

UMRN

F O R O F F I C E U S E O N L Y

Date*

Tick (✓)

CREATE ☐
MODIFY ☐
CANCEL ☐

Sponsor Bank Code

HDFC0999999

Utility Code

HDFC00070000003309

I/We hereby authorize

PPFAS Mutual Fund

to debit (tick✓)*

☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1

PAN No.

Mobile No.

Reference 2

Folio No.

Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

From*

To

Or ☐ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

Declarations

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the utility/service provider/participating Banks/Mutual Fund responsible. I/We have read the T&C and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I/ we hereby authorize the fund to utilize this form for transactions through Email / SMS / Fax / Phone or any other electronic means.

Instructions to fill Mandate

- Date in DD/MM/YYYY format.
- Tick on box to select type of action to be initiated.
- Tick on box to select type of account to be affected.
- Customer's bank account number, left padded with zeroes. (Maximum length - 20 Alpha Numeric Characters)
- Name of bank and branch.
- IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)
- Amount payable for service or maximum amount per transaction that needs to be processed, in words.
- Amount in figures, similar to the amount mentioned in words as per point 7 above.
- Tick on box to select frequency of transaction.
- Validity of mandate with dates in DD/MM/YYYY format.
- Names of customer/s and signatures as well as seal of company (where required). (Maximum length of Name - 40 Alpha Numeric Characters)
- Undertaking by customer.
- 10 digit mobile number of customer.
- Mail ID of customer.

Unique Benefits

- One mandate to transact online or offline
- Register SIPs within 10 to 12 days
- One Form - Multiple SIP's
- Debit Mandate form to be filled just ONCE

Debit Mandate Checklist

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- PAN No. and Folio No.; Mobile & Email Id
- Your NAME and SIGNATURE as in your bank account



PPFAS - 1800 266 7790



Email us at
mf@ppfas.com



Visit our Website
www.amc.ppfas.com