

# Common Application Form



**A** Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

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

ARN	ARN / Distributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)
ARN-146822					

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

First Holder      Second Holder      Third Holder

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

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

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

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

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

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

**1st Holder Name as per PAN card\*** Mr Ms M/s \_\_\_\_\_ **Gender**  Male  Female  
 Date of Birth/Incorporation (DOB) D D M M Y Y Y Y Y Y

PAN/PEKRN\* \_\_\_\_\_ Nationality \_\_\_\_\_ CKYC Number/KIN  Proof Attached **As per PAN card\***

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**GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUAL) /POA HOLDER (as per PAN card)** Mr Ms \_\_\_\_\_ **Gender**  Male  Female  
 Date of Birth (DOB) D D M M Y Y Y Y Y Y

PAN/PEKRN\* \_\_\_\_\_ Nationality \_\_\_\_\_ CKYC Number/KIN  Proof Attached **As per PAN card\***

Relationship with Minor applicant  Natural guardian  Court appointed guardian **Proof of relationship with minor** \_\_\_\_\_

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**2nd Holder Name as per PAN card\***  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 (DOB) D D M M Y Y Y Y Y Y

PAN/PEKRN\* \_\_\_\_\_ Nationality \_\_\_\_\_ CKYC Number/KIN  Proof Attached **As per PAN card\***

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**3rd Holder Name as per PAN card\***  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 (DOB) D D M M Y Y Y Y Y Y

PAN/PEKRN\* \_\_\_\_\_ Nationality \_\_\_\_\_ CKYC Number/KIN  Proof Attached **As per PAN card\***

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**POA HOLDER**  Resident Individual  NRI **Gender**  Male  Female  
 Mr Ms M/s \_\_\_\_\_ Date of Birth (DOB) D D M M Y Y Y Y Y Y

PAN/PEKRN\* \_\_\_\_\_ Nationality \_\_\_\_\_ CKYC Number/KIN  Proof Attached **As per PAN card\***

\*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 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	CITY / TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE
Country Code. _____	STD Code. _____
Tel. No. _____ Office _____	Residence _____

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

**First Unitholder:**

Mobile: <input type="text"/> Mobile No.* provided pertains to: (Please tick (✓)) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	Email: <input type="text"/> Email ID* provided pertains to: (Please tick (✓)) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA
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**Second Unitholder:**

Mobile: <input type="text"/> Mobile No.* provided pertains to: (Please tick (✓)) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	Email: <input type="text"/> Email ID* provided pertains to: (Please tick (✓)) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA
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**Third Unitholder:**

Mobile: <input type="text"/> Mobile No.* provided pertains to: (Please tick (✓)) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	Email: <input type="text"/> Email ID* provided pertains to: (Please tick (✓)) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA
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**7 TAX STATUS (Please ✓) (For First / Sole Applicant)**

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

**8 Unique ASL reference number:**

**9 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
<b>First Applicant/Guardian</b>	<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
<b>Second Applicant</b>	<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
<b>Third Applicant</b>	<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
<b>POA Holder</b>	<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 (✓))**

<b>First Applicant/Guardian</b>	<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) ₹ <input type="text"/> as on <input type="text"/> - <input type="text"/> - <input type="text"/> (Not older than 1 year)
<b>Second Applicant</b>	<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 ₹ <input type="text"/>
<b>Third Applicant</b>	<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 ₹ <input type="text"/>
<b>POA Holder</b>	<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 ₹ <input type="text"/>

**OTHERS (Please tick (✓))**

<b>First Applicant/Guardian</b>	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
<b>Second Applicant</b>	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
<b>Third Applicant</b>	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
<b>POA Holder</b>	<input type="checkbox"/> Politically Exposed Person (PEP)^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

^Please refer instruction no. 3

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

<b>NSDL</b>	DP Name <input type="text"/>	<b>CDSL</b>	DP Name <input type="text"/>
	NSDL: Depository Participant (DP) ID (NSDL only) <input type="text"/>		CDSL: Beneficiary ID (CDSL only) <input type="text"/>
	Beneficiary Account Number (NSDL only) <input type="text"/>		

**11 BANK DETAILS (The name of the Sole/First applicant must be pre printed on the cheque.)**

Mandatory information - If left blank, the application is liable to be rejected! Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 11 Below. For unit holder opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. Redemption/Dividend/Refund Payout will be credited into this bank account.

