## **Common Application Form**





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. KEY PARTNER/AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) Employee Unique Identification Number Internal Code for Sub-Agent/ Employee ARN ARN / Distributor Name Sub Agent's ARN Bank Branch Code (EUIN) ARN-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 First Holder Second Holder Third Holder manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI reaistered 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) The details in our records under the folio no. mentioned alongside will apply for this application. Folio No. Anyone or (Default option) Joint 4 MODE OF HOLDING / OPERATION Single **5 APPLICANT'S DETAILS** (Please refer to the Instruction No. A, C, D, R) All fields are mandatory Gender Male Female 1st APPLICANT Mr Ms M/s Date of Birth\*\* Ensure that name is as per Pan / Aadhaar card. PAN/PEKRN\* Nationality CKYC Number/KIN **Proof Attached** GUARDIAN NAME IF MINOR/CONTACT PERSON Gender Male Female Mr Ms (FOR NON INDIVIDUAL) /POA HOLDER Date of Birth Proof Attached PAN/PFKRN\* CKYC Number/KIN Nationality Relationship with Minor applicant Natural guardian Court appointed guardian Proof of relationship with minor 2nd APPLICANT Resident Individual NRI (Second Applicant is not allowed in case of minor as first/sole applicant.) Gender Male Female Mr Ms M/s Date of Birth PAN/PEKRN\* CKYC Number/KIN Nationality **Proof Attached** 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 PAN/PEKRN\* Nationality CKYC Number/KIN **Proof Attached** POA HOLDER Resident Individual NRI Gender Male Female Mr Ms M/s Date of Birth PAN/PEKRN\* Nationality CKYC Number/KIN **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 DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS) Correspondence Address Overseas Address (Mandatory for NRI / FII Applicants) STD Code Country Code Tel. No Mobile No. Email ID Other Statutory Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please 🗸 here) Account Statement Annual Information

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| First Applicant/ Guardian  Second Applicant  Third Applicant  POA Holder  Idease refer instruction no.  DEMAT ACCO  DP Name  ISDL: Depository Particip  Count Number  Link Name & Branch  Lanch City  In MODE OF PAY  In Moder of the barge Value Transact  ansactions beyond  INVESTMENT &  | For Individuals PI For Non-Individuals PI Politically Experiments  Politically  | als Please tick ge / Money Chaposed Person sposed Person s | (/) (Please attachanger Services [ I (PEP)^ Relation [ I (PEP)^ Re | th mandatory Ultimated to Politically intended inte | mate Beaming / C Exposed Exposed Exposed  Exposed  Exposed  Only)  Ore printered, in a with the part of the part o | neficial Ovnersicambling / Lotter Person (RPEP) Person (RPEP) Person (RPEP) Provided in I  Total DP  The don the ase the pay-out demat account Account Type Account Type Account (as fur account (as fur account) DO1/2020-21 adorily included De/DD in faved  | cheque. Not app Not app Not app Not app Not app Not app Solution Not app Not a | count solicable blicable blica | cDSL  rent from the demption/life  MIC  9) via Dir  RTGS/NEF  | er instruction iii) Money L iii | red)  red)  ccountred  lit / N  uctions                  | (CDSL c CDSL c C | only)  boned unit will be considered to the constant of the co | y Y   Y   Y   Y   Y   Y   Y   Y   Y   Y  | Section dited in section with the sectio | se spec         |
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| Payment mode Cheque DD S. *Cheque / DD Favouring No. Scheme Name  1. Parag Parikh Flexi Cap Fund | Common CA<br>Cheque<br>Date | AMS OTM / PPF. Amount Invested (₹) | AS OTM DD     | Fund Transfer          |  | er Letter    | DD Charges  |
|--|-----------------------------|------------------------------------|---------------|------------------------|--|--------------|---|
| No. Scheme Name  |                             |                                    | DD            |                        |  |              |   |
| 1. Parag Parikh Flexi Cap Fund   |                             |                                    | Charges       | Net Amount<br>Paid (₹) | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank         | and Branch and Account Number   |
|  |                             |                                    |               |                        |  |              |   |
| 2. Parag Parikh Liquid Fund  |                             |                                    |               |                        |  |              |   |
| 3. Parag Parikh Tax Saver Fund   |                             |                                    |               |                        |  |              |   |
| Parag Parikh Conservative Hybrid 4. Fund   |                             |                                    |               |                        |  |              |   |
| *All purchases are subject to realization of funds   | in our bank a               | ccounts w.e.f Febr                 | uary 01, 2021 |                        |  |              |   |
| 13 NOMINATION DETAILS  | Individ                     | uals (single                       | e or joint (  | applicant) a           | re advised to avail                          | Nominati     | on facility.  |
| Declaration Form for optin   | ng out of                   | nomination                         | 1             |                        |  |              |   |
| •  | nt of nomi                  | nee(s) and fu                      | rther are av  | vare that in ca        | se of death of all the o                     | account hold | tual fund folio and understand the<br>er(s),my/our legal heir would need<br>ts held in the mutual fund folio. |
| I/We wish to nominate  |                             |                                    |               |                        |  |              |   |
| I/We, the unitholders of schemes my/our folio(s) listed below in the                             |                             |                                    |               |                        |  |              | ned hereunder to receive the units held said investment   |
| Nominee details  |                             | Nomine                             | e 1           |                        | Nominee 2                                    |              | Nominee 3   |
| Name and address of Nominee(s)<br>[Mandatory]  |                             |                                    |               |                        |  |              |   |
| PAN of the Nominee<br>[Guardian PAN to be quoted if<br>Nominee is Minor - Mandatory]             |                             |                                    |               |                        |  |              |   |
| Relationship with Sole / First unit holder (Mandatory)   |                             |                                    |               |                        |  |              |   |
| Date of Birth* [Mandatory]   |                             | dd-mm-y                            | ууу           |                        | dd-mm-yyyy                                   |              | dd-mm-yyyy  |
| Name and address of Guardian*<br>[Mandatory if Nominee is Minor]                                 |                             |                                    |               |                        |  |              |   |
| Signature of Nominee / Guardian*   |                             |                                    |               |                        |  |              |   |
| Guardian's Relationship with   | M∈                          | other 🔲 l                          | ather         |                        | ☐ Mother ☐ Fa                                | ther         | ☐ Mother ☐ Father   |
| Nominee*<br>[attach proof]   | □ Le                        | gal Guard                          | ian           |                        | ☐ Legal Guardiar                             | 1            | ☐ Legal Guardian  |
| Allocation % to each nominee<br>[Mandatory] (Aggregate should be<br>100%)                        |                             |                                    |               |                        |  |              |   |
| * Applicable in case the Nominee is  | s a Minor.                  | (Also, pleas                       | e attach a c  | opy of the min         | or's birth certificate)                      |              |   |
| Declaration & Signature(s) [to be signature  | gned by a                   | ll unit holder                     | s including į | oint holders, iı       | respective of mode of                        | holding.     |   |
|  |                             |                                    |               |                        |  |              | the amounts to my / our credits in the arge of liabilities of the PPFAS Mutual                                |
| <u> </u>   |                             | Ø                                  |               |                        |  | Z            |   |
| Sole / First Holder's Sigi   | nature                      |                                    | Secono        | d Holder's S           | Sianature                                    | Т            | hird Holder's Signature   |
| co.c., That Holder a digit   |                             |                                    | 330011        |                        |  |              | 3 1 10100 0 0 0 0 0 101010  |

