PPFAS Mutual Fund

TRANSACTION SLIP FOR PURCHASE / SWITCH / REDEMPTION

(For Existing Investors Only)

PPFAS MUTUAL FUND
There's only one right way©

Name of Unit Holder : _____

1st Joint Unit Holder : _____

2nd Joint Unit Holder : _____

Folio Number : _____

Scheme^ _____

Plan : _____ Option* : _____

(Switch-out scheme for switch request)

*Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default plan / Option as per KIM will apply if the choice of Plan / Option is not indicated.

^For PPTSF- Units purchased cannot be assigned / transferred / pledged / redeemed / switched out until completion of 3 years from the date of allotment of the respective Units. The AMC reserves the right to change the Lock-in Period prospectively from time to time to the extent permitted under the Equity Linked Savings Scheme, 2005 as amended from time to time.

KEY PARTNER/AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

ARN	ARN / Distributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN-					

Note: Please strike off any unused portion of this sheet.

☐ **ADDITIONAL PURCHASE** (Please write your folio number and name on the reverse of the cheque /DD / Payment Instrument/UTR/Ref no.)

Amount (in Rs.) : _____ Drawn on: BANK NAME (BRANCH) Cheque / DD / Payment Instrument no. : _____

Investor desiring to get allotment of units in dematerialized mode instead of physical mode should provide the details of their demat account below:

NSDL	CDSL
DP Name _____	_____
DP ID ☐	
Beneficiary Account No. ☐	☐

Please attach a copy of the DP statement / Client Form to enable us to verify the demat account details.

IMPORTANT : Names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data **The units will be credited to the beneficiary (demat) account only after successful verification with the depository records and realization of payment.**

☐ **SWITCH REQUEST (Subject to prevailing exit load, wherever applicable, Please refer to SID for prevailing Exit Load) (Please tick any one only)**

☐ All Free Units ☐ No. of units : _____ ☐ Amount (in Rs.) : _____

To Scheme / Plan / Option^ : _____

^ Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

☐ **REDEMPTION - (Subject to prevailing exit load, wherever applicable, Please refer to SID for prevailing Exit Load) (Please tick only one of the below options.)**

Redeem ☐ All Free Units ☐ No. of Units _____ ☐ Amount (in Rs.) _____ (in words) _____

_____ IFSC Code : _____ (If not provided earlier for electronic payment)

Note: If a redemption request is submitted alongwith a request for changing the bank account details, the redemption will be proceed into the registered/default bank account in the aforesaid scheme/ folio and the request for changing the bank account details with not be processed.

For investors who have registered for Multiple Bank Accounts facility# in the above folio:

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us **(This bank account has already been registered in the folio):**

Name of the Bank: _____ Branch : _____

Account No.: _____ Account Type: _____ Bank City : _____

#**Important Note:** If the bank account mentioned above is different from those already registered in your folio **OR** if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. PPFAS Mutual Fund or PPFAS Asset Management Private Limited will not be liable for any loss arising to the unitholder(s) due to the credit ofredemption /dividend proceeds into any of the bank accounts registered with us for the aforesaid folio. If the balance in my/our account does not cover the amount/units of the redemption request, I/we authoriseyou to send the entire such (lesser) balance to me/us.

DECLARATION : I / We hereby confirm and declare as under:-

1) I/ We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of the PPFAS Mutual Fund ('Fund') indicated above.
2) I/ We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). The amount invested in the scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
3) The information given in / with this application form is true and correct and further agree to furnish such other information as may be required by the PPFAS Asset Management Private Limited (AMC) / Fund and undertake to inform the AMC / Fund / Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
4) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorisation of my/ our transactions.
5) 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.
6) I / We have understood the details of the Scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action that may be required by the law.
7) In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency.
8) **I/ WE HEREBY CONFIRM THAT I/WE HAVE NOT BEING OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND OR AMC OR ITS DISTRIBUTOR FOR THIS INVESTMENT.**

Applicable to foreign Nationals Resident in India only:
I/We will redeem my/our entire investment/s before I/we change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

Applicable to NRIs/ PIO/ OCIs only:
I /We confirm that I am /we are Non Residents of Indian nationality / origin and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non Resident External / Non-Resident Ordinary / FCNR account. I/We am /are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/we confirm that my application is in compliance with applicable Indian and foreign laws. I / We confirm that details provided by me / us are true and correct.
Please (✓) ☐ Yes ☐ No If Yes, (✓) ☐ Repatriation basis ☐ Non-repatriation basis

Declaration for Purchase/ Switch transaction where EUIN box is left blank
I/We hereby confirm that the EUIN 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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signature(s)

▲ **To BE SIGNED BY ALL UNIT HOLDERS IF MODE OF HOLDING IS JOINT. ALTERATIONS, IF ANY, SHOULD BE COUNTERSIGNED.**

_____ Sole/ First Unit holder/ Guardian/ POA

_____ ▲ Second Unit holder

_____ ▲ Third Unit holder

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ACKNOWLEDGEMENT

(To be filled in by the unit holder)

TIMESTAMP & SIGN (FOR OFFICE USE ONLY)

Folio No. : _____ Sole/First Unit Holder: _____

Scheme / Plan / Option : (SWITCH-OUT SCHEME FOR SWITCH REQUEST)

☐ **ADDITIONAL PURCHASE**
Amount (in Rs.) : _____ Drawn on: BANK NAME Cheque/DD/Payment Instrument no. : _____

☐ **SWITCH REQUEST (Please tick any one only)** ☐ All Free Units ☐ No. of Units : _____ ☐ Amount (in Rs.) : _____
To Scheme / Plan / Option : _____

☐ **REDEMPTION** ☐ All Free Units ☐ No. of units : _____ Amount (in Rs.) : _____