Common Application Form





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. KEY PARTNER/AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) Employee Unique Identification Number Internal Code for Sub-Agent/ Employee ARN ARN / Distributor Name Sub Agent's ARN Bank Branch Code (EUIN) ARN-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 First Holder Second Holder Third Holder manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI reaistered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder. 2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (refer Instruction B) In case the subscription (lumpsum) amount is Rs. 10,000/- or more and your distributor has opted to receive Transaction Charges, Rs. 150/- (for the first time mutual fund investor) or Rs. 100/-(for the investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. 3 EXISTING INVESTOR DETAILS (If you have existing folio, please provide Folio No. and proceed to section 11 (Refer instruction C) The details in our records under the folio no. mentioned alongside will apply for this application. Folio No. Anyone or (Default option) Joint 4 MODE OF HOLDING / OPERATION Single Gender Male Female 5 APPLICANT'S DETAILS (Please refer to the Instruction No. A, C, D, R) All fields are mandatory 1st Holder Name Date of Birth/ Mr Ms M/s as per PAN card* Incorporation (DOBI) As per PAN card* PAN/PEKRN* CKYC Number/KIN **Proof Attached** Nationality Gender Male Female GUARDIAN NAME IF MINOR/CONTACT PERSON Mr Ms (FOR NON INDIVIDUAL) /POA HOLDER (as per PAN card) Date of Birth PAN/PFKRN* Proof Attached Nationality CKYC Number/KIN (DOB) As per PAN card Proof of relationship with minor Relationship with Minor applicant Natural guardian Court appointed guardian 2nd Holder Name NRI (Second Applicant is not allowed in case of minor as first/sole applicant.) Gender Male Female as per PAN card* Date of Birth Mr Ms M/s (DOB) PAN/PEKRN* Nationality CKYC Number/KIN **Proof Attached** As per PAN card 3rd Holder Name Resident Individual NRI (Third Applicant is not allowed in case of minor as first/sole applicant.) Male Female Gender as per PAN card* Date of Birth Mr Ms M/s (DOB) PAN/PFKRN* Nationality CKYC Number/KIN **Proof Attached** As per PAN card* Male Female POA HOLDER **Resident Individual** Gender Date of Birth Mr Ms M/s (DOB) PAN/PEKRN* As per PAN card* Nationality CKYC Number/KIN Proof Attached *Mandatory information - If left blank, the application is liable to be rejected. Individual client who has registered under KYC Records Registry (CKYCR) can fill the 14 digit KYC 6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS) Overseas Address (Mandatory for NRI / FII Applicants) Correspondence Address Country Code. STD Code Tel. No. Other Statutory Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please 🗸 here) Account Statement Annual