|  | Place/City of Birth   |                   | Country of  | Country of Citizenship / Nationality |                      |                               |                |  |
|--|---|-------------------|---|--------------------------------------|----------------------|-------------------------------|----------------|--|
| First Applicant / Guardian   |   |                   |   |                                      | Indian               | U.S. Others                   | Please specify |  |
| Second Applicant   |   |                   |   |                                      | Indian               | U.S. Others                   | Please specify |  |
| Third Applicant  |   |                   |   |                                      | Indian               | U.S. Others                   | Please specify |  |
| POA Holder   |   |                   |   |                                      | Indian               | U.S. Others                   | Please specify |  |
| If "YES" please fill for ALL countries   | s (other than Indian in which you are a Resider   |                   | se i.e. where you are a Citizen/ Redentification Number | esident/ Green Card hol              |                      | Identific                     | ation Type     |  |
|  | Country of Tax Residency#   | or F              | unctional Equivalent                                    | (TIN or other p                      |                      | (TIN or other please specify) |                |  |
| Plant A P  |   |                   |   |                                      |                      |                               |                |  |
| First Applicant / Guardian   |   |                   |   |                                      |                      | Reasons A                     | B C            |  |
| •  |   |                   |   |                                      |                      | Reasons A                     | B C            |  |
| Second Applicant   |   |                   |   |                                      |                      |                               |                |  |
| First Applicant / Guardian Second Applicant Third Applicant POA Holder                                   |   |                   |   |                                      |                      | Reasons A                     | В              |  |
| Second Applicant Third Applicant POA Holder  | dividual is a citizen/ green card holder of USA   | . *In case Tax Id | entification Number is Not availal                      | ble, kindly provide its fur          | nctional equivalent. | Reasons A                     | B (            |  |
| Second Applicant Third Applicant POA Holder To also include USA, where the in                            | dividual is a citizen/ green card holder of USA<br>y where the Account Holder is liable to pay tax    |                   |   |                                      | nctional equivalent. | Reasons A                     | B (            |  |
| Second Applicant  Third Applicant  POA Holder  To also include USA, where the in  Reason A   The country | · ·   | does not issue    | Tax Identification Number to its r                      | esidents.                            | _                    | Reasons A                     | B (C           |  |
| Second Applicant Third Applicant  POA Holder To also include USA, where the in  Reason A   The country   | y where the Account Holder is liable to pay tax<br>uired (Select this reasons Only if the authorities | does not issue    | Tax Identification Number to its r                      | esidents.                            | Reason C → Of        | Reasons A Reasons A Reasons A | B (C           |  |

- 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 quidelines 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 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:-

- 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. I, 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-Resident Ordinary/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 sing le 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(sl of PPFAS Mutual Fund ("Fund") indicated above
- 6. 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.
- 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. 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
- 11. 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.
- 12. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the fund/amdlts 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-INDI), the tax I 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 / PRRDA 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/W | e confirm that my applicat | ion is in compliance with | applicable Indian | and foreign laws |
|---------------------------------|----------------------------|---------------------------|-------------------|------------------|
| Please (✔) ☐ Yes ☐ No           | If Yes, (✓) ☐ Repatriation | basis Non-repatriation    | on 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 |  |  |  |  |  |

| <b>~</b> ( | ) |
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|            |   |
|            |   |

| ACKNOWLEDGM     | ENI SLIP (IO D    | e filled by the investor) |   |        |  |  |  |  |  |
|-----------------|-------------------|---------------------------|---|--------|--|--|--|--|--|
| Application No. |                   | ISC Stamp & Signature     |   |        |  |  |  |  |  |
| PPFAS MUTUAL    | PPFAS MUTUAL FUND |                           |   |        |  |  |  |  |  |
|                 |                   |                           | enka Marg, 230, Nariman Point, Mumba<br>plication for purchase of Units as mentic |        |  |  |  |  |  |
|                 |                   | Dated                     | Amount (RS)   | Scheme |  |  |  |  |  |
|                 |                   |                           |   |        |  |  |  |  |  |