

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-						

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 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		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> </td><td> </td><td> </td></tr></table>				<table border="1" style="width:100%;"><tr><td> </td><td> </td><td> </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>MON</td><td>TUE</td><td>WED</td></tr><tr><td>THU</td><td>FRI</td><td> </td></tr></table>	MON	TUE	WED	THU	FRI		1 <sup>st</sup> Instalment _____ 2 <sup>nd</sup> Instalment _____	From DD/MM/YYYY _____	To DD/MM/YYYY _____
MON	TUE	WED							
THU	FRI								
<b>Note:</b> The gap between 1 <sup>st</sup> and 2 <sup>nd</sup> 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)

<b>SIGNATURE(S)</b>	_____ 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)	
Date: _____  Received from Mr./Ms./M/s. _____ from Scheme / Plan / Option _____ to Scheme / Plan / Option _____	<b>PPFAS MUTUAL FUND</b> Corporate Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021  Enrollment Form No./Folio No. _____  'STP' application for transfer of Units;  ISC Stamp & Signature <table border="1" style="width:100%; height: 50px; margin-top: 5px;"></table>