

## Common Application Form



**A** Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

**1 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-118251					

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.

**2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (refer Instruction B)

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.

**3 EXISTING INVESTOR DETAILS** (If you have existing folio, please provide Folio No. and proceed to section 11 (Refer instruction C)

Folio No.	The details in our records under the folio no. mentioned alongside will apply for this application.
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**4 MODE OF HOLDING / OPERATION** ☐ Single ☐ Anyone or Survivor (Default option) ☐ Joint

**5 APPLICANT'S DETAILS** (Please refer to the Instruction No. A, C, D, R) All fields are mandatory.

<b>1st Holder Name as per PAN card*</b> <input type="text"/> Mr <input type="text"/> Ms <input type="text"/> M/s		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>PAN/PEKRN*</b> <input type="text"/>		<b>Date of Birth/Incorporation (DOB)</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
<b>Nationality</b> <input type="text"/>		<b>CKYC Number/KIN</b> <input type="text"/> <input type="checkbox"/> Proof Attached	
<b>GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUAL) /POA HOLDER (as per PAN card)</b> <input type="text"/> Mr <input type="text"/> Ms		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>PAN/PEKRN*</b> <input type="text"/>		<b>Date of Birth (DOB)</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
<b>Nationality</b> <input type="text"/>		<b>CKYC Number/KIN</b> <input type="text"/> <input type="checkbox"/> Proof Attached	
<b>Relationship with Minor applicant</b> <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian		<b>Proof of relationship with minor</b> <input type="text"/>	
<b>2nd Holder Name as per PAN card*</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI (Second Applicant is not allowed in case of minor as first/sole applicant.)		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>PAN/PEKRN*</b> <input type="text"/>		<b>Date of Birth (DOB)</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
<b>Nationality</b> <input type="text"/>		<b>CKYC Number/KIN</b> <input type="text"/> <input type="checkbox"/> Proof Attached	
<b>3rd Holder Name as per PAN card*</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI (Third Applicant is not allowed in case of minor as first/sole applicant.)		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>PAN/PEKRN*</b> <input type="text"/>		<b>Date of Birth (DOB)</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
<b>Nationality</b> <input type="text"/>		<b>CKYC Number/KIN</b> <input type="text"/> <input type="checkbox"/> Proof Attached	
<b>POA HOLDER</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>PAN/PEKRN*</b> <input type="text"/>		<b>Date of Birth (DOB)</b> <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	
<b>Nationality</b> <input type="text"/>		<b>CKYC Number/KIN</b> <input type="text"/> <input type="checkbox"/> Proof Attached	

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

**6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)**

<b>Correspondence Address</b>		<b>Overseas Address (Mandatory for NRI / FI Applicants)</b>	
<input type="text"/> HOUSE / FLAT NO.		<input type="text"/> HOUSE / FLAT NO.	
<input type="text"/> STREET ADDRESS		<input type="text"/> STREET ADDRESS	
<input type="text"/> CITY / TOWN	<input type="text"/> STATE	<input type="text"/> CITY / TOWN	<input type="text"/> STATE
<input type="text"/> COUNTRY	<input type="text"/> PIN CODE	<input type="text"/> COUNTRY	<input type="text"/> PIN CODE
Country Code. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> STD Code. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Tel. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Office <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Residence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

☐ Please tick (✓) if you wish to opt-in to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail)

☐ Please tick (✓) if you wish to opt-in to receive Account statement/Other statutory information via Post instead of Email.

**First Unitholder:**

Mobile

Mobile No.\* provided pertains to: (Please tick (✓))

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings

☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email

Email ID\* provided pertains to: (Please tick (✓))

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings

☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

**Second Unitholder:**

Mobile

Mobile No.\* provided pertains to: (Please tick (✓))

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings

☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email

Email ID\* provided pertains to: (Please tick (✓))

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings

☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

**Third Unitholder:**

Mobile

Mobile No.\* provided pertains to: (Please tick (✓))

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings

☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email

Email ID\* provided pertains to: (Please tick (✓))

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings

☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

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

☐ Resident Individual ☐ LLP ☐ Public Limited Company ☐ Government Body ☐ AOP/BOI ☐ Defence Establishment

☐ On behalf of Minor ☐ Sole Proprietorship ☐ Private Limited Company ☐ Financial Institution ☐ Trust / Society / NGO ☐ Other

☐ HUF ☐ Partnership Firm ☐ Body Corporate ☐ FI ☐ Non Profit Organization/Charities

☐ NRI-NRE ☐ NRI-NRO ☐ Bank ☐ Foreign Portfolio Investor ☐ QFI

☐ PIO ☐ OCI ☐ Foreign National Resident In India

**8 Unique ASL reference number:****9 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 ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

OR Net worth (Mandatory for Non-Individuals) ₹  as on           (Not older than 1 year)

Second Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth ₹

Third Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth ₹

POA Holder ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth ₹

**OTHERS [Please tick (✓)]**

First Applicant/Guardian For Individuals Please tick (✓) ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ 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 ☐ Y ☐ N (ii) Gaming / Gambling / Lottery / Casino Services ☐ Y ☐ N (iii) Money Lending / Pawning ☐ Y ☐ N

Second Applicant ☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

Third Applicant ☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

POA Holder ☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

^Please refer instruction no. 3

**10 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)	Beneficiary Account Number (NSDL only)	CDSL: Beneficiary ID (CDSL only)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**11 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 (please specify)

Bank Name & Branch

Branch City  IFSC Code  MICR Code

LEI No. 

With reference to the RBI circular No. RBI/2020-21/82-DPSS.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 ☐ Parag Parikh Flexi Cap Fund (PPFCF) ☐ Parag Parikh Liquid Fund (PPLF) ☐ Parag Parikh ELSS Tax Saver Fund (PPTSF) ☐ Parag Parikh Conservative Hybrid Fund (PPCHF)

☐ Parag Parikh Arbitrage Fund (PPAF) ☐ Parag Parikh Dynamic Asset Allocation Fund (PPDAAF)

Plan ☐ Direct (Default plan) ☐ Regular

Option ☐ Growth (Default option) ☐ Income Distribution cum capital withdrawal option (IDCW) (N/A for Parag Parikh Flexi Cap Fund (PPFCF), Parag Parikh ELSS Tax Saver Fund (PPTSF) and Parag Parikh Arbitrage Fund (PPAF))

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 incase of (PPCHF) and (PPDAAF)) (Applicable only for PPLF, PPCHF and PPDAAF)

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 ELSS Tax Saver Fund						
4.	Parag Parikh Conservative Hybrid Fund						
5.	Parag Parikh Arbitrage Fund						
6.	Parag Parikh Dynamic Asset Allocation 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.

☐ Declaration Form for opting out of nomination

I/ We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my /our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s),my/our legal heir would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

☐ I/We wish to nominate

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees in the account.		Details of 1st Nominee		Details of 2nd Nominee		Details of 3rd Nominee	
<b>Mandatory information</b>							
1	Name of the nominee(s)	Mr./Ms.		Mr./Ms.		Mr./Ms.	
2	Share of each Nominee#	%		%		%	
3	Date of Birth (for Minor)	dd-mmm-yyyy		dd-mmm-yyyy		dd-mmm-yyyy	
4	Relationship with the Applicant (select one)	<ul style="list-style-type: none"> <li><input type="checkbox"/> Spouse</li> <li><input type="checkbox"/> Father</li> <li><input type="checkbox"/> Mother</li> <li><input type="checkbox"/> Daughter</li> <li><input type="checkbox"/> Son</li> <li><input type="checkbox"/> Others (please specify)</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Spouse</li> <li><input type="checkbox"/> Father</li> <li><input type="checkbox"/> Mother</li> <li><input type="checkbox"/> Daughter</li> <li><input type="checkbox"/> Son</li> <li><input type="checkbox"/> Others (please specify)</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Spouse</li> <li><input type="checkbox"/> Father</li> <li><input type="checkbox"/> Mother</li> <li><input type="checkbox"/> Daughter</li> <li><input type="checkbox"/> Son</li> <li><input type="checkbox"/> Others (please specify)</li> </ul>	
5	Nominee/ Guardian (in case of Minor) Identification details <i>(Please tick any one of the following and provide ID Number and no copies required).</i>	PAN Aadhaar (masked last 4 digits) **** * Passport (for NRIs/OCIs/PIOs) Driving License		PAN Aadhaar (masked last 4 digits) **** * Passport (for NRIs/OCIs/PIOs) Driving License		PAN Aadhaar (masked last 4 digits) **** * Passport (for NRIs/OCIs/PIOs) Driving License	
6	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	Pincode:		Pincode:		Pincode:	
7	Mobile of nominee(s)/ Guardian in case of Minor						
8	Email ID of nominee(s)/ Guardian in case of Minor						
<b>Non-mandatory details</b>							
9	Nominee Guardian Name (in case Nominee is Minor)						

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☒ Name of nominee(s) with %

☐ Nomination: Yes / No (Default)

Signature(s) – As per mode of holding in demat accounts / MF Folio(s).		
	Name of the Holder	Signature / Thumb Impression
Sole / First Holder (Mr./Ms.)		
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

*\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.  
 # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.*

	<i>*Name and Address of Witness</i>	<i>*Signature of Witness</i>
<b>Witness 1</b>		
<b>Witness 2</b>		

**Note:**  
*The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)*

**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.**

It is mandatory to fill all relevant details correctly. Incorrect/incomplete details may lead to inaccurate FATF/CRS reporting.

	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

**15 Declaration for NPO**

<p>We are falling under <b>"Non-Profit Organization"</b> [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).</p>	<p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>
<p>If yes, please quote the NPO Registration Number provided by DARPAN portal.</p> <p><i>(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)</i></p>	<p>_____</p>

**Instructions**

- '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'
  - 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.
  - 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.
  - 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.
  - 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"
- 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 standardize the process for Validation of Email ID, Mobile Number, Bank Mandate & Two Factor Authentication for Redemptions of Non-Demat folios. AMC shall take necessary steps to comply with the AMFI Best Practice guidelines dated March 28, 2022, and as amended from time to time. Investors are requested to provide correct Bank account details, email id, and mobile number at the time of submitting the 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](http://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/amdlt 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 be 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
<b>PPFAS MUTUAL FUND</b> <b>Registered Office:</b> 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				
	Dated	Amount (RS)	Scheme	