

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

ARN - 92245	ARN / RIA Name	Sub Agent's ARN	E092536		
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.					

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.

Folio No.	The details in our records under the folio no. mentioned alongside will apply for this application.
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5 APPLICANT'S DETAILS (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. Gender ☐ Male ☐ Female

1st APPLICANT		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Mr</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Ms</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">M/s</div> <div style="flex-grow: 1;"></div> </div>										Date of Birth**	
Ensure that name is as per Pan / Aadhaar card.													
PAN/PEKRN*		Nationality				CKYC Number/KIN				<input type="checkbox"/> Proof Attached			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUAL) /POA HOLDER													
<div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Mr</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Ms</div> <div style="flex-grow: 1;"></div>		Nationality				CKYC Number/KIN				<input type="checkbox"/> Proof Attached			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
PAN/PEKRN*		Nationality				CKYC Number/KIN				<input type="checkbox"/> Proof Attached			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Relationship with Minor applicant		<input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian				Proof of relationship with minor							

2nd APPLICANT												<input type="checkbox"/>	Resident Individual												<input type="checkbox"/>	NRI												(Second Applicant is not allowed in case of minor as first/sole applicant.)																																																Gender												<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mr Ms M/s																																																				Date of Birth												D	D	M	M	Y	Y																														
PAN/PEKRN*												Nationality												CKYC Number/KIN												<input type="checkbox"/>	Proof Attached																																																														
																																				<input type="checkbox"/>																																																															

3rd APPLICANT

☐ Resident Individual
 ☐ NRI

(Third Applicant is not allowed in case of minor as first/sole applicant.)

Gender
 ☐ Male
 ☐ Female

Mr

Ms

M/s

Date of Birth

D

D

M

M

Y

Y

PAN/PEKRN*

Nationality

CKYC Number/KIN

☐ Proof Attached

POA HOLDER <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI										Gender <input type="checkbox"/> Male <input type="checkbox"/> Female									
Mr Ms M/s										Date of Birth									
PAN/PEKRN*										Nationality									
CKYC Number/KIN										<input type="checkbox"/> Proof Attached									

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/First applicant is minor. Individual client who has registered under KYC Records Registry (CKYCR) can fill the 14 digit KYC Identification Number (KIN)

Correspondence Address																Overseas Address (Mandatory for NRI / FIIL Applicants)																
HOUSE / FLAT NO.																HOUSE / FLAT NO.																
STREET ADDRESS																STREET ADDRESS																
CITY / TOWN								STATE								CITY / TOWN								STATE								
COUNTRY												PIN CODE		COUNTRY												PIN CODE						
Country Code.						STD Code.																										
Tel. No.					Office								Residence								Mobile No.											
Email ID																																

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please ✓ here) ☐ Account Statement ☐ Annual Report ☐ Other Statutory Information

Declaration on self/relationship details for the mobile number and email id provided.

Family Code	Family Description	Mobile no declaration (please tick one)	Email ID declaration (please tick one)
SE	Self		
SP	Spouse		
DC	Dependent Children		
DS	Dependent Siblings		
DP	Dependent Parents		
GD	Guardian in case of minor		
PM	PMS		
CD	Custodian		
PO	POA holder		

7 TAX STATUS (Please ✓) (For First / Sole Applicant)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> LLP	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other Specify _____
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	
<input type="checkbox"/> PIO	<input type="checkbox"/> OCI	<input type="checkbox"/> Foreign National Resident In India			

8 KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Non Profit Organisation	Professional	Agriculturist	Retired	Housewife	Student	Proprietorship	Others
First Applicant/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
POA Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant/Guardian	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM YY (Not older than 1 year)									
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____									
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____									
POA Holder	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____									

OTHERS [Please tick (✓)]

First Applicant/Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV (h)): (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
POA Holder	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

^Please refer instruction no. 3

9 DEMAT ACCOUNT DETAILS (Optional - Refer Instruction k) (Nomination Provided in Demat Account shall be considered)

NSDL	DP Name	CDSL	DP Name
NSDL: Depository Participant (DP) ID (NSDL only)		CDSL: Beneficiary ID (CDSL only)	
Beneficiary Account Number (NSDL only)			

10 BANK DETAILS (The name of the Sole/First applicant must be pre printed on the cheque.)

Mandatory information - If left blank, the application is liable to be rejected(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 11 Below.)
For unit holder opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.Redemption/Dividend/Refund Payout will be credited into this bank account.

