

First / Sole Unit Holder / Guardian

Sign Here

Second Unit Holder

Sign Here

Third Unit Holder

I/ We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrollment under the Systematic Withdrawal Plan of the following Scheme(s)/Plan(s)/Options(s). **The ARN holder (AMFI registered Distributor) 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 Funds from amongst which the Scheme is being recommended to me/us.**

Please (✓) any one.
NEW REGISTRATION
CANCELLATION

Folio No. of 'Source' Scheme (for existing Unit holder) / Application No. (for new investor)

Name of the Applicant		KYC is mandatory# Please (✓)
Name of First/SoleApplicant	PAN# or PEKRN# KYC Number	Proof Attached <input type="checkbox"/>
Name of Guardian in case First/Sole Applicant is a minor	PAN# or PEKRN# KYC Number	Proof Attached <input type="checkbox"/>
Name of Second Applicant	PAN# or PEKRN# KYC Number	Proof Attached <input type="checkbox"/>
Name of Third Applicant	PAN# or PEKRN# KYC Number	Proof Attached <input type="checkbox"/>

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 12 and 13

Name of 'Source' Scheme/Plan/Option

(Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Name of 'Target' Scheme/Plan/Option

(Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Amount of Transfer per Installment: Rs.

No. of Installments:*

Amount (in words):

OR

Monthly*

Date of Transfer

1st 5th 10th* 15th 20th 25th

Enrollment Period*:

From:

To:

In case of multiple registrations, please fill up separate Enrollment Forms. *Default frequency/Date/Day (Refer Instruction 8)
Units purchased in Equity linked saving scheme (ELSS) cannot be switch out until completion of 3 years from the date of allotment of respective units.

SIGNATURE(S)

First / Sole Unit Holder / Guardian

Second Unit Holder

Third Unit Holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

PPFAS MUTUAL FUND

Date:

Corporate Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021

Enrollment Form No./Folio No.

Received from Mr./Ms./M/s.

'STP' application for transfer of Units;

from Scheme / Plan / Option

to Scheme / Plan / Option

ISC Stamp & Signature