First Unitholder:	
Mobile	Email
Mobile No.* provided	pertains to: (Please tick (🗸)) Email ID* provided pertains to: (Please tick (🗸))
Self Spou	use Dependent Children Dependent Siblings Self Spouse Dependent Children Dependent Siblings
Dependent Parent	ts Guardian PMS Custodian POA Dependent Parents Guardian PMS Custodian POA
Second Unitholder:	
Mobile	
	pertains to: (Please tick ()) Email ID* provided pertains to: (Please tick ())
Self Spou	
Dependent Parents	
<u> </u>	Section Control Contro
Third Unitholder:	
Mobile	Email
l	pertains to: (Please tick (v)) Email ID* provided pertains to: (Please tick (v))
Self Spou	
Dependent Parent	ts Guardian PMS Custodian POA Dependent Parents Guardian PMS Custodian POA
7 TAX STATUS (Ple	lease√) (For First / Sole Applicant)
Resident Individual	LLP Public Limited Company Government Body AOP/BOI Defence Establishment
On behalf of Minor	Sole Proprietorship Private Limited Company Financial Institution Trust / Society / NGO Other Specify
HUF	Partnership Firm Body Corporate FII Non Profit Organization/Charities
NRI-NRE	NRI-NRO Bank Foreign Portfolio Investor QFI OCI Foreign National Resident In India
PIO	OCI Foreign National Resident In India
8 Unique ASL ref	ference number:
9 KYC DETAILS (M	
OCCUPATION [Please	ş tick (√)]
	Private Sector Public Sector Government Business Non Profit Professional Agriculturist Retired Housewife Student Proprietorship Others
First Applicant /C	
First Applicant/Guardia	
Second Applicant	Please specify
Third Applicant	Please specify
POA Holder	Please specify
GROSS ANNUAL INC	:OME [Please tick (/)]
First Applicant/	Below 1 Lac
Guardian	OR Net worth (Mandatory for Non-Individuals)₹ as on □ □ M M Y Y Y Y (Not older than 1 year)
Second Applicant	Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore OR Net worth₹
Third Applicant	
POA Holder	Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore OR Net worth ₹
OTHERS[Please tick (✓	
First Applicant/ Guardian	For Individuals Please tick (/) I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable For Non-Individuals Please tick (/) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV (h)): (i)Foreign Exchange / Money Changer Services Y N iii) Gambing / Lottery / Casino Services Y N iii) Money Lending / Pawning Y N
Second Applicant	Politically Exposed Person (PEP)^ Related to Politically Exposed Person (RPEP) Not applicable
Third Applicant	Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP) Not applicable
POA Holder	Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP) Not applicable
^Please refer instruction no. 3	
10 DEMAT ACCO	PUNT DETAILS (Optional - Refer Instruction k) (Nomination Provided in Demat Account shall be considered)
DP Name	지 DP Name
S DP Nume	DP Name
NSDL: Depository Particip	pant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Beneficiary ID (CDSL only)
Mandatory information - If le For unit holder opting to ho	(The name of the Sole/First applicant must be pre printed on the cheque.) eft 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.) old units in demat form, please ensure that the bank account linked with the demat account is mentioned here.Redemption/Dividend/Refund Payout will be credited into
this bank account.	
Account Number	Account Type Savings Current NRO NRE FCNR Others (please specify)
Bank Name & Branch	
Branch City	IFSC Code
	"35 3545 THE
LEI No	
	RBI circular No. RBI/2020-21/82-DPSS.CO.OD No. 901/06.24.001/2020-21 dated January 05, 2021 on introduction of Legal Entity Identifier for
	tions in Centralised Payment System, LEI will have to be mandatorily included as part of the RTGS/NEFT instructions for any non-individual 50 crore w.e.f 1st April 2021.
	·
12 INVESTMENT &	PAYMENT DETAILS (refer instruction F) Please write Cheque/DD in favour of the Scheme name only.
Scheme Parag P (PPFCF)	Parikh Flexi Cap Fund Parag Parikh Liquid Fund Parag Parikh ELSS Tax Saver Fund Parag Parikh Conservative Hybrid Fund (PPLF) (PPCHF)
Parag Po (PPAF)	Parikh Arbitrage Fund Parag Parikh Dynamic Asset Allocation Fund (PPDAAF)
Plan Direct (C	Default plan) Regular
Option Growth	n (Default option) Income Distribution cum capital withdrawal option (IDCW) (N/A for Parag Parikh Flexi Cap Fund (PPFCF), Parag Parikh ELSS Tax Saver Fund (PPTSF) and Parag Parikh Arbitrage Fund (PPAF)
	did Palag Paliki Albiliage Folia (PPAF)
Sub-Option Reinves	stment of Income Distribution cum capital withdrawal option Payout of Income Distribution cum capital withdrawal option

Mode of Payment Self Third Pa	¬ c c	AAAC OTAA / DD		5	DTCC/NICET Transfer		DD Channes		
Cayment mode Cheque DD S. *Cheque / DD Favouring	Cheque	AMS OTM / PPI Amount	DD DD	Fund Transfer Net Amount	RTGS/NEFT Transfer Cheque/DD No./UTR No.		DD Charges		
No. Scheme Name 1. Parag Parikh Flexi Cap Fund	Date	Invested (₹)	Charges	Paid (₹)	(in case of NEFT/RTGS)	Bank o	and Branch and Account Number		
Parag Parikh Liquid Fund									
Parag Parikh ELSS Tax Saver Fund									
Parag Parikh Conservative Hybrid Fund									
. Parag Parikh Arbitrage Fund									
Parag Parikh Dynamic Asset Allocation Fund									
Declaration Form for op We hereby confirm that I/We assues involved in non-appointment assubmit all the requisite document. I/We wish to nominate	ting out of do not wish ent of nomi nents issued	to appoint of inee(s) and fill by Court or	any nominee urther are a other such a	e(s) for my mut ware that in ca competent auti	ual fund units held in n se of death of all the ac nority, based on the val person(s) more particul	ny /our muto ccount holde lue of assets arly describe	ual fund folio and understa r(s),my/our legal heir would held in the mutual fund fol d hereunder to receive the	d need io.	
ny/our folio(s) listed below in the / We have read the terms and ne event of my / our death. Sign PFAS Mutual Fund.	l conditions	for nominat	on and here	eby nominate t	he above nominee(s) to	o receive all t	he amounts to my / our cre	edits in	
Nominee details		Nomine	Nominee 1		Nominee 2		Nominee 3	Nominee 3	
me and address of Nominee(s) andatory]									
N of the Nominee Jardian PAN to be quoted if minee is Minor - Mandatory]									
ationship with Sole / First unit der (Mandatory)									
e of Birth* [Mandatory]		dd-mm-y	/ууу		dd-mm-yyyy		dd-mm-yyyy		
me and address of Guardian* andatory if Nominee is Minor]									
nature of Nominee / Guardian*									
ardian's Relationship with minee*	_	other 🗆			☐ Mother ☐ Father		☐ Mother ☐ Father		
ach proof] ocation % to each nominee andatory] (Aggregate should be	egal Guard	Guardian ☐ Legal Guardian				☐ Legal Guardia	n		
1701				I					
Applicable in case the Nomined eclaration & Signature(s) (to be We have read and understood	signed by a	unit holde	rs including ination and	joint holders, in	respective of mode of h		instructions contained here	ein super	
Applicable in case the Nominer eclaration & Signature(s) [to be We have read and understood edes all previous nominations n	signed by a	unit holde	rs including ination and ct of the foli	joint holders, in	respective of mode of t ndertake to abide by th above.		instructions contained here	ein super	

