

Enrollment Form No. _____

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN / Distributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/Employee	Employee Unique Identification Number (EUIIN)	
ARN-181211					E528682	

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
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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 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 _____ First / Sole Unit Holder / Guardian	Sign Here _____ Second Unit Holder	Sign Here _____ Third Unit Holder
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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 Schemes) and hereby apply for enrollment under the Systematic Withdrawal Plan of the following Scheme(s)/Plan(s)/Option(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	PAN# or PEKRN#	KYC is mandatory# Please (✓)
Name of First/Sole Applicant	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 (Rs)	In Words: _____										
Write any date in the column below (Maximum 6 dates)											
<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly (Any date, maximum six)	<input type="checkbox"/> Quarterly (Any date, maximum six)	No of Instalments								
STP will be executed any day between Monday to Friday except Holidays	<table border="1" style="width:100%;"><tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr></table>					<table border="1" style="width:100%;"><tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr></table>					Please write a number _____ OR
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	Enter Enrollment Period									
<table border="1" style="width:100%;"><tr><td style="width:33%;">MON</td><td style="width:33%;">TUE</td><td style="width:33%;">WED</td></tr><tr><td>THU</td><td>FRI</td><td></td></tr></table>	MON	TUE	WED	THU	FRI		1 st Instalment _____	From DD/MM/YYYY To DD/MM/YYYY			
MON	TUE	WED									
THU	FRI										
Note: Second installment date will be considered 15 days from the date of first installment.											

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
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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		Enrollment Form No./Folio No. _____
Date: _____	Corporate Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021	
Received from Mr./Ms./M/s. _____	'STP' application for transfer of Units;	
from Scheme / Plan / Option _____		
to Scheme / Plan / Option _____		
		ISC Stamp & Signature