

PPFAS Mutual Fund

Systematic Investment Plan (SIP) For Post Dated Cheques (PDCs)



Investors must read the Key Information Memorandum, Statement of Additional Information (SAI), Scheme Information Document (SID) and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

| | | | |
|--|--|-------------------|---------------|
| Direct Plan <input type="checkbox"/> | Regular Plan <input checked="" type="checkbox"/> (Refer instruction and please tick any one) | Update KYC Number | |
| Distributor ARN - 3280 | Sub-broker Name/ Code | EUIN No. | |
| I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. | | First Holder | Second Holder |
| Third Holder | | | |

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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please tick any one)

In case the subscription (lumpsum) amount is Rs. 10,000/- or more and your distributor has opted to receive Transaction Charges, Rs. 150/- (for the first time mutual fund investor) or Rs. 100/- (for the investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. EXISTING INVESTOR DETAILS (If you have existing folio)

| | | | |
|--------------------------------|--|-----|------|
| Folio No. | The details in our records under the folio number mentioned alongside will apply for this application. | | |
| NAME OF FIRST / SOLE APPLICANT | Mr. | Ms. | M/s. |

SIP DETAILS

Parag Parikh Long Term Equity Fund - Growth

| | | |
|---|--|---|
| <input type="checkbox"/> Monthly SIP (Default Option, Minimum: ₹ 1,000, 6 months) | Dates <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th (Default) | SIP Amount |
| <input type="checkbox"/> Quarterly SIP (Minimum: ₹ 3,000, 4 quarters) | <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th | <input type="checkbox"/> 1,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 |
| Period <input type="checkbox"/> Standard From <input type="text" value="D D M M Y Y Y Y"/> To <input type="text" value="D D M M Y Y Y Y"/> | <input type="checkbox"/> Any Other Amount <input type="text"/> | <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 500,000 |
| <input type="checkbox"/> Default From <input type="text" value="D D M M Y Y Y Y"/> To <input type="text" value="3 1 1 2 2 0 9 9"/> | | |

2. Cheque(s) Details (The name of the first/sole applicant must be pre-printed on the cheque)

| Cheque Number(s) | Dated (DD/MM/YY) | Amount (Rs) | Cheque Number(s) | Dated (DD/MM/YY) | Amount (Rs) |
|-----------------------------|------------------|-------------|--|------------------|-------------|
| 1. | | | 7. | | |
| 2. | | | 8. | | |
| 3. | | | 9. | | |
| 4. | | | 10. | | |
| 5. | | | 11. | | |
| 6. | | | 12. | | |
| Total No. of Cheques | | | Total (Rs) | | |
| Bank Name | | AC Type | (Please tick) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR | | |
| Branch | | City | | | |

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through Post Dated Cheques (PDCs), if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform PPFAS Mutual Fund, about any changes in my bank account. I/We have read and understood the offer document/Key Information Memorandum of the scheme. I/We apply for the units of the scheme and I/We agree to abide by the terms, conditions, rules and regulations of the scheme.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments referred above through Post Dated Cheques (PDCs). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform PPFAS Asset Management Private Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

| SIGNATURES AS PER PPFAS MUTUAL FUND (MANDATORY) | | SIGNATURES AS PER BANK RECORDS (MANDATORY) | |
|--|--|--|--|
| Sole/1st Applicant/ Guardian Authorised Signatory | | Sole/1st Applicant/ Guardian Authorised Signatory | |
| 2nd Applicant/Guardian Authorised Signatory | | 2nd Applicant/Guardian Authorised Signatory | |
| 3rd Applicant/Guardian Authorised Signatory | | 3rd Applicant/Guardian Authorised Signatory | |

This product is suitable for investors who are seeking long term capital growth.

Investment objective of the scheme

The investment objective of the Scheme is to seek to generate long-term capital growth from an actively managed portfolio primarily of Equity and Equity Related Securities. Scheme shall invest in Indian equities, foreign equities and related instruments and debt securities.

Investors should consult their financial advisers if in doubt about whether this scheme is suitable for them.



ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)

| | |
|--|-----------------------|
| Parag Parikh Long Term Equity Fund: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan | Application No. |
| Folio No. | Date |
| SIP Amount | ISC Stamp & Signature |
| SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |