PPFAS Mutual Fund

SWP Frequency Monthly

Systematic Withdrawal Plan (SWP) Form



KEY PARTNER/A	GENT INFORMATION	I (Investors applying under C	Direct Plan must mention "Dire	ct" in ARN column.)			
ARN		ARN / Dis	stributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
RN-							
ease (⁄) any on	ne. In the absen	ce of indiction of the	option the form is lial	ole to be rejected.			
New Regineration For enrolling	i stration: ment under SW		nge in withdrawal a Change in withdrawa		facility	For cancella	on: ation of SWP facility
XISTING UNIT	T HOLDER'S IN	FORMATION					
Folio No.		For Existing Investors	\$				
Name			Bene	eficial Investor			
PAN				Enclosed K	RA Compliant		
SYSTEMATIC W	VITHDRAWAL P	PLAN					
Scheme Name	е				Dire	ct Plan R	egular Plan
Option	·						
ixed Withdra	wal Amount (₹	7)		Amount (in words)			
ixed Withdra	wal Frequency	(Please tick)	Monthly (Minimum 12	2 months)			
Date (Only On	(Please tic	k) 1st 5th	10th (Default)	15th 20th 25th	(For Parag Parikh Flexi (Cap fund only 1st ar	nd 10th dates available)
Withdrawal Pe	eriod From	////YYYY		To /////////			
DECLARATION							
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