Account Number	Account Type	Savings	Current	NRO	NRE	FCNR	Others
Bank Name & Branch							
Branch City	IFSC Code	MICR Code					

11 MODE OF PAYMENT OF REDEMPTION / DIVIDEND VIA DIRECT CREDIT / NEFT / ECS (refer instruction I)

Unitholders will receive redemption / dividend proceeds directly into their bank account (as furnished in Section 9) via Direct credit / NEFT / ECS facility

☐ I wish to receive a cheque instead of direct credit into my account.

LEI No. _____

With reference to the RBI circular No. RBI/2020-21/82-DPPS.CO.OD No. 901/06.24.001/2020-21 dated January 05, 2021 on introduction of Legal Entity Identifier for Large Value Transactions in Centralised Payment System, LEI will have to be mandatorily included as part of the RTGS/NEFT instructions for any non-individual transactions beyond 50 crore w.e.f 1st April 2021.

12 INVESTMENT & PAYMENT DETAILS (refer instruction F) Please write Cheque/DD in favour of the Scheme name only.

Scheme	<input type="checkbox"/> Parag Parikh Flexi Cap Fund (PPFCF)	<input type="checkbox"/> Parag Parikh Liquid Fund (PPLF)	<input type="checkbox"/> Parag Parikh Tax Saver Fund (PPTSF)	<input type="checkbox"/> Parag Parikh Conservative Hybrid Fund (PPCHF)
Plan	<input type="checkbox"/> Direct (Default plan) <input checked="" type="checkbox"/> Regular			
Option	<input type="checkbox"/> Growth (Default option) <input type="checkbox"/> Income Distribution cum capital withdrawal option (IDCW) (N/A for Parag Parikh Flexi Cap Fund (PPFCF) and Parag Parikh Tax Saver Fund (PPTSF))			
Sub-Option	<input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option			
	<input type="checkbox"/> Daily (Default incase of PPLF)	<input type="checkbox"/> Weekly (Applicable only for PPLF)	<input type="checkbox"/> Monthly (Default in case of Parag Parikh Conservative Hybrid Fund (PPCHF))	<input type="checkbox"/> Monthly (Applicable only for PPLF and PPCHF.)

Mode of Payment ☐ Self ☐ Third Party Payment (please fill the Third Party Payment Declaration Form)

Payment mode ☐ Cheque ☐ DD ☐ Common CAMS OTM / PPFAS OTM ☐ Fund Transfer ☐ RTGS/NEFT ☐ Transfer Letter

DD Charges

S. No.	*Cheque / DD Favouring Scheme Name	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	Parag Parikh Flexi Cap Fund						
2.	Parag Parikh Liquid Fund						
3.	Parag Parikh Tax Saver Fund						
4.	Parag Parikh Conservative Hybrid Fund						

*All purchases are subject to realization of funds in our bank accounts w.e.f February 01, 2021

13 NOMINATION DETAILS Individuals (single or joint applicant) are advised to avail Nomination facility.

☐ I/We DO NOT wish to nominate and sign here

First/Sole Applicant	Second Applicant	Third Applicant
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☐ I/We wish to nominate

	Nominee Name & Address	In case of Minor		Allocation %	Relationship with Investor	Nominee/Guardian sign
		Guardian Name & Address	Date of birth			
Nominee 1			D D M M Y Y			
Nominee 2			D D M M Y Y			
Nominee 3			D D M M Y Y			

14 FATCA and CRS Information/Foreign Tax Law (Self Certification) (Required for all applicant(s)/Guardians, Sole Proprietor & POA Holder)
For Non-Individual investor : You are required to submit separate FATCA/CRS/UBO declaration form.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
POA Holder			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ YES ☐ No (please tick ✓)

If "YES" please fill for ALL countries (other than Indian in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.)

	Country of Tax Residency#	Tax Identification Number or Functional Equivalent	Identification Type* (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
POA Holder				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

To also include USA, where the individual is a citizen/ green card holder of USA. *In case Tax Identification Number is Not available, kindly provide its functional equivalent.

☐ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

☐ Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ Reason C → Others please state the reasons there of: ☐

Address Type of Sole / 1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Instructions

1. 'If the Name given in the application does not match the name as appearing on the PAN Card/Aadhaar card, authentication, application may be liable to get rejected or further transactions may be liable to get rejected'
2. I / We have understood the information requirement of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided be me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.
3. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public function in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executive of state-owned corporations, important political party officials, etc.
4. Country of Tax Residence and Tax ID number: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the change. If you are a US citizen or resident, please include United States in this related field along with your US Tax Identification Number.
5. As per AMFI Circular No. 135/BP/77/2018-19, please provide email id and Mobile Number of the Primary Unit Holder of the Folio. In cases where the email address/mobile No. is not provided in the application form, the email address/mobile no. of the first applicant as per the KYC data will be taken as the email address/mobile No. The email address of one investor should not be allowed/up dated against folios of other/multiple investors, unless a specific written request is received in this regard, duly signed by the investors or the investors in such folios belong to the same family (applicable in respect of individual investors only).
"Family means self, spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor as per AMFI guidelines dated March 28, 2022"
6. The AMC to strengthen control with respect to verification of key details of investors like Bank account details, email id, mobile number and address etc and to standardise the process for Validation of Email ID, Mobile Number, Bank Mandate & Two Factor Authentication for Redemptions for Non-Demat folios shall take necessary steps in compliance to AMFI Best Practice guidelines dated March 28, 2022 may get amended from time to time. Investors are requested to provide correct Bank account details, email id and mobile number at the time of application.

DECLARATION

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 hereby confirm and declare as under:-

- For Non-Individual Investor: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of PPFAS Mutual Fund and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify PPFAS AMC / PPFAS Mutual Fund in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.
- For NRIs 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. (Refer Inst. No. F)
- Applicable to PEKRN Holders: I, the first / sole holder, also hereby declare that I do not hold a permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Authority and that my existing investments together with the current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year.
- I have voluntarily subscribed to the online access for transacting the internet facility provided by PPFAS Asset Management Private Ltd. (Investment Manager of PPFAS Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.amc.ppfas.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the online transactions effected by me and I shall be solely liable for all the costs and consequences there of.
- 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 PPFAS Mutual Fund ('Fund') indicated above.
- 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/authorization(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.
- The information given in/ with this application form is true and correct and further agree to furnish such other further/additional 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.
- That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising there from.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the fund/amc/its distributor for this investment.
- Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold PPFAS Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/ECS.
- I/We acknowledge that in case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [Fund/AMC/RTA/Other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same
- Consent for Telemarketing: I/We hereby accord my/our consent to PPFAS AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.
- For Foreign National 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.
- For NRIs/PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and foreign laws.
Please ☒ Yes ☐ No If Yes, ☐ Repatriation basis ☐ Non-repatriation basis

DECLARATION

I declare that the information is to the best of my knowledge and belief, accurate and complete.

I agree to notify PPFAS Mutual Fund/PPFAS Asset Management Private Limited immediately in the event the information in the self-certification changes.

FIRST OR SOLE APPLICANT/ GUARDIAN/POA

SECOND APPLICANT

THIRD APPLICANT



ACKNOWLEDGMENT SLIP (To be filled by the Investor)

Application No.		ISC Stamp & Signature	
PPFAS MUTUAL FUND Corporate Office : 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021. Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.			
From			
Cheque No.	Dated	Amount (Rs)	Scheme

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 that 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.

SIP Registration/Renewal Form (for OTM registered investors only)

Please tick ✓ as applicable:

☐ OTM Debit Mandate is already registered in the folio. [No need to submit again].

☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration (usually within Thirty days depending on OTM or NACH modalities).

The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Investors must read the SID / SAI and Key Information Memorandum and the instructions before completing this Form.

The Application Form should be completed in English and in BLOCK LETTERS only. **Note:** No need to attach One Time Mandate again, if already registered/submitted earlier.

