

## 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 (EUIIN)
ARN-					

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

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 <input type="text"/>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PAN/PEKRN*</b> <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"/>		<b>Date of Birth/ Incorporation (DOB)</b> <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"/>
<b>Nationality</b> <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"/>		<b>CKYC Number/KIN</b> <input type="checkbox"/> Proof Attached <input type="checkbox"/> As per PAN card*
<hr/>		
<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 <input type="text"/>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PAN/PEKRN*</b> <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"/>		<b>Date of Birth (DOB)</b> <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"/>
<b>Nationality</b> <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"/>		<b>CKYC Number/KIN</b> <input type="checkbox"/> Proof Attached <input type="checkbox"/> As per PAN card*
<b>Relationship with Minor applicant</b> <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian <input type="text"/> Proof of relationship with minor		
<hr/>		
<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"/> <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"/>		<b>Date of Birth (DOB)</b> <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"/>
<b>Nationality</b> <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"/>		<b>CKYC Number/KIN</b> <input type="checkbox"/> Proof Attached <input type="checkbox"/> As per PAN card*
<hr/>		
<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"/> <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"/>		<b>Date of Birth (DOB)</b> <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"/>
<b>Nationality</b> <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"/>		<b>CKYC Number/KIN</b> <input type="checkbox"/> Proof Attached <input type="checkbox"/> As per PAN card*
<hr/>		
<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"/> <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"/>		<b>Date of Birth (DOB)</b> <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"/>
<b>Nationality</b> <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"/>		<b>CKYC Number/KIN</b> <input type="checkbox"/> Proof Attached <input type="checkbox"/> As per PAN card*

\*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"/> <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"/> <input type="text"/> <input type="text"/>	

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

**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
<input type="text"/>		<input type="text"/>	
NSDL: Depository Participant (DP) ID (NSDL only)		CDSL: Beneficiary ID (CDSL only)	
<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) ☐ RegularOption ☐ 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, 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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