

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.)

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
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.		Third 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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PAN/PEKRN* _____ Aadhaar No. _____ KIN Proof Attached _____

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

PAN/PEKRN* _____ Aadhaar No. _____ 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* _____ Aadhaar No. _____ 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
---	---	---	---	---	---

PAN/PEKRN* _____ Aadhaar No. _____ KIN Proof Attached _____

POA HOLDER Resident Individual NRI Gender Male Female

Mr Ms M/s _____ Date of Birth

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

PAN/PEKRN* _____ Aadhaar No. _____ 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	
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

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

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<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	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

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 DDMMYYYY (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											

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)		CDSL: Beneficiary ID (CDSL only)	
Beneficiary Account Number (NSDL 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 Current Savings NRO NRE FCNR Others (please specify)

Bank Name & Branch

Branch City IFSC Code MICR Code

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

Unit holders 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.

12 INVESTMENT & PAYMENT DETAILS (refer instruction F) Please write Cheque/DD in favour of the Scheme name only.

Scheme Parag Parikh Long Term Equity Fund Parag Parikh Liquid Fund

Plan Direct (Default Plan) Regular

Option Growth (Default Plan) Dividend (N/A for Parag Parikh Long Term Equity Fund (PPLTEF))

Sub-Option Div - Reinvest Div - Monthly Payout

Daily (Default Option) Weekly Monthly

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

Amount (figures) Cheque/DD/UTR/UMR No. Cheque Date DDMMYYYY

Account No. Account Type Saving Current NRO NRE FCNR Others (please specify)

Bank & Branch Name

13 NOMINATION DETAILS Individuals (single or joint applicant) are advised to avail Nomination facility. I/We wish to nominate I/We DO NOT wish to nominate and sign here

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

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

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 UBO (Ultimate Beneficial Owner) (Mandatory in case of a Non-individual investor)

In case of an Individual Investor	Name of an UBO
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Are you the UBO of this account/ Folio

If you are not UBO for this Account/ Folio, then state the name of UBO along with separate declaration for UBO.

Note: The beneficial owner means the natural person or persons, who ultimately own or control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

Instructions: An investor needs to provide these details to allow PPFAS Mutual Fund to comply with applicable SEBI and PMLA guidelines.

Instructions

1. 'If the Name given in the application does not match the name as appearing on the PAN Card/Aadhaar card, authentication, application may be liable to get rejected or further transactions may be liable to get rejected'
2. I /We have understood the information requirement of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided 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.
3. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public function in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executive of state-owned corporations, important political party officials, etc.
4. Country of Tax Residence and Tax ID number: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the change. If you are a US citizen or resident, please include United States in this related field along with your US Tax Identification Number.

DECLARATION

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc. of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

1. For Non-Individual Investor: I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), 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

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
Aadhaar Updation Form		
I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.		
I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.		
 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	

Form for Aadhaar updation for Authorized Signatories



Name of the Non-Individual	
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PAN :

Date :

Details of Aadhaar & PAN of our Authorized Signatories: (kindly use the Annexure for providing details for more signatories)

Sr no	Name of the Authorized Signatory (AS)	PAN of AS	DOB	Aadhaar of AS	Proof enclosed	Photo of AS
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	

* suggest to specify the purpose of providing this copy of the Aadhaar card with date

Certificate from Company Secretary/any other competent authority of the Organization

I, _____, Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above specified list of personal covers all authorized signatories on behalf our organization. We will let you know the changes/modifications from time to time, if any through appropriate means to CAMS/ PPFAS Mutual Fund. Above signatories have consented for sharing the above information with CAMS/PPFAS Mutual Fund and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose.