13 FATCA and CRS Infor	mation/Foreign Tax Law	Self Certific	ation) (Required for all applic	antis)/Gr	uardians So	le Proprieto	r & POA H	olderi			
			separate FATCA/CRS/UBO de			ie Propriero	I G FOATI	oldel j			
	Place/City o	f Birth	Country o	f Birth		Country	of Citizensh	ip / N	ationa	lity	
First Applicant / Guardian]	Indian	U.S. O	hers_	Please	specify	_
Second Applicant						Indian	U.S. O	hers	Please	specify	_
Third Applicant						Indian	U.S. O	hers_	Please	specify	_
POA Holder					[Indian	U.S. O	hers	Please	specify	_
•	are you assessed for tax) in (other than Indian in which you ar	•	ax purpose i.e. where you are a Citizen/ I		ease tick√) reen Card holder	' Tax Resident in	the respective	countrie	es.)		
	Country of Tax Reside	ncy#	Tax Identification Number or Functional Equivalent	(TIN	Identification		Identification Type (TIN or other please specify)				
First Applicant / Guardian				,			Reasons	A	E		
Second Applicant				+			Reasons	A	T E		_
Third Applicant							Reasons		E	. 🔲	_
POA Holder							Reasons				_
# To also include USA, where the inc	dividual is a citizen/ green card hol	der of USA. *In co	ase Tax Identification Number is Not avail	able, kindly	provide its function	nal equivalent.					
Address Type of S Residential Regis	sole / 1st Holder stered Office Business		e country of tax residence do not require to Address Type of 2nd Holder along Registered Office	usiness			pe of 3rd Ho Registered C	lder		usiness	
purposes referred to in	on-Profit Organization clause (15) of section 2 c ocieties Registration Act	of the Income 1860 (21 of	ch has been constituted for re e-tax Act, 1961 (43 of 1961), a 1860) or any similar State leg 18 of 2013).	nd is req	gistered as a	ı trust	☐ Yes ☐ No				
If yes, please quote the			by DARPAN portal. confirm with the above infor	mation.	In absence	of receipt					
of the Darpan portal reand/or report to the rele	,		ll be required to register you	r entity o	on the said p	ortal					

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 be me/us on this Form is true, correct, and complete. I/ We also confirm that I /We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.
- 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.
- 5. As per AMFI Circular No. 135/BP/77 /2018-19, please provide email id and Mobile Number of the Primary Unit Holder of the Folio. In cases where the email address/mobile No. is not provided in the application form, the email address/mobile no. of the first applicant as per the KYC data will be taken as the email address/mobile No. The email address of one investor should not be allowed/up dated against folios of other/multiple investors, unless a specific written request is received in this regard, duly signed by the investors or the investors in such folios belong to the same family (applicable in respect of individual investors only).
 - "Family means self, spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor as per AMFI guidelines dated March 28, 2022"
- 6. The AMC to strengthen control with respect to verification of key details of investors like Bank account details, email id, mobile number, and address, etc and to standardize the process for Validation of Email ID, Mobile Number, Bank Mandate & Two Factor Authentication for Redemptions of Non-Demat folios. AMC shall take necessary steps to comply with the AMFI Best Practice guidelines dated March 28, 2022, and as amended from time to time. Investors are requested to provide correct Bank account details, email id, and mobile number at the time of submitting the application.