Common Application Form





The Application Form should be com	tion Memorandum, the instrupleted in English and in BLO				
1 KEY PARTNER/AGENT INFORMATION	(Investors applying under D	Pirect Plan must mention "Direc	t" in ARN column.)		
A13220 Code	ARN / RIA Name	Sub Ag	ent's ARN	E037	696
I/We hereby confirm that the EUIN box has bee transaction without any interaction or advice by					
distributor or notwithstanding the advice of in-c manager/sales person of the distributor and th			First Holder	Second Holder	Third Holder
Upfront commission shall be paid directly by the inves	tor to the ARN Holder (AMFI registered	d Distributor) based on the investors' ass	essment of various factors in	ncluding the service rendered	d by the ARN Holder.
2 TRANSACTION CHARGES FOR APP	PLICATIONS THROUGH DIS	STRIBUTORS ONLY (refer Ins	ruction B)		
In case the subscription (lumpsum) amount is Rs (for the investor other than first time mutual fund					
3 EXISTING INVESTOR DETAILS (If you	u have existing folio, please	e provide Folio No. and proce	ed to section 11 (Ref	er instruction C)	
Folio No.		The details in our records unde	er the folio no. mention	ed alongside will apply	for this application.
4 MODE OF HOLDING / OPERATION	Single Anyone or Defau	ult option) Joint			
5 APPLICANT'S DETAILS (Please refer to the	ne Instruction No. A, C, D, R) All fi	elds are mandatory.		Gender M	ale Female
1st APPLICANT Mr Ms M/s				Date of Birth**	D M M Y Y
Ensure that name is as per Pan / A PAN/PEKRN*	adhaar card. Nationality	CKYC N	umber/KIN	f Attached	
GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUAL) /POA HOLDER	r Ms				ale Female
PAN/PEKRN*	Nationality	CKYC Nu	nber/KIN Proof At	Date of Birth tached	D M M Y Y
Relationship with Minor applicant Natural guar	dian Court appointed guardian	Proof of relations	nip with minor		
2nd APPLICANT Resident Individu	al NRI (Second App	plicant is not allowed in case	of minor as first/sol	e applicant.) Gender	Male Female
Mr Ms M/s				Date of Birth	D M M Y Y
PAN/PEKRN*	Nationality	CKYC N	umber/KIN Proof	f Attached	
·					
3rd APPLICANT Resident Individu	al NRI (Third Applic	cant is not allowed in case o	minor as first/sole o	· ·	Male Female
Mr Ms M/s	Nationality	CKYC	umber/KIN Proof	Date of Birth	D M M Y Y
DANIDEIONIX		CKYCN			
PAN/PEKRN*	Nationality		UIIDEI/KIN FIOO	f Attached	
			Indiana Pion		
POA HOLDER Resident Individu			Proo	Gender	Male Female
		CKYC N			Male Female
POA HOLDER Resident Individu Mr Ms M/s PAN/PEKRN*	al NRI Nationality		umber/KIN Proo	Gender Date of Birth Attached	D M M Y Y
POA HOLDER Resident Individu Mr Ms M/s	al NRI Nationality		umber/KIN Proo	Gender Date of Birth Attached	D M M Y Y
POA HOLDER Resident Individu Mr Ms M/s PAN/PEKRN* *Mandatory information - If left blank, the application is	Nationality liable to be rejected.**Mandatory in c	case the Sole/First applicant is minor. Ind	umber/KIN Proo	Gender Date of Birth Attached	D M M Y Y
POA HOLDER Resident Individu Mr Ms M/s PAN/PEKRN* *Mandatory information - If left blank, the application is the 14 digit KYC Identification Number (KIN) 6 CORRESPONDENCE DETAILS OF SO Correspondence Address	Nationality liable to be rejected.**Mandatory in a	case the Sole/First applicant is minor. Ind	umber/KIN Proo	Gender Date of Birth Attached Date of Birth Market of Attached Gender Date of Birth Date	D M M Y Y
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	mai me pim	iary email	uuuress	provided ii	т те арріка	mon ber	ongs to	Sell										
I/We hereby confirm	that the prim	nary email	address	provided in	the applica	ation bel	ongs to	a family	member	r (Refer In	nstructio	n No. 5)						
7 TAX STATUS (Ple	ease√) (For	First / So	le Appli	icant)														
Resident Individual	LLP			blic Limited	Company		☐ G	overnmer	nt Body		AOP/	BOI				Defend	ce Establi	shmer
On behalf of Minor	= '	prietorship	_		d Company			nancial In	stitution		=	/ Society		(6)		Other_	Specif	У
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PIO	OCI		=		nal Resident	t In India	_	J		_	_							
8 KYC DETAILS (Mo	andatory)																	
OCCUPATION [Please	tick (√)]																	
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Second Applicant			5		$\top \overline{\Box}$		_	$\overline{}$	1	5						Plea	ase specify	/
Third Applicant									[<u> </u>						Plea	ase specify	/
POA Holder									[⊐│						Plea	ase specify	/
GROSS ANNUAL INCO	OME [Please f	tick (/)]																
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Parag Parikh Liquid Fund	i								
Parag Parikh Tax Saver F	und								
4. Parag Parikh Conservati Fund	ve Hybrid								
All purchases are subject to realize NOMINATION DETAIL				ed to avail Nominatio	on facility.				
I/We DO NOT wish to r	nominate and sign here								
First/Sole	Applicant			Second Applicant			Thi	rd Applicant	
I/We wish to nominate	<u> </u>								
_	ee Name & Address		Guardian N	In case of Minor lame & Address	Date of	birth		ationship h Investor	Nominee/Guardio sign
Nominee 1						M Y Y			
Nominee 2						M Y Y			
FATCA and CRS Infor For Non-Individual i							le Proprietor	& POA H	older)
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Third Applicant							Indian 📗	U.S. O	thers Please specify
POA Holder							Indian 🗌	U.S. 🔲 Of	thers Please specify
Are you a tax resident (i.e. If "YES" please fill for ALL countries		ax) in any othe	er country ou		_				
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Indian and foreign laws. I/We hereby confirm and declare as under:-

1. 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.

- 2. 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-ResidentOrdinary/FCNR account. (Refer Inst. No. F)
- 3. 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.
- 4. 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.
- 5. 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
- 6. I/We arm/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.
- 7. 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.
- 8. 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
- 9. 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.

10.1/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.

- 11. 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.
- 12.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.
- 13. 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.
- 14. 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
- 15. 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.
- 16. 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.

17. For NRIs/PIO/OCIs only: I/We o	omfirm that my application is in c	compliance with applicable Indian and foreign laws
Please (✓) Yes No	If Yes, (🗸) 🔲 Repatriation basis	Non-repatriation basis

DECLARA	TION					
	the information is to the best of my knowledge an ify PPFAS Mutual Fund/PPFAS Asset Management			certification changes.		
K	SIGN HERE	Ø	SIGN HERE	K	SIGN HERE	
i e	FIRST OR SOLE APPLICANT/ GUARDIAN/POA		SECOND APPLICANT		THIRD APPLICANT	

From		
	oenka Marg, 230, Nariman Point, Mumbai - application for purchase of Units as mention	
Application No.		ISC Stamp & Signatur

PPFAS 🔑	One Time Mandate Instruction Form (OTM/NACH Form) * Mandatory Fields
MUTUAL FUND There's only one right way*	UMRN F O R O F I C E U S E O N L Y Date*
Tick (√) Spons	or Bank Code HDFC0999999 Utility Code HDFC0007000003309
I/We hereby auth	prize PPFAS Mutual Fund to debit (tick√)* SB CA CC SB-NRE SB-NR0 Other
CANCEL Bank a/c nur	nber
with Bank N	ame of customers bank IFSC or MICR
an amount of Rupees	₹
FREQUENCY	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
PERIOD —	mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.
From*	Signature Primary Account holder Signature of Account holder Signature of Account holder
To Until Cancell	ed 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records
I have understood that I am authorised to	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. 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:	
	ered in the folio. [No need to submit again]. I to be registered in the folio. SIP Auto debit will start after mandate registration (usually within Thirty days depending on OTM or NACH modalities).
	ay should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
	must read the SID / SAI and Key Information Memorandum and the instructions before completing this Form. completed in English and in BLOCK LETTERS only. Note: No need to attach One Time Mandate again, if already registered/submitted earlier.
Scheme Parag P (PPFCF)	arikh Flexi Cap Fund Parag Parikh Liquid Fund Parag Parikh Tax Saver Fund Parag Parikh Conservative Hybrid Fund (PPLF) Parag Parikh Tax Saver Fund Parag Parikh Conservative Hybrid Fund (PPCHF)
Plan Direct (Default plan)	Regular
Option Growth (Default option	n) 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 In-	come Distribution cum capital withdrawal option Payout of Income Distribution cum capital withdrawal option
Daily	Weekly Monthly Monthly
(Default incase of PPLF) CKYC details (KIN):	(Applicable only for PPLF) (Default in case of Parag Parikh Conservative Hybrid Fund (PPCHF)) (Applicable only for PPLF and PPCHF.)
Distributor Name/ARN	
the employee/relationship manager/sales pers	intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by soon of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the the distributor and the distributor has not charged any advisory fees on this transaction. Third Holder Third Holder
Transaction charges for application	s through Distributors ₹ 150 deductible as transaction charge & payable to distributor)
	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. NAME OF SOLE/FIRST APPLIC	The details in our records under the folio number mentioned alongside will apply for this application. ANT Mr. Ms. M/s.
NAME OF SOLETINGS AFFEIG	SIP DETAILS
Monthly SIP (Default Option,	Minimum: ₹ 1,000, 6 months) Dates ☐ 1st ☐ 5th ☐ 10th (Default) SIP Amount
Quarterly SIP (NA for Parag P	arikh Liquid Fund)
Standard From Default From	M M Y Y Y Y To M M Y Y Y Y D 50,000 D 100,000 D 500,000
Default From	M M Y Y Y Y To 1 2 2 0 9 9 Any Other Amount
First SIP Cheque Date	D D M M Y Y Y Y Cheque No.
SIP TOP UP Start Month / Year	SIP TOP UP (Optional) (Tick to avail this facility) M M Y Y Y Y SIP TOP UP Frequency: Half Yearly Yearly
TOP UP Amount*: (Minimum R	s. 500) Rs.
·	y. • 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 Ca	p* (Optional) : Rs
*Please refer to point No. 7 unde	er 'SIP Top Up Explained'

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	Holder 's Signature
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)	
Date: PPFAS MUTUAL FUND Corporate office : 81/82, 8th Flr, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.	SC Stamp & Signature
Folio No. Received from: Amount:	
☐ OTM DEBIT MANDATE FORM ☐ SIP FORM First SIP Cheque Date Cheque No. ☐ SIP TOP UP FORM	

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.