

Enrollment Form No. \_\_\_\_\_

| KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) |                        |                 |                  |                                      |   | FOR OFFICE USE ONLY<br>(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-106392<br>BLUECHIP STOCKS   |                        |                 |                  |                                      | E-107715                                      |                                     |

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 |
|---|---|---|---|---|---|---|---|

**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<br>_____<br>First / Sole Unit Holder / Guardian | Sign Here<br>_____<br>Second Unit Holder | Sign Here<br>_____<br>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 Schemels) and hereby apply for enrollment under the Systematic Withdrawal Plan of the following Schemel(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#<br>Please (✓)            |
|--|--|--|
| Name of First/Sole Applicant                             | PAN# or PEKRN# _____<br>KYC Number _____ | Proof Attached<br><input type="checkbox"/> |
| Name of Guardian in case First/Sole Applicant is a minor | PAN# or PEKRN# _____<br>KYC Number _____ | Proof Attached<br><input type="checkbox"/> |
| Name of Second Applicant                                 | PAN# or PEKRN# _____<br>KYC Number _____ | Proof Attached<br><input type="checkbox"/> |
| Name of Third Applicant                                  | PAN# or PEKRN# _____<br>KYC Number _____ | Proof Attached<br><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="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> |                         |     |     |  | Please write a number _____<br>OR |  |  |
|  |   |   |                         |     |     |  |                                   |  |  |
| <input type="checkbox"/> Weekly  | <input type="checkbox"/> Fortnightly  |   | Enter Enrollment Period |     |     |  |                                   |  |  |
| <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">MON</td><td style="width: 20px;">TUE</td><td style="width: 20px;">WED</td></tr><tr><td style="width: 20px;">THU</td><td style="width: 20px;">FRI</td><td style="width: 20px;"> </td></tr></table> | MON   | TUE   | WED                     | THU | FRI |  | 1 <sup>st</sup> Instalment _____  |  | From DD/MM/YYYY _____<br>To DD/MM/YYYY _____ |
| MON  | TUE   | WED   |                         |     |     |  |                                   |  |  |
| THU  | FRI   |   |                         |     |     |  |                                   |  |  |
| <b>Note:</b> 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)

**(SIGNATURES)** ✓

|                                     |                    |                   |
|-------------------------------------|--------------------|-------------------|
| _____                               | _____              | _____             |
| 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. \_\_\_\_\_

|                                   |  |
|-----------------------------------|--|
| Received from Mr./Ms./M/s. _____  | 'STP' application for transfer of Units; |
| from Scheme / Plan / Option _____ |  |
| to Scheme / Plan / Option _____   |  |

ISC Stamp & Signature