S SYSTEMATIC
T TRANSFER
P PLAN

Enrollment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

PPFAS MUTUAL FUND
There's only one right way®
www.amc.ppfas.com

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 (EUIN)
ARN-272753					E513200

FOR OFFICE USE ONLY (TIME STAMP)

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

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction No. 15)
I/We hereby confirm that the EUIN 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here	Sign Here	Sign Here
First / Sole Unit Holder / Guardian	Second Unit Holder	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/Sole Applicant	PAN# or PEKRN# / KYC Number	Proof Attached ☐
Name of Guardian in case First/Sole Applicant is a minor	PAN# or PEKRN# / KYC Number	Proof Attached ☐
Name of Second Applicant	PAN# or PEKRN# / KYC Number	Proof Attached ☐
Name of Third Applicant	PAN# or PEKRN# / KYC Number	Proof Attached ☐

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 (Rs)	In Words:

Write any date in the column below **(Maximum 6 dates)**

☐ Daily	☐ Monthly (Any date, maximum six)	☐ Quarterly (Any date, maximum six)	No of Instalments
STP will be executed any day between Monday to Friday except Holidays			Please write a number / OR

☐ Weekly			☐ Fortnightly		Enter Enrollment Period	
MON	TUE	WED	1st Instalment		From	DD/MM/YYYY
THU	FRI		2nd Instalment		To	DD/MM/YYYY

Note: The gap between 1st and 2nd instalment should be exactly 15 calendar days.

In case of multiple registrations, please fill up separate Enrollment Forms.
*Default frequency/Date/Day (Refer Instruction 16)

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. _____

ISC Stamp & Signature

Received from Mr./Ms./M/s. _____ 'STP' application for transfer of Units;

from Scheme / Plan / Option _____

to Scheme / Plan / Option _____