PPFAS MUTUAL FUND
There's only one right way©

One Time Mandate Instruction Form (OTM/NACH Form)   * Mandatory Fields

UMRN   F O R   O F F I C E   U S E   O N L Y   Date*

Sponsor Bank Code HDFC0999999   **Utility Code** HDFC00070000003309

Tick (✓)

| CREATE |
| MODIFY |
| CANCEL |

I/We hereby authorize PPFAS Mutual Fund   **to debit (tick✓)*** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NR0 ☐ Other

Bank a/c number

with Bank   Name of customers 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 PAN No.   **Mobile No.**

Reference 2 Folio No.   **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 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/ammendent request to the user entity/corporate or the bank where I have authorised the debit.

Declarations

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the utility/service provider/participating Banks/Mutual Fund responsible. I/We have read the T&C and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I/ we hereby authorize the fund to utilize this form for transactions through Email / SMS / Fax / Phone or any other electronic means.

Instructions to fill Mandate

- Date in DD/MM/YYYY format.
- Tick on box to select type of action to be initiated.
- Tick on box to select type of account to be affected.
- Customer's bank account number, left padded with zeroes. (Maximum length - 20 Alpha Numeric Characters)
- Name of bank and branch.
- IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)
- Amount payable for service or maximum amount per transaction that needs to be processed, in words.
- Amount in figures, similar to the amount mentioned in words as per point 7 above.
- Tick on box to select frequency of transaction.
- Validity of mandate with dates in DD/MM/YYYY format.
- Names of customer/s and signatures as well as seal of company (where required). (Maximum length of Name - 40 Alpha Numeric Characters)
- Undertaking by customer.
- 10 digit mobile number of customer.
- Mail ID of customer.

Unique Benefits

- One mandate to transact online or offline
- Register SIPs within 10 to 12 days
- One Form - Multiple SIP's
- Debit Mandate form to be filled just ONCE

Debit Mandate Checklist

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- PAN No. and Folio No.; Mobile & Email Id
- Your NAME and SIGNATURE as in your bank account

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Visit our Website
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