

APPLICATION FORM FOR SIP PAUSE FACILITY

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

Enrolment Form no.

1) INVESTOR DETAILS

Folio No. (For existing Unitholder)

First/ Sole Applicant Details Mr. Ms. M/s.

Mobile No. Email Id

NAME OF THE GUARDIAN (In case of minor) / CONTACT PERSON - DESIGNATION (In case of Non-individual Investors)/ PoA HOLDER

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR

2) EXISTING SIP DETAILS [Please tick (✓)]

Scheme Name	Plan	Option/Sub-option
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Installment Amount (₹) <input type="text"/> (including the Top-Up amount, if any) (Refer instruction No. 6)	Start Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	End Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

<input type="checkbox"/> Monthly (Any date, maximum six)	<input type="checkbox"/> Quarterly (Any date, maximum six)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3) SIP PAUSE DETAILS

SIP Pause Start Date SIP Pause End Date (Refer instructions 9 to 12)

(Should be atleast 30 days later than the application date)

No. of installments (Maximum 3 for monthly frequency and 1 for quarterly frequency)

4) DECLARATION AND SIGNATURE(S)

I / We hereby confirm and declare as under:-

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) Pause Facility. I/ We hereby apply to the Trustees to Pause the SIP.

SIGNATURE (S)

First/ Sole Unit holder/ Guardian/ POA Holder

Second Unit holder

Third Unit holder

Please note: Signature(s) should be as appearing in the folio 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: <input type="text"/> <input type="text"/> <input type="text"/>	Registered Office Address : 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021.
Application/ Folio No. <input type="text"/>	
Received from Mr./Ms./M/s. <input type="text"/>	SIP Pause application
Scheme / Plan / Option <input type="text"/>	Scheme 1
<input type="text"/>	Scheme 2
<input type="text"/>	Scheme 3
ISC Stamp & Signature	