

Investors must read the Key Information Memorandum, Statement of Additional Information (SAI), Scheme Information Document (SID) and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

Direct Plan  Regular Plan  (Refer Instruction and please tick any one) **Update KYC form Number**

ARN-4464 ARN No.

Sub-broker Name/ Code

E032737

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First Holder

Second Holder

Third Holder

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please tick any one)

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.

### 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 FIRST / SOLE APPLICANT** Mr. Ms. M/s. \_\_\_\_\_

### SIP DETAILS

Scheme Name	Plan	Option

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

- Monthly SIP (Default Option, Minimum: ₹ 1,000, 6 months)  
 Quarterly SIP (Minimum: ₹ 3,000, 4 quarters) Not applicable for Parag Parikh Liquid Fund

### SIP Amount

**Dates**  1st  5th  10th (Default)  15th  20th  25th  1,000  5,000  10,000

**Period**  Standard From  To   50,000  100,000  500,000

Default From  To   Any Other Amount

### 2. Cheque(s) Details (The name of the first/sole applicant must be pre-printed on the cheque)

Cheque Number(s)	Dated (DD/MM/YY)	Amount (Rs)	Cheque Number(s)	Dated (DD/MM/YY)	Amount (Rs)
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

**Total No. of Cheques** \_\_\_\_\_ **Total (Rs)** \_\_\_\_\_

**Bank Name** \_\_\_\_\_ **AC Type** [Please tick]  SB  Current  NRO  NRE  FCNR

**Branch** \_\_\_\_\_ **City** \_\_\_\_\_

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through Post Dated Cheques (PDCs), if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform PPFAS Mutual Fund, about any changes in my bank account. I/We have read and understood the offer document/Key Information Memorandum of the scheme. I/We apply for the units of the scheme and I/We agree to abide by the terms, conditions, rules and regulations of the scheme.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments referred above through Post Dated Cheques (PDCs). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform PPFAS Asset Management Private Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

### SIGNATURES AS PER PPFAS MUTUAL FUND (MANDATORY)

<b>Sole/1st Applicant/ Guardian Authorised Signatory</b>	
<b>2nd Applicant/Guardian Authorised Signatory</b>	
<b>3rd Applicant/Guardian Authorised Signatory</b>	

### SIGNATURES AS PER BANK RECORDS (MANDATORY)

<b>Sole/1st Applicant/ Guardian Authorised Signatory</b>	
<b>2nd Applicant/Guardian Authorised Signatory</b>	
<b>3rd Applicant/Guardian Authorised Signatory</b>	

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

**Scheme Name** \_\_\_\_\_  Direct Plan  Regular Plan **Application No.** \_\_\_\_\_

**Folio No.** \_\_\_\_\_ **Date** \_\_\_\_\_ **ISC Stamp & Signature**

**SIP Amount** \_\_\_\_\_

**SIP Frequency**  Monthly  Quarterly **No of Cheques** \_\_\_\_\_