

Parag Parikh Long Term Equity Fund 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.

Direct Plan Regular Plan (Refer instruction Q and tick (✓) any one)

1. KEY PARTNER/AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

Distributor Name/ARN No. ARN-183038	Sub-broker Name/Code 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	

Upront 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 4 (Refer instruction C))

Folio No. The details in our records under the folio no. mentioned alongside will apply for this application.

B Applicant's Information (Mandatory, Refer instruction D)

1. Name of Sole / First Applicant

Name of Sole / First Applicant (Mr./Ms./M/s.)	(Please write the Name as per Aadhaar card)		
Date of Birth	(Please write the DOB as per Aadhaar card)	Proof of DOB	(Mandatory in case the first/sole applicant is minor)
Nationality	PAN/ PEKRN#	KYC*	<input type="checkbox"/> Proof Attached (Mandatory)
CKYC Number	Aadhaar Card Number		<input type="checkbox"/> Proof Attached

2. Name of Guardian (In case Sole/First applicant is minor)

Name of Guardian (Mr./Ms./M/s.)	(Please write the Name as per Aadhaar card)		
Nationality	PAN/ PEKRN#	KYC*	<input type="checkbox"/> Proof Attached (Mandatory)
CKYC Number	Aadhaar Card Number		<input type="checkbox"/> Proof Attached
Contact No.	Proof of relationship with minor		
Relationship with Minor	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal guardian (Please specify relationship _____)		

3. Mailing address and Contact Details of Sole/ First Applicant

Correspondence Address			
	City	Pin code	Country

Overseas Address (Mandatory for NRI/FII Applicants)

Country Code	STD Code	Tel (Off)
ISD Code	Tel (Res)	Fax
Mobile No.	Email ID	

4. Other Mandatory Details (Please (✓) any one)

Sole/First Applicant	<input type="checkbox"/> Individual (FATCA Declaration is mandatory)	<input type="checkbox"/> Non- Individual (Please attach FATCA, CRS AND UBO Self Certification Form)
Status of Sole/First Applicant (Please (✓) any one)	Mode of Holding	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/NRE <input type="checkbox"/> NRI/NRO <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Body Corporate <input type="checkbox"/> LLP	<input type="checkbox"/> Single	
<input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Company <input type="checkbox"/> Proprietor <input type="checkbox"/> Govt. Entity <input type="checkbox"/> Others	<input type="checkbox"/> Joint	
<input type="checkbox"/> HUF <input type="checkbox"/> Society Club <input type="checkbox"/> Partnership <input type="checkbox"/> QFI/FPI/NPO <input type="checkbox"/> FIs (Please Specify)	<input type="checkbox"/> Anyone or Survivor	

4a. Occupation Details (Please (✓) any one)

<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired
<input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Business <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others _____ (Please Specify)