Account Number  Account Type  Savings  Current  NRO  NRE  FCNR  Others (please specify)

Bank Name & Branch

Branch City  IFSC Code  MICR Code

LEI No. \_\_\_\_\_

With reference to the RBI circular No. RBI/2020-21/82-DPSS.CO.OD No. 901/06.24.001/2020-21 dated January 05, 2021 on introduction of Legal Entity Identifier for Large Value Transactions in Centralised Payment System, LEI will have to be mandatorily included as part of the RTGS/NEFT instructions for any non-individual transactions beyond 50 crore w.e.f 1st April 2021.

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

Scheme  Parag Parikh Flexi Cap Fund (PPFCF)     Parag Parikh Liquid Fund (PPLF)     Parag Parikh ELSS Tax Saver Fund (PPTSF)     Parag Parikh Conservative Hybrid Fund (PPCHF)     Parag Parikh Arbitrage Fund (PPAF)     Parag Parikh Dynamic Asset Allocation Fund (PPDAAF)

Plan  Direct (Default plan)     Regular

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

Sub-Option  Reinvestment of Income Distribution cum capital withdrawal option     Payout of Income Distribution cum capital withdrawal option

Daily     Weekly     Monthly     Monthly

(Default incase of PPLF)    (Applicable only for PPLF)    (Default incase of (PPCHF) and (PPDAAF))    (Applicable only for PPLF, PPCHF and PPDAAF)

Mode of Payment  Self  Third Party Payment (please fill the Third Party Payment Declaration Form)

Payment mode  Cheque  DD  Common CAMS OTM / PPFAS OTM  Fund Transfer  RTGS/NEFT  Transfer Letter DD Charges

S. No.	*Cheque / DD Favouring Scheme Name	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	Parag Parikh Flexi Cap Fund						
2.	Parag Parikh Liquid Fund						
3.	Parag Parikh ELSS Tax Saver Fund						
4.	Parag Parikh Conservative Hybrid Fund						
5.	Parag Parikh Arbitrage Fund						
6.	Parag Parikh Dynamic Asset Allocation Fund						

\*All purchases are subject to realization of funds in our bank accounts w.e.f February 01, 2021

**13 NOMINATION DETAILS** Individuals (single or joint applicant) are advised to avail Nomination facility.

Declaration Form for opting out of nomination

I / We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my /our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s),my/our legal heir would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

I/We wish to nominate

I/We, the unitholders of schemes of PPFAS Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the units held my/our folio(s) listed below in the event of my / our death in respect of the units which will be held by me/ us in the said investment




I / We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my / our credits in the event of my / our death. Signature of the nominee(s) acknowledging receipt of my / our credit will constitute full discharge of liabilities of the PPFAS Mutual Fund.

Nominee details	Nominee 1	Nominee 2	Nominee 3
Name and address of Nominee(s) [Mandatory]			
PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor - Mandatory]			
Relationship with Sole / First unit holder (Mandatory)			
Date of Birth* [Mandatory]	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy
Name and address of Guardian* [Mandatory if Nominee is Minor]			
Signature of Nominee / Guardian*			
Guardian's Relationship with Nominee* [attach proof]	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Allocation % to each nominee [Mandatory] [Aggregate should be 100%]			

\* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

Declaration & Signature(s) [to be signed by all unit holders including joint holders, irrespective of mode of holding.

I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein super cedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

 Sole / First Holder's Signature	 Second Holder's Signature	 Third Holder's Signature
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**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.**

It is mandatory to fill all relevant details correctly. Incorrect/incomplete details may lead to inaccurate FATF/CRS reporting

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify _____</small>
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify _____</small>
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify _____</small>
POA Holder			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify _____</small>

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India?  YES  No (please tick ✓)

If "YES" please fill for ALL countries (other than Indian in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.)

	Country of Tax Residency#	Tax Identification Number or Functional Equivalent	Identification Type* (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
POA Holder				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

# To also include USA, where the individual is a citizen/ green card holder of USA. \*In case Tax Identification Number is Not available, kindly provide its functional equivalent.

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected)  Reason C → Others please state the reasons there of:

Address Type of Sole / 1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

**15 Declaration for NPO**

We are falling under "**Non-Profit Organization**" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

Yes

No

If yes, please quote the NPO Registration Number provided by DARPAN portal.

*(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)*

**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.