

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- 323376					E613650

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
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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. **Gender** Male Female

1st Holder Name as per PAN card* Mr Ms M/s _____ Date of Birth/ Incorporation (DOB)

D	D	M	M	Y	Y	Y	Y
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As per PAN card*

PAN/PEKRN* _____ Nationality _____ CKYC Number/KIN Proof Attached _____

GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUAL) /POA HOLDER (as per PAN card) Mr Ms _____ **Gender** Male Female

PAN/PEKRN* _____ Nationality _____ CKYC Number/KIN Proof Attached _____ Date of Birth (DOB)

D	D	M	M	Y	Y	Y	Y
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As per PAN card*

Relationship with Minor applicant Natural guardian Court appointed guardian **Proof of relationship with minor** _____

2nd Holder Name as per PAN card* **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 (DOB)

D	D	M	M	Y	Y	Y	Y
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As per PAN card*

PAN/PEKRN* _____ Nationality _____ CKYC Number/KIN Proof Attached _____

3rd Holder Name as per PAN card* **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 (DOB)

D	D	M	M	Y	Y	Y	Y
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As per PAN card*

PAN/PEKRN* _____ Nationality _____ CKYC Number/KIN Proof Attached _____

POA HOLDER **Resident Individual** **NRI** **Gender** Male Female

Mr Ms M/s _____ Date of Birth (DOB)

D	D	M	M	Y	Y	Y	Y
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As per PAN card*

PAN/PEKRN* _____ Nationality _____ CKYC Number/KIN 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)

Correspondence Address	Overseas Address (Mandatory for NRI / FI 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. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> STD Code. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															
Tel. No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Office <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Residence <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															

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**

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 Favoursing 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, the unitholders of schemes of PPFAS Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the units held my/our folio(s) listed below in the event of my / our death in respect of the units which will be held by me/ us in the said investment

I / We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my / our credits in the event of my / our death. Signature of the nominee(s) acknowledging receipt of my / our credit will constitute full discharge of liabilities of the PPFAS Mutual Fund.

Nominee details	Nominee 1	Nominee 2	Nominee 3
Name and address of Nominee(s) [Mandatory]			
PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor - Mandatory]			
Relationship with Sole / First unit holder (Mandatory)			
Date of Birth* [Mandatory]	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy
Name and address of Guardian* [Mandatory if Nominee is Minor]			
Signature of Nominee / Guardian*			
Guardian's Relationship with Nominee* [attach proof]	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Allocation % to each nominee [Mandatory] (Aggregate should be 100%)			

* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

Declaration & Signature(s) (to be signed by all unit holders including joint holders, irrespective of mode of holding).

I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein super cedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

 Sole / First Holder's Signature	 Second Holder's Signature	 Third Holder's Signature
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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 "Non-Profit Organization" [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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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>	<hr/>

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 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/amdIts 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
PPFAS MUTUAL FUND Registered 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				
	Dated	Amount (RS)	Scheme	

One Time Mandate Instruction Form (OTM/NACH Form)

* Mandatory Fields



UMRN F O R O F F I C E U S E O N L Y Date*

Tick (✓) Sponsor Bank Code HDFC0999999 Utility Code HDFC0007000003309

CREATE I/We hereby authorize PPFAS Mutual Fund to debit (tick✓)* SB CA CC SB-NRE SB-NRO Other

MODIFY Bank a/c number

CANCEL 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 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.

CKYC details (KIN):

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 (EUIIN)
ARN- 323376					E613650

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.

- 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. (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 (Default incase of PPLF) Weekly (Applicable only for PPLF) Monthly (Default incase of (PPCHF) and PPDAAF) Monthly (Applicable only for PPLF, PPCHF and PPDAAF)

SIP DETAILS

Monthly SIP (Minimum ₹ 1000/-, 6 instalments) Monthly (Any date, maximum six) Quarterly SIP (Minimum ₹ 3000/-, 4 instalments) Quarterly (Any date, maximum six) SIP Amount 1,000 5,000 10,000 50,000 1,00,000 5,00,000 Any Other Amount

Period Standard From To

First SIP Cheque Date Cheque No.

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Date: PPFAS MUTUAL FUND Registered Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021. ISC Stamp & Signature
 Folio No. Received from: Amount:
 OTM DEBIT MANDATE FORM SIP FORM SIP TOP UP FORM First SIP Cheque Date Cheque No.

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. 1,00,00,000/- (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.
15. Mandate date will be valid upto 120 days and the mandate date has to be either less or equal to the current business date.