4b. Gross Annual Income (Please (✓) any one)											
<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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> (Not older than 1 year)				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
5. Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)											
<input type="checkbox"/> Are you a PEP <input type="checkbox"/> Are you a relative of PEP <input type="checkbox"/> Are you a close associate of PEP <input type="checkbox"/> No, I am not a PEP or relative of a PEP or a close associates of a PEP											
Note: A PEP is as an individual who is or has been entrusted with a prominent public function. Instructions: This declaration is required to ensure compliance with the Financial Action Task Force and PMLA guidelines.											
5a. Non-individual Investors involved/providing any of the mentioned services (Please (✓) any one)											
<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 these											
6. Joint Applicant's Details											
6a. Second Applicant [Please tick (✓)] <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI (Second Applicant is not allowed in case of minor as first/sole applicant.)											
Name of Second Applicant (Mr./Ms./M/s.)		(Please write the Name as per Aadhaar card)									
Nationality		PAN/ PEKRN#									
CKYC Number		Aadhaar Card Number	<input type="checkbox"/> Proof Attached								
Occupation Details (Please (✓) any one)											
<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Business <input type="checkbox"/> Others _____ (Please Specify)											
Gross Annual Income (Please (✓) any one)											
<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											
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D	D	M	M	Y	Y	Y	Y				
Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)											
<input type="checkbox"/> Are you a PEP <input type="checkbox"/> Are you a relative of PEP <input type="checkbox"/> Are you a close associate of PEP <input type="checkbox"/> No, I am not a PEP or relative of a PEP or a close associates of a PEP											
Note: A PEP is as an individual who is or has been entrusted with a prominent public function. Instructions: This declaration is required to ensure compliance with the Financial Action Task Force and PMLA guidelines.											
6b. Third Applicant [Please tick (✓)] <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI (Third Applicant is not allowed in case of minor as first/sole applicant.)											
Name of Third Applicant (Mr./Ms./M/s.)		(Please write the Name as per Aadhaar card)									
Nationality		PAN/ PEKRN#									
CKYC Number		Aadhaar Card Number	<input type="checkbox"/> Proof Attached								
Occupation Details (Please (✓) any one)											
<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Business <input type="checkbox"/> Others _____ (Please Specify)											
Gross Annual Income (Please (✓) any one)											
<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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> (Not older than 1 year)				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)											
<input type="checkbox"/> Are you a PEP <input type="checkbox"/> Are you a relative of PEP <input type="checkbox"/> Are you a close associate of PEP <input type="checkbox"/> No, I am not a PEP or relative of a PEP or a close associates of a PEP											
Note: A PEP is as an individual who is or has been entrusted with a prominent public function. Instructions: This declaration is required to ensure compliance with the Financial Action Task Force and PMLA guidelines.											
7. Details of Power of Attorney (POA)											
Name of POA (Mr./Ms./M/s.)		(Please write the Name as per Aadhaar card)									
PAN/ PEKRN#		KYC*	<input type="checkbox"/> Proof Attached (Mandatory)								
8. Demat Account Details (Optional - Refer Instruction k) (PPIN will not be mailed by CAMS if units held in Demat mode)											
NSDL	DP Name		CDSL								
	DP ID	IN									
	Beneficiary Ac No.										
	DP Name										
	DP ID										
	Beneficiary Ac. No.										

* Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.

9. Bank Details (The name of the Sole/First applicant must be pre printed on the cheque.)

Bank Account Details (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.			
Account Type	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Account No.			
Bank Name			
Bank Address			
City		Pin Code	
IFSC Code		MICR CODE	

10. Mode of payment of redemption via direct credit / NEFT / ECS (refer instruction I)

Unit holders will receive redemption 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.

11. Investment & Payment Details (refer instruction F) Please write Cheque/DD in favour of the "Parag Parikh Long Term Equity Fund".

Scheme Name	Parag Parikh Long Term Equity Fund		
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Transfer Letter <input type="checkbox"/> OTM <input type="checkbox"/> Others
Account Type	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Cheque/DD No.		Date	D D M M Y Y Y Y
RTGS/NEFT Ref. No.		Date	D D M M Y Y Y Y
Gross Amount		DD Charges	Net Amount
Bank Name			
Bank Branch & City			

12. E-TRANSACT (refer instruction J)

All communications will be sent to your registered Email id/Mobile no. by default. In the absence of Email-ID, physical statement will be sent.

PPFAS SelfInvest	ONLINE ACCESS (this enables you to access your investment portfolio through our website - www.amc.ppfas.com) If YES, we will send you the login ID and password on your registered Email ID**.	(Please tick (✓) any one)
		<input type="checkbox"/> YES <input type="checkbox"/> NO

13. Declaration for UBO (Ultimate Beneficial Owner) (Mandatory in case of a Non-individual investor)

In case of an Individual Investor	Name of an UBO
Are you the UBO of this account/ Folio	<input type="text"/>
If you are not UBO for this Account/ Folio, then state the name of UBO along with separate declaration for UBO.	<input type="text"/>
Note: The beneficial owner means the natural person or persons, who ultimately own, 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.	

14. Nomination (Refer Instruction L) (Mandatory for new folios of individuals where mode of holding is single) (For units in non-demat format)

I/We do not wish to Nominate

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

OR I/We wish to Nominate as under

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Relationship with Nominee	Signature of Nominee/ Guardian of Nominee (Optional)	Percentage
	To be furnished in case of the nominee is a minor				

Sole / First Applicant / Guardians / Proprietor

Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's name	(Even married women should mentioned father's name)		
Date of Birth	Date of Incorporation	Place / City fo Birth	
Nationality	Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business		
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others		
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If YES, please Provide the following information (Mandatory).