Regards

For _____ <Name of the Non -individual>

Company Secretary / Authorized Signatory (ies)

Company Seal

Enclosed: As above

Annexure for providing information for additional personnel:

PAN

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Sr no	Name of the Authorized Signatory (AS)	PAN of AS	DOB	Aadhaar of AS	Proof enclosed	Photo of AS
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	
					<input type="checkbox"/> Self-attested copy of the Aadhaar card* <input type="checkbox"/> Letter issued by UIDAI containing Aadhaar Number/ Proof of 'Applied for' Aadhaar enrolment	

FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

(Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance)

Folio No*		PAN / PEKRN*		(* Mandatory Fields)
Name*				
Address Type* <i>[for KYC address]</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>	
Place of Birth*		Country of Birth*		
Gross Annual Income Details in INR*	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	Occupation Details* <i>[Please tick any one (✓)]</i>	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <i>[Please specify]</i> _____	
Net Worth in INR. In Lacs & Date <i>[Optional]</i>	_____ <u>dd-mmm-yyyy</u>			
Politically Exposed Person [PEP]*	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Any other information <i>[if applicable]</i>	<i>[Please specify]</i>	

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?* Yes No

If 'Yes', please fill for all countries (other than India) 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

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick the reason A, B or C <i>[as defined below]</i>
1				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Reason A The country where the Account Holder is liable to pay tax does not issue TIN to its residents.

Reason B No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]

Reason C Others – Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [PPFAS/Fund/AMC] to disclose, share, rely, 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 / any of the 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 of the same. Further, I 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 also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date: _____
Place: _____

 Sign Here

Acknowledgement

We [PPFAS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on dd-mmm-yyyy

Date: _____ Signature with Name, Emp. ID & Seal

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name of the entity					
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	
PAN			Date of Incorporation	D D	M M Y Y Y Y
City of incorporation					
Country of incorporation					

ADDITIONAL KYC INFORMATION						
Gross Annual Income (Rs.)(Please tick (P))	<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	Rs. _____ as on	D D	M M	Y Y Y Y	(Not older than 1 year)
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Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable
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*PEP are defined as individuals who are or have been entrusted with prominent public functions e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials etc.

Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services	<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services
	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> None of the above

FATCA & CRS Declaration

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number *	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

* In case Tax Identification Number is not available, kindly provide its functional equivalent.
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 80%;" type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ _____
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input style="width: 30px;" type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width: 30px;" type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN [†]			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID*			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder
 † If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.
 % In case Tax Identification Number is not available, kindly provide functional equivalent
 § Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform PPFAS Asset Management Private Limited/PPFAS Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name			
Designation			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Place _____
Signature	Signature	Signature	Date ____/____/____

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 Utility Code

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

Bank a/c number

with 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 Mobile No.

Reference 2 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 Long Term Equity Fund Parag Parikh Liquid Fund

Plan Direct (Default Plan) Regular

Option Growth (Default Plan) Dividend (N/A for Parag Parikh Long Term Equity Fund (PPLTEF))

Sub-Option Div - Reinvest Div - Monthly Payout
 Daily (Default Option) Weekly Monthly

CKYC details (KIN):

Distributor Name/ARN No.	Sub-broker Name/ Code	EJIN No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We hereby confirm that the EJIN 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 (Default Option, Minimum: ₹ 1,000, 6 months) Quarterly SIP (NA for Parag Parikh Liquid Fund)

Dates 1st 5th 10th (Default) 15th 20th 25th

SIP Amount 1,000 5,000 10,000
 50,000 100,000 500,000
 Any Other Amount

Period Standard From To
 Default From To

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 Company 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.

Bank Accounts Registration Form

Multiple Banks/Bank Change/Default Bank/Deletion

Please read the terms and conditions mentioned overleaf and attach necessary documents for registration of bank accounts. Form should be filled legibly in English and in CAPITALS. Strike of the section/s not used by you to avoid any unauthorised use. Use separate forms for separate folios.

Scheme Name, Option / Sub option	Plan. <input type="checkbox"/> Direct <input type="checkbox"/> Regular	Folio No.	For Existing Investors
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Name	1st Applicant	PAN	
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A – ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

For each bank account, Investors should produce original for verification or submit originals of the documents mentioned below.

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

(# 11 digit code printed on your cheque. * 9 digit code on your cheque next to the cheque number.)

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

B – DEFAULT BANK ACCOUNT

From among the bank accounts registered with you or mentioned above, please register the following bank account as a Default Bank Account into which future redemption and/or dividend proceeds, if any of the above mentioned folio will be paid:

Bank Name		Account No.
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SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES) (For Part A and B) (MANDATORY)

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
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C – BANK ACCOUNT DELETION REQUEST

Folio No.	For Existing Investors
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Name	1st Applicant	PAN												
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Bank Name		Account No.	
Bank Name		Account No.	
Bank Name		Account No.	
Bank Name		Account No.	