Scheme

☐ Parag Parikh Flexi Cap Fund (PPFCF)

☐ Parag Parikh Liquid Fund (PPLF)

☐ Parag Parikh Tax Saver Fund (PPTSF)

☐ Parag Parikh Conservative Hybrid Fund (PPCHF)

Plan

☐ Direct (Default plan)

☒ Regular

Option

☐ Growth (Default option)

☐ Income Distribution cum capital withdrawal option. (N/A for Parag Parikh Flexi Cap Fund (PPFCF) and Parag Parikh Tax Saver Fund (PPTSF))

Sub-Option

☐ Reinvestment of Income Distribution cum capital withdrawal option

☐ Payout of Income Distribution cum capital withdrawal option

☐ Daily

☐ Weekly

☐ Monthly

☐ Monthly

(Default incase of PPLF)

(Applicable only for PPLF)

(Default in case of Parag Parikh Conservative Hybrid Fund (PPCHF))

(Applicable only for PPLF and PPCHF.)

CKYC details (KIN):

ARN - 92245

Sub-broker Name/ Code

E092536

I/We hereby confirm that the EUIIN 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

Transaction charges for applications through Distributors

☐ I confirm that I am a first time investor (₹ 150 deductible as transaction charge & payable to distributor)

☐ I confirm that I am an existing investor (₹ 100 deductible as transaction charge & payable to distributor)

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.

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 SOLE/FIRST APPLICANT

Mr. Ms. M/s.

SIP DETAILS

☐ Monthly SIP (Minimum ₹ 1000/- , 6 instalments)

☐ Quarterly SIP (Minimum ₹ 3000/- , 4 instalments)

☐ Monthly (Any date, maximum six)

SIP Amount

☐ 1,000

☐ 5,000

☐ 10,000

☐ Quarterly (Any date, maximum six)

☐ 50,000

☐ 100,000

☐ 500,000

☐ Any Other Amount

Period

☐ Standard

From

☐ Default

From

First SIP Cheque Date

Cheque No.

SIP TOP UP (Optional) (Tick to avail this facility)

SIP TOP UP Start Month / Year

SIP TOP UP Frequency:

☐ Half Yearly

☐ Yearly

TOP UP Amount*: (Minimum Rs. 500) Rs.

Note: • Default Frequency is Yearly. • It is mandatory to submit NACH (OTM). • NACH mandate should be provided for maximum amount in line with your Top Up mandate & SIP tenure.

SIP TOP UP Amount-based Cap* (Optional) : Rs.

*Please refer to point No. 7 under 'SIP Top Up Explained'

Continued to the next page

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the OTM/NACH/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank / PPFAS AMC communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the PPFAS AMC/Bank with respect to the OTM/NACH/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for OTM / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of PPFAS Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of PPFAS Asset Management Pvt Limited, Investment Manager to PPFAS Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/OTM/Direct Debit/SI.

Sole/First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)			
PPFAS MUTUAL FUND			
Date:	<input style="width: 90%;" type="text"/>	Corporate office : 81/82, 8th Flr, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.	ISC Stamp & Signature <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Folio No.:	<input style="width: 90%;" type="text"/>	Received from: <input style="width: 90%;" type="text"/>	Amount: <input style="width: 90%;" type="text"/>
<input type="checkbox"/> OTM DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM First SIP Cheque Date <input style="width: 150px;" type="text"/>		<input type="checkbox"/> SIP TOP UP FORM Cheque No. <input style="width: 100px;" type="text"/>	

INSTRUCTIONS TO FILL ONE TIME MANDATE (OTM)

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
4. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of PPFAS Mutual Fund.
5. In case of OTM, date and the validity of the mandate should be mentioned in DD/MM/YYYY format and in case of SIP TOP UP it should be in MM/YYYY format.
6. Utility Code of the Service Provider will be mentioned by PPFAS Mutual Fund
7. Tick on the respective option to select your choice of action and instruction.
8. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
9. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide an Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
10. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
11. For the convenience of the investors the frequency of the mandate will be "As and When Presented" (Any corrections in this will be subject to rejection)
12. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
13. As per NPCI, Mandate Maximum CAP amount is Rs.100,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice. .
14. If your OTM is registered, you can call and renew your SIP on the Toll Free Number: 1800 266 7790 based on the OTM limit and Expiry.