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.

	Country of Tax Residency 1 [#]	Tax Payer Ref ID. No. 1 [%]	Identification Type (TIN or other, please specify)
1			
2			
3			

To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.

Second Applicant

Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's name	(Even married women should mentioned father's name)		
Date of Birth	Date of Incorporation	Place / City fo Birth	
Nationality	Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business		
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others		
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If YES, please Provide the following information (Mandatory).

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.

	Country of Tax Residency 1 [#]	Tax Payer Ref ID. No. 1 [%]	Identification Type (TIN or other, please specify)
1			
2			
3			

To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.

Third Applicant

Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's name	(Even married women should mentioned father's name)		
Date of Birth	Date of Incorporation	Place / City fo Birth	
Nationality	Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business		
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others		
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If YES, please Provide the following information (Mandatory).

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.

	Country of Tax Residency 1 [#]	Tax Payer Ref ID. No. 1 [%]	Identification Type (TIN or other, please specify)
1			
2			
3			

To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.

POA

Name		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
PAN/ PEKRN [#]	Occupation Details	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Other	specify
Father's name	(Even married women should mentioned father's name)				
Date of Birth	Date of Incorporation	Place / City fo Birth			
Nationality	Country of Birth				
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business				
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others				
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If YES, please Provide the following information (Mandatory).

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.

	Country of Tax Residency 1 [#]	Tax Payer Ref ID. No. 1 [%]	Identification Type (TIN or other, please specify)
1			
2			
3			

To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.

Gross Annual Income (Please (✓) any one)

Below 1 Lac
 1-5 Lacs
 5-10 Lacs
 10-25 Lacs
 > 25 Lacs - 1 Crore
 >1 Crore
OR

Net-worth (Mandatory for Non-individuals) _____ as on (Not older than 1 year)

Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)

Are you a PEP
 Are you a relative of PEP
 Are you a close associate of PEP
 No, I am not a PEP or relative of a PEP or a close associates of a PEP

Note: A PEP is as an individual who is or has been entrusted with a prominent public function.

Instructions: This declaration is required to ensure compliance with the Financial Action Task Force 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 indormation 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 functions in a foreign country, 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.
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 Investors: 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. E)
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 on-line access for transacting through 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 on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.
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,

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 Name of customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 PAN No. Mobile No.

Reference 2 Folio No. Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD From* To

Signature Primary Account holder Signature of Account holder Signature of Account holder

Or Until Cancelled

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

• This is to confirm 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.

Parag Parikh Long Term Equity Fund - Growth 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.

Direct Plan Regular Plan (Refer Instruction Q and please tick (✓) any one) **CKYC details (KIN)**

Distributor Name/ARN No. **ARN-183038** Sub-broker Name/ Code **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

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.

1. 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 (Minimum: ₹ 3,000, 4 quarters)

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 type="text"/>	PPFAS MUTUAL FUND Corporate office : 81/82, 8th Flr, Sakhar Bhavan, Ramnath Goenka Marg, 230, Nariman Point, Mumbai 400 021.		ISC Stamp & Signature <input type="text"/>
Folio No. <input type="text"/>	Received from: <input type="text"/>	Amount: <input type="text"/>	
<input type="checkbox"/> OTM DEBIT MANDATE FORM	<input type="checkbox"/> SIP FORM	First SIP Cheque Date <input type="text"/>	
		Cheque No. <input type="text"/>	

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. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.

4. 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.

5. 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.

6. In case of SIP, 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.

7. Utility Code of the Service Provider will be mentioned by PPFAS Mutual Fund

8. Tick on the respective option to select your choice of action and instruction.

9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.

10. 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.

11. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.

12. For the convenience of the investors the frequency of the mandate will be "As and When Presented"

13. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.

14. As per NPCI, Mandate Maximum CAP amount is Rs.100,00,000/- (One Crore) with effect from 1st Oct 2016, until further notice. .