As per NPCI circular no: NPCI/NACH/OC NO.012/2023-24 dated 29th Dec 2023 With effect from 1st April 2024 mandate can be issued for a maximum period of 40 years from the date of mandate and end date to be mentioned.
16. "From date" of the mandate period should not be beyond 120 days from the current date.

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

SIP TOP UP Start Month / Year	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	SIP TOP UP Frequency:	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> 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'					

DEMAT ACCOUNT DETAILS (Optional - 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

PPFAS MUTUAL FUND

One Time Mandate Instruction Form (OTM/NACH Form)

* Mandatory Fields

UMRN	F O R O F F I C E U S E O N L Y	Date*	
Tick (✓)	Sponsor Bank Code	Utility Code	
CREATE <input checked="" type="checkbox"/>	HDFC0999999	HDFC00070000003309	
MODIFY <input checked="" type="checkbox"/>	I/We hereby authorize PPFAS Mutual Fund to debit (tick ✓)*		<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
CANCEL <input checked="" type="checkbox"/>	Bank a/c number*		
with Bank*	Name of customers bank	IFSC*	or MICR
an amount of Rupees			₹*
FREQUENCY	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE
Reference 1	PAN No.	Mobile No.	<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 2	Folio No / Appln 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*	Signature Primary Account holder*	Signature of Account holder*
	# To	1. Name as in bank records*	2. Name as in bank records*
			3. Name as in bank records*
Maximum period of validity of this mandate is 40 years only			

* 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.

CKYC details (KIN):					
KEY PARTNER/AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)					
Distributor ARN / RIA Code	ARN / Distributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)
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

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.	
Scheme	<input type="checkbox"/> Parag Parikh Flexi Cap Fund (PPFCF) <input type="checkbox"/> Parag Parikh Liquid Fund (PPLF) <input type="checkbox"/> Parag Parikh ELSS Tax Saver Fund (PPTSF) <input type="checkbox"/> Parag Parikh Conservative Hybrid Fund (PPCHF)
	<input type="checkbox"/> Parag Parikh Arbitrage Fund (PPAF) <input type="checkbox"/> Parag Parikh Dynamic Asset Allocation Fund (PPDAAF)
Plan	<input type="checkbox"/> Direct (Default plan) <input 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 ELSS Tax Saver Fund (PPTSF) and Parag Parikh Arbitrage Fund (PPAF))
Sub-Option	<input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option (Default in case of PPFCF)
	<input type="checkbox"/> Daily (Default incase of PPLF, Applicable only for PPLF) <input type="checkbox"/> Monthly
	<input type="checkbox"/> Weekly (Applicable only for PPLF) (Applicable only for PPLF, PPCHF and PPDAAF)
	<input type="checkbox"/> Monthly (Default incase of (PPCHF) and (PPDAAF))

*The IDCW record date for payout or reinvestment under PPFCF may be determined by the Trustee from time to time.

SIP DETAILS	
<input checked="" type="checkbox"/> Monthly SIP (Minimum ₹ 1000/-, 6 instalments) <input type="checkbox"/> Quarterly SIP (Minimum ₹ 3000/-, 4 instalments)	<input type="checkbox"/> Monthly (Any date, maximum six) <input type="checkbox"/> Quarterly (Any date, maximum six)
Period <input checked="" type="checkbox"/> Standard From <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/>	SIP Amount <input type="checkbox"/> 1,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> 5,00,000 <input type="checkbox"/> Any Other Amount <input type="text"/>
First SIP Cheque Date	Cheque No.

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)			
Date:	PPFAS MUTUAL FUND		ISC Stamp & Signature
	Registered Office: 81/82, 8 th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.		
Folio No.	Received from:	Amount:	
<input type="checkbox"/> OTM DEBIT MANDATE FORM	<input type="checkbox"/> SIP FORM	Cheque No.	
	First SIP Cheque Date		
	<input type="checkbox"/> 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. 1,00,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice ..
14. Mandate date will be valid upto 120 days and the mandate date has to be either less or equal to the current business date.

As per NPCI circular no: NPCI/NACH/OC NO.012/2023-24 dated 29th Dec 2023 With effect from 1st April 2024 mandate can be issued for a maximum period of 40 years from the date of mandate and end date to be mentioned.
15. "From date" of the mandate period should not be beyond 120 days from the current date.

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'

DEMAT ACCOUNT DETAILS (Optional - 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)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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