

**PPFAS Long Term Value 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) **Application No.**

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.	
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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
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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 First/ Sole Applicant

Name of First/ Sole Applicant			
Date of Birth	Proof of DOB	(Mandatory in case the first/sole applicant is minor)	
Nationality	PAN/ PEKRN*	<input type="checkbox"/> ((Please (✓), Mandatory))	<input type="checkbox"/> Proof Attached

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

Name of Guardian			
Nationality	PAN/ PEKRN*	<input type="checkbox"/> ((Please (✓), Mandatory))	<input type="checkbox"/> Proof Attached
Contact No.			
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			
Overseas Address (Mandatory fro NRI/FII Applicants)			
Country Code	STD Code	Tel (Off)	
STD Code	Tel (Res)	Fax	
Mobile No.	Email ID		

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

First/ Sole Applicant	<input type="checkbox"/> Individual (FATCA Declaration is mandatory)		<input type="checkbox"/> Non- Individual (UBO and FATCA Declarations are mandatory)	
Status of First/ Sole 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"/> 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"/> HUF	<input type="checkbox"/> Society Club	<input type="checkbox"/> Partnership	<input type="checkbox"/> QFI/FPI/NPO	<input type="checkbox"/> FIs
				<input type="checkbox"/> Body Corporate <input type="checkbox"/> LLP
				<input type="checkbox"/> Others (Please Specify) _____
				<input type="checkbox"/> Single
				<input type="checkbox"/> Joint
				<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 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)			

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 Croes <input type="checkbox"/> >1 Crore OR			
Net-worth (Mandatory for Non-individuals) _____ as on <input type="text" value="D D M M Y Y Y Y"/> (Not older than 1 year)			
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			
Nationality		PAN/ PEKRN [#]	<input type="checkbox"/> ((Please (✓), Mandatory))) <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 Croes <input type="checkbox"/> >1 Crore OR			
Net-worth (Mandatory for Non-individuals) _____ as on <input type="text" value="D D M M Y Y Y Y"/> (Not older than 1 year)			
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			
Nationality		PAN/ PEKRN [#]	<input type="checkbox"/> ((Please (✓), Mandatory))) <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 Croes <input type="checkbox"/> >1 Crore OR			
Net-worth (Mandatory for Non-individuals) _____ as on <input type="text" value="D D M M Y Y Y Y"/> (Not older than 1 year)			
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.)			
PAN/ PEKRN [#]		KYC*	<input type="checkbox"/> ((Please (✓), Mandatory))) <input type="checkbox"/> Proof Attached
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 First/ Sole applicant must be pre printed on the cheque.)

Bank Account Details			
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)

Unitholders 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 "PPFAS Long Term Value Fund".

Scheme Name	PPFAS Long Term Value Fund		
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Transfer Letter
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	DD MM YYYY
RTGS/NEFT Ref. No.		Date	DD MM YYYY
Gross Amount		DD Charges	Net Amount
Bank Name			
Bank Branch & City			

12. FATCA Information/Foreign Tