

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
4. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of PPFAS Mutual Fund.
5. In case of OTM, date and the validity of the mandate should be mentioned in DD/MM/YYYY format and in case of SIP TOP UP it should be in MM/YYYY format.
6. Utility Code of the Service Provider will be mentioned by PPFAS Mutual Fund
7. Tick on the respective option to select your choice of action and instruction.
8. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
9. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide an Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
10. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
11. For the convenience of the investors the frequency of the mandate will be "As and When Presented" (Any corrections in this will be subject to rejection)
12. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
13. As per NPCI, Mandate Maximum CAP amount is Rs. 1,00,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice ..
14. If your OTM is registered, you can call and renew your SIP on the Toll Free Number: 1800 266 7790 based on the OTM limit and Expiry.
15. Mandate date will be valid upto 120 days and the mandate date has to be either less or equal to the current business date.

As per NPCI circular NPCI/2023-24/NACH/008 date 18th August 2023 with effect from 1st October 2023 maximum period of the mandate to be 30 years and end date to be mentioned in the form.

SIP TOP UP (Optional) (Tick to avail this facility)

SIP TOP UP Start Month / Year	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	SIP TOP UP Frequency:	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly
TOP UP Amount*: (Minimum Rs. 500) Rs. _____				
Note: • Default Frequency is Yearly. • It is mandatory to submit NACH (OTM). • NACH mandate should be provided for maximum amount in line with your Top Up mandate & SIP tenure.				
SIP TOP UP Amount-based Cap* (Optional): Rs. _____				
*Please refer to point No. 7 under 'SIP Top Up Explained'				

DEMAT ACCOUNT DETAILS (Optional - Nomination Provided in Demat Account shall be considered)

NSDL	DP Name		CDSL	DP Name		
NSDL: Depository Participant (DP) ID (NSDL only)		Beneficiary Account Number (NSDL only)		CDSL: Beneficiary ID (CDSL only)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the OTM/NACH/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank / PPFAS AMC communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the PPFAS AMC/Bank with respect to the OTM/NACH/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for OTM / NACH (Debit Clearing)/ Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of PPFAS Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of PPFAS Asset Management Pvt limited, Investment Manager to PPFAS Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/OTM/Direct Debit/SI.

Sole/First Unit Holder's Signature

Second Unit Holder's Signature

Third Unit Holder's Signature