

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-183038	ARN / RIA Name	Sub Agent's ARN	EUIN No.
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.		First Holder	Second Holder Third Holder
Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.			

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

In case the subscription (lumpsum) amount is Rs. 10,000/- or more and your distributor has opted to receive Transaction Charges, Rs. 150/- (for the first time mutual fund investor) or Rs. 100/- (for the investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

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

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

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

1st APPLICANT Mr Ms M/s _____ Date of Birth**

D	D	M	M	Y	Y
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Ensure that name is as per Pan / Aadhaar card.

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

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

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

D	D	M	M	Y	Y
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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

D	D	M	M	Y	Y
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PAN/PEKRN* _____ Nationality _____ CKYC Number/KIN 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

D	D	M	M	Y	Y
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PAN/PEKRN* _____ Nationality _____ CKYC Number/KIN Proof Attached _____

POA HOLDER Resident Individual NRI Gender Male Female

Mr Ms M/s _____ Date of Birth

D	D	M	M	Y	Y
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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)

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. _____ STD Code. _____	
Tel. No. _____ Office _____ Residence _____ Mobile No. _____	
Email ID _____	

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

I/We hereby confirm that the primary email address provided in the application belongs to self

I/We hereby confirm that the primary email address provided in the application belongs to a family member (Refer Instruction No. 5)

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

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> LLP	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other Specify _____
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FI	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	
<input type="checkbox"/> PIO	<input type="checkbox"/> OCI	<input type="checkbox"/> Foreign National Resident In India			

8 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	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DDMMYY (Not older than 1 year)					
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____					
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____					
POA Holder	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____					

OTHERS [Please tick (✓)]

First Applicant/Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
POA Holder	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

^Please refer instruction no. 3

9 DEMAT ACCOUNT DETAILS (Optional - Refer Instruction k) (Nomination Provided in Demat Account shall be considered)

NSDL	DP Name	CDSL	DP Name
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Beneficiary ID (CDSL only)	
_____	_____	_____	

10 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 _____ (1 digit) _____ MICR Code _____ (8 digit) _____

11 MODE OF PAYMENT OF REDEMPTION / DIVIDEND VIA DIRECT CREDIT / NEFT / ECS (refer instruction I)

Unitholders will receive redemption / dividend proceeds directly into their bank account (as furnished in Section 9) via Direct credit / NEFT / ECS facility
 I wish to receive a cheque instead of direct credit into my account.

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 Tax Saver Fund (PPTSF) Parag Parikh Conservative Hybrid Fund (PPCHF)

Plan Direct (Default plan) Regular

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

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 in case of Parag Parikh Conservative Hybrid Fund (PPCHF)) (Applicable only for PPLF and PPCHF.)

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 Tax Saver Fund						
4.	Parag Parikh Conservative Hybrid 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.

I/We DO NOT wish to nominate and sign here

First/Sole Applicant	Second Applicant	Third Applicant
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I/We wish to nominate

Nominee Name & Address	In case of Minor		Allocation %	Relationship with Investor	Nominee/Guardian sign
	Guardian Name & Address	Date of birth			
Nominee 1		D D M M Y Y			
Nominee 2		D D M M Y Y			
Nominee 3		D D M M Y Y			

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.

	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

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 by 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/updated 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' for this purpose shall mean self, spouse, dependent children, dependent parents as specified in SEBI Circular No.CIR/MIRSD/15/2011 dated Aug 02, 2011, addressed to all Stock Exchanges.

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.

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 single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Authority and that my existing investments together with the current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year.
4. I have voluntarily subscribed to the online access for transacting the internet facility provided by PPFAS Asset Management Private Ltd. (Investment Manager of PPFAS Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.amc.ppfas.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the online transactions effected by me and I shall be solely liable for all the costs and consequences there of.
5. I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of PPFAS Mutual Fund ('Fund') indicated above.
6. I/We 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 mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
12. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the fund/amc/its distributor for this investment.
13. Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold PPFAS Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/ECS.
14. I/We acknowledge that in case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [Fund/AMC/RTA/Other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same
15. Consent for Telemarketing: I/We hereby accord my/our consent to PPFAS AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.
16. For Foreign National Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
17. For NRIs/PIO/OCIs only: I/We 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.

 SIGN HERE	 SIGN HERE	 SIGN HERE
FIRST OR SOLE APPLICANT/ GUARDIAN/POA	SECOND APPLICANT	THIRD APPLICANT



ACKNOWLEDGMENT SLIP (To be filled in by the Investor)

Application No. _____	ISC Stamp & Signature		
PPFAS MUTUAL FUND Corporate 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 _____			
Cheque No.	Dated	Amount (Rs)	Scheme

UMRN

F O R O F F I C E U S E O N L Y

Date*

Tick (✓)

CREATE
 MODIFY
 CANCEL

Sponsor Bank Code **HDFC0999999**

Utility Code **HDFC00070000003309**

I/We hereby authorize

PPFAS Mutual Fund

to debit (tick✓)*

SB CA CC SB-NRE SB-NRO Other

Bank a/c number

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
 Or Until Cancelled

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.

Scheme

Parag Parikh Flexi Cap Fund (PPFCF)

Parag Parikh Liquid Fund (PPLF)

Parag Parikh Tax Saver Fund (PPTSF)

Parag Parikh Conservative Hybrid Fund (PPCHF)

Plan

Direct (Default plan) Regular

Option

Growth (Default option) Income Distribution cum capital withdrawal option. (N/A for Parag Parikh Flexi Cap Fund (PPFCF) and Parag Parikh Tax Saver Fund (PPTSF))

Sub-Option

Reinvestment of 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 in case of Parag Parikh Conservative Hybrid Fund (PPCHF)) (Applicable only for PPLF and PPCHF.)

CKYC details (KIN):

Distributor Name/ARN No.

Sub-broker Name/ Code

EUIN No.

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

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.

SIP DETAILS

Monthly SIP (Minimum ₹ 1000/- , 6 instalments)

Quarterly SIP (Minimum ₹ 3000/- , 4 instalments)

Monthly (Any date, maximum six)

SIP Amount

1,000 5,000 10,000

Quarterly (Any date, maximum six)

50,000 100,000 500,000

Period Standard From To

Default From To 1 2 2 0 9 9

Any Other Amount

First SIP Cheque Date

Cheque No.

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'

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

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)			
Date: <input style="width: 80%;" type="text"/>	PPFAS MUTUAL FUND		ISC Stamp & Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Corporate office : 81/82, 8th Flr, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.			
Folio No. <input style="width: 80%;" type="text"/>	Received from: <input style="width: 80%;" type="text"/>	Amount: <input style="width: 80%;" type="text"/>	
<input type="checkbox"/> OTM DEBIT MANDATE FORM	<input type="checkbox"/> SIP FORM	First SIP Cheque Date <input style="width: 80%;" type="text"/>	Cheque No. <input style="width: 80%;" type="text"/>
<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.100,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice. .
14. If your OTM is registered, you can call and renew your SIP on the Toll Free Number: 1800 266 7790 based on the OTM limit and Expiry.

**TRANSACTION SLIP FOR
PURCHASE / SWITCH / REDEMPTION**
(For Existing Investors Only)

Name of Unit Holder : _____ Folio Number : _____
 1st Joint Unit Holder : _____ Scheme^ : _____
 2nd Joint Unit Holder : _____ Plan : _____ Option* : _____
 (Switch-out scheme for switch request)

*Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default plan / Option as per KIM will apply if the choice of Plan / Option is not indicated.

^For PPTSF- Units purchased cannot be assigned / transferred / pledged / redeemed / switched out until completion of 3 years from the date of allotment of the respective Units. The AMC reserves the right to change the Lock-in Period prospectively from time to time to the extent permitted under the Equity Linked Savings Scheme, 2005 as amended from time to time.

KEY PARTNER / DISTRIBUTOR INFORMATION (Investor applying under Direct Plan must mention "Direct" in the ARN column below.)

DISTRIBUTOR NAME / ARN No.	Sub Broker Name / Code	Employee Unique Identification Number (EUIN)
ARN - ARN-183038		

Note: Please strike off any unused portion of this sheet.

ADDITIONAL PURCHASE (Please write your folio number and name on the reverse of the cheque /DD / Payment Instrument/UTR/Ref no.)

Amount (in Rs.) : _____ Drawn on: **BANK NAME (BRANCH)** _____ Cheque / DD / Payment Instrument no. : _____

Investor desiring to get allotment of units in dematerialized mode instead of physical mode should provide the details of their demat account below:

NSDL	CDSL
DP Name _____	_____
DP ID _____	_____
Beneficiary Account No. _____	_____

Please attach a copy of the DP statement / Client Form to enable us to verify the demat account details.

IMPORTANT : Names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. **The units will be credited to the beneficiary (demat) account only after successful verification with the depository records and realization of payment.**

SWITCH REQUEST (Subject to prevailing exit load, wherever applicable, Please refer to SID for prevailing Exit Load) (Please tick any one only)

All Free Units No. of units : _____ Amount (in Rs.) : _____

To Scheme / Plan / Option^ : _____

^ Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option in terms of KIM will apply if the choice of Plan / Option is not indicated.

REDEMPTION - (Subject to prevailing exit load, wherever applicable, Please refer to SID for prevailing Exit Load) (Please tick only one of the below options.)

Redeem All Free Units No. of Units _____ Amount (in Rs.) _____ (in words) _____

IFSC Code : _____ (if not provided earlier for electronic payment)

Note: If a redemption request is submitted alongwith a request for changing the bank account details, the redemption will be proceed into the registered/default bank account in the aforesaid scheme/ folio and the request for changing the bank account details with not be processed.

For investors who have registered for Multiple Bank Accounts facility* in the above folio:

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/(~~This bank account has already been registered in the folio~~) :

Name of the Bank: _____ Branch : _____

Account No. : _____ Account Type: _____ Bank City : _____

*Important Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. PPFAS Mutual Fund or PPFAS Asset Management Private Limited will not be liable for any loss arising to the unitholder(s) due to the credit of redemption /dividend proceeds into any of the bank accounts registered with us for the aforesaid folio. If the balance in my/our account does not cover the amount/units of the redemption request, I/we authorise you to send the entire such (less) balance to me/us.

DECLARATION : I / We hereby confirm and declare as under:-

- 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 the 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/ authorisation(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 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.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorisation 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 have understood the details of the Scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action that may be required by the law.
- In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency.
- I / WE HEREBY CONFIRM THAT I/WE HAVE NOT BEING OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND OR AMC OR ITS DISTRIBUTOR FOR THIS INVESTMENT.

Applicable to foreign Nationals 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.

Applicable to NRIs/ PIO/ OCIs 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. 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 confirm that details provided by me / us are true and correct.

Please (✓) Yes No If Yes, (✓) Repatriation basis Non-repatriation basis

Declaration for Purchase / Switch transaction where EUIN box is left blank

I/We hereby confirm that the EUIN box has been intentionally left blank by me/ us as this transaction is executed without any interaction or advice by the employee/relationship manager/ sales person of the above distributor/ sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

▲ To Be SIGNED BY ALL UNIT HOLDERS IF MODE OF HOLDING IS JOINT. ALTERATIONS, IF ANY, SHOULD BE COUNTERSIGNED.

Signature(s) _____
 Sole/ First Unit holder/ Guardian/ POA

 ▲ Second Unit holder

 ▲ Third Unit holder

ACKNOWLEDGEMENT
(To be filled in by the unit holder)

TIMESTAMP & SIGN (FOR OFFICE USE ONLY)

Folio No. : _____ Sole/First Unit Holder: _____

Scheme / Plan / Option : **(SWITCH-OUT SCHEME FOR SWITCH REQUEST)**

ADDITIONAL PURCHASE
 Amount (in Rs.) : _____ Drawn on: **BANK NAME** _____ Cheque/DD/Payment Instrument no. : _____

SWITCH REQUEST (Please tick any one only) All Free Units No. of Units : _____ Amount (in Rs.) : _____
 To Scheme / Plan / Option : _____

REDEMPTION All Free Units No. of units : _____ Amount (in Rs.) : _____

Distributors Code	Sub-Distributors Code	EUIN No.	Date of Receipt	Bank Sr. No.
ARN-183038				

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

<input type="checkbox"/> New Registration: For enrollment under SWP facility	<input type="checkbox"/> Change in withdrawal amount: For Change in withdrawal amount under SWP facility	<input type="checkbox"/> Cancellation: For cancellation of SWP facility
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EXISTING UNIT HOLDER'S INFORMATION

Folio No.	For Existing Investors
Name	Beneficial Investor
PAN	Enclosed <input type="checkbox"/> KRA Compliant

SYSTEMATIC WITHDRAWAL PLAN

Scheme Name			<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
Option				
Fixed Withdrawal Amount (₹)		Amount (in words)		
Total Amount of SWP (₹)		Amount (in words)		
Fixed Withdrawal Frequency	[Please tick] <input type="checkbox"/> Monthly (Minimum 12 months)			
Date (Only One)	[Please tick] <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th			
Withdrawal Period From	MMDDYYYY	To	MMDDYYYY	

DECLARATION

Having read and understood the contents of the Scheme Information Document of the Scheme, I / We hereby apply for units of the Scheme and agree to abide by the terms, conditions, rules and regulation governing the Scheme. I / We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions for the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme and I / We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / We hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

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. I / We confirm that details provide by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

To be signed by all applicants/Unitholders if mode of holding is "Joint".

INSTRUCTIONS

- Options available and Minimum Amount :
 - Fixed withdrawal :** Investors can withdraw fixed amount of ₹ 1,000/- each and in multiple of Re. 1 thereafter.
 - SWP request should be for a minimum period of 12 months.
- SWP is not available for investments which are pledged.
- PPFAS AMC will endeavor to credit the redemptions payouts directly to the designated Bank A/c of the unitholders of PPFAS Mutual Fund schemes through any of the available electronic mode (i.e. RTGS / NEFT / Direct Credit / NECS). PPFAS AMC reserves the right to use any of the above mode of payment as deemed appropriate for all folios where the required information is available. The Mutual Fund, however, reserves the right to issue a cheque / demand draft inspite of an investor opting for Electronic Payout.
- Default Dates:** In case of any ambiguity in selection of withdrawal frequency, the SWP date will be 10th of each month in case of Fixed withdrawal facility.
- A minimum period of 15 calendar days shall be required for registration of SWP. Unit-holder may change the amount (but not below the minimum specified amount)/ frequency by giving a written notice at any Investor Service Center at least 15 calendar days prior to next SWP execution date.
- The SWP may be terminated by a written notice of 15 calendar days by a unit-holder. This SWP termination request may be sent to the office of AMC or at any Investor Service Center.

ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)

Scheme Name			<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
Option				
Folio No.		Date		
Received from Mr. / Ms.				
SWP Frequency	<input type="checkbox"/> Monthly			
Total Amount of SWP (₹)				
			ISC Stamp & Signature	

Enrollment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

Enrollment Form No. _____

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)						FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN / Distributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
AARN-183038	Assetmine Capital Pvt Ltd					

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. Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction No. 15)
I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here _____ First / Sole Unit Holder / Guardian	Sign Here _____ Second Unit Holder	Sign Here _____ Third Unit Holder
---	--	---

I/ We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrollment under the Systematic Withdrawal Plan of the following Scheme(s)/Plan(s)/Options(s). **The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.**

Please (✓) any one. NEW REGISTRATION CANCELLATION

Folio No. of 'Source' Scheme (for existing Unit holder) / Application No. (for new investor) _____

Name of the Applicant	PAN# or PEKRN#	KYC Number	KYC is mandatory# Please (✓)
Name of First/Sole Applicant	<input type="text"/>	<input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Guardian in case First/Sole Applicant is a minor	<input type="text"/>	<input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Second Applicant	<input type="text"/>	<input type="text"/>	Proof Attached <input type="checkbox"/>
Name of Third Applicant	<input type="text"/>	<input type="text"/>	Proof Attached <input type="checkbox"/>

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof. Refer Instruction No. 12 and 13

Name of 'Source' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).												
Name of 'Target' Scheme/Plan/Option	(Investors applying under Direct Plan must mention "Direct" against the Scheme name).												
	Amount of Transfer per Installment: Rs. _____	No. of Installments:* _____											
	Amount (in words): _____	OR											
	<input type="radio"/> Monthly* Date of Transfer <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Enrollment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y
M	M	Y	Y	Y	Y								
M	M	Y	Y	Y	Y								

In case of multiple registrations, please fill up separate Enrollment Forms.
*Default frequency/Date/Day (Refer Instruction 8)

SIGNATURE(S)

_____ First / Sole Unit Holder / Guardian	_____ Second Unit Holder	_____ Third Unit Holder
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Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)		
PPFAS MUTUAL FUND		
Date: _____	Corporate Office: 81/82, 8th Floor, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai - 400 021	Enrollment Form No./Folio No. _____
Received from Mr./Ms./M/s. _____	*STP* application for transfer of Units;	ISC Stamp & Signature
from Scheme / Plan / Option _____		
to Scheme / Plan / Option _____		