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.

DECLARATION AND SIGNATURES (FOR PART C) (MANDATORY)

I/We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I/We understand that my/our request will be executed only if it is filled properly with all details mentioned properly and necessary documents are attached, as applicable, failing which the request will be rejected. I/We will not hold PPFAS Mutual Fund, the AMC and the registrar liable for any loss due to delayed execution or rejection of the request.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
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To be signed by all applicants/Unitholders if mode of holding is 'Joint'.

Instructions and Terms & Conditions:

- If you are changing an existing bank account with a new one for redemption proceeds in future, please mention the new bank account in Part A as well as in Part B. If the new bank account is not mentioned in Part B, redemption proceeds will be sent to existing default bank account only. For each bank account mentioned in Part A, Investors should submit originals of any of the documents mentioned below. If copies are submitted, the same should be attested by the Bank or originals should be produced for verification.
- This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/HUF/Sole Proprietor can register upto 5 different bank accounts for a folio by using this form. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
- Please enclose a canceled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which canceled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
- If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
- Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
- The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
- The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
- A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request.
- If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/ alter it from of our records.
- The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
- In case redemption request accompanied with request for change of Bank mandate, the Asset Management Company will process the redemption but the release of redemption proceeds shall be deferred on account of additional verification, but will be within the regulatory limits as specified by Securities and Exchange Board of India time to time.
- If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be NRE.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.

<p>PPFAS - 91 22 6140 6537</p>  <p>CAMS - 1800-200-2267</p>	 <p>Email us at mf@ppfas.com</p>	 <p>Visit our Website www.amc.ppfas.com</p>
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Third Party Payment Declaration Form should be completed in English and in Block Letters only.
(Please read the Third Party Payment rules and Instructions carefully before completing this Form)

Declaration Form No. _____

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Bank Transaction No.

1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)

Folio No.	For Existing Investors	For New Investors
Name	Beneficial Investor	

2. THIRD PARTY INFORMATION (Refer Instruction No. 3)

Name of the Third Party	Person Making the Payment												
Nationality		PAN										KRA	<input type="checkbox"/> [Please tick] Proof Attached (Mandatory for any amount (Refer instruction No. 6 & 8.))
CKYC Number							Aadhaar Card Number						
Name of the Contact Person	In case of Non-individual Third Party												
Designation													
Mailing Address (P.O. box address is not sufficient)													
CITY						State					Pin Code		

OVERSEAS ADDRESS (Mandatory in case of NRIs/FIIs/PIOs) (P. O. Box Address is not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code

Mobile No.					Email ID				
Tel No. : STD Code		Res.		Office		Fax			

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No 3) [Please tick] (Mandatory for any amount)

Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FII	<input type="checkbox"/> Client	Employee(s)
Relationship of Third Party with the Beneficial Investor	<input type="checkbox"/> Parents <input type="checkbox"/> Grand Parents <input type="checkbox"/> Related Person Please specify _____ _____	Custodians SEBI Registration No. of Custodian Registration Valid Till D D M M Y Y Y Y		Employer
IT PAN				
KYC acknowledgment	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached		<input type="checkbox"/> Attached
Declaration by Third Party	Declaration by Parent/Grand-Parents / Related Persons Other than the Registered Guardian <input type="checkbox"/> I hereby declare and confirm that the minor stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only. Declaration by Guardian of Minor, as registered in the folio <input type="checkbox"/> I confirm that I am the legal guardian of the minor, registered in folio and have no objection to receiving these funds on behalf of the minor.	I/We declare that the payment made on behalf of FII/Client and the source of this payment is from funds provided to us by FII/Client.		I/We declare that the payment made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through Payroll Deductions.

3. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)

Mode of Payment [Please tick]	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

*PPFAS Mutual Fund / PPFAS Asset Management Private Limited ("PPFAS AMC") reserves the right to seek information and/or obtain such other additional documents/ information from the Third Party for establishing the identity of the Third Party.

Amount (in figures)*														
Amount (in words)*														
Cheque/DD/PO/UTR No.						Cheque/DD/PO/RTGS Date	D	D	M	M	Y	Y	Y	Y
Pay-in Bank Ac No.						Name of the Bank								
Branch						City								
Account Type	(Please tick)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Other	(please specify)						

* including demand draft charges, if any

4. DECLARATIONS & SIGNATURE/S [Refer Instruction 5]

THIRD PARTY DECLARATION

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which PPFAS Mutual Fund is entitled to verify directly or indirectly. I agree to furnish such further information as PPFAS Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, PPFAS Mutual Fund / PPFAS AMC is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

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 any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/ or damage of whatsoever nature that PPFAS Mutual Fund / PPFAS AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.

Applicable to NRIs only :

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

Please (✓) Yes No

If yes, (✓) Repatriation basis

Non-repatriation basis

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

Signature of the Third Party

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BENEFICIAL INVESTOR(S) DECLARATION

I/We certify that the information declared herein by the Third Party is true and correct.

I/We acknowledge that PPFAS Mutual Fund reserves the right in its sole discretion to reject/ not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the beneficial investor(s) detailed in the Application Form. PPFAS Mutual Fund/ PPFAS AMC will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of PPFAS Mutual Fund/ PPFAS AMC.

Applicable to Guardian receiving funds on behalf of Minor only :

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards subscription of Units in this Scheme on behalf of the minor.

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

SIGNATURES AS PER BANK RECORDS (MANDATORY)

Sole/1st Applicant/
Guardian Authorised Signatory

2nd Applicant/Guardian
Authorised Signatory

3rd Applicant/Guardian
Authorised Signatory

THIRD PARTY PAYMENT RULES

- In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions
- The following words and expressions shall have the meaning specified herein:
 - "Beneficial Investor" is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
 - "Third Party" means any person making payment towards subscription of Units in the name of the Beneficial Investor.
 - "Third Party payment" is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
- PPFAS Mutual Fund/ PPFAS Asset Management Private Limited ('PPFAS AMC') will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
 - Payment by Parents/Grand-Parents/Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs 50,000/- for each regular Purchase or per SIP installment. However, this restriction of Rs. 50,000/- will not be applicable for payment made by a Guardian whose name is registered in the records of Mutual Fund in that folio (i.e. father, mother or court appointed Legal Guardian).
 - Payment by Employer on behalf of employee under Systematic Investment Plans or as lump sum/one-time subscription, through Payroll deductions.
 - Custodian on behalf of an FII or a Client.

*'Related Person' means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
- Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed/ refunded.
 - Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
 - Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
- Investor(s) are requested to note that any application for subscription of Units of the Scheme of PPFAS Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of PPFAS AMC or visit our <http://amc.ppfas.com> for any information or updates on the same.

S SYSTEMATIC
T TRANSFER
P PLAN

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)
ARN-					

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. _____ Amount (in words): _____ <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	No. of Installments:* _____	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	Y
	M		M	Y	Y	Y	Y							
	M		M	Y	Y	Y	Y							
OR														

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

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. _____ from Scheme / Plan / Option _____ to Scheme / Plan / Option _____	'STP' application for transfer of Units;	ISC Stamp & Signature

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

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	ISC Stamp & Signature
Received from Mr. / Ms.		
SWP Frequency <input type="checkbox"/> Monthly		
Total Amount of SWP (₹)		

CKYC & KRA KYC Form



Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with "*" are mandatory fields

Application Type* New Update KYC Number*

KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)			
Maiden Name (If any*)			
Father / Spouse Name*			
Mother Name*			
Date of Birth* <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others- Country <input type="text"/> Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized	

Photo

Signature/Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD MM YY YY

B- Voter ID Card

D- Driving Licence Driving Licence Expiry Date DD MM YY YY

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

Passport Number Passport Expiry Date DD MM YY YY

Voter ID Card

Driving Licence Driving Licence Expiry Date DD MM YY YY

Aadhaar Card

NREGA Job Card

Others (any document notified by the central government) Identification Number

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID
Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)
Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* Country of Birth* Country Code as per ISO 3166
Address
Line 1*
Line 2
Line 3 City / Town / Village*
District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name*
Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number Passport Expiry Date
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date
 E- Aadhaar Card
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: Place: [Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date
Emp. Name
Emp. Code
Emp. Designation
 [Employee Signature]

Institution Details

Name
Code
Emp. Branch
 [Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date
Emp. Name
Emp. Code
Emp. Designation
 [Employee Signature]

Institution Details

Name
Code
Emp. Branch
 [Institution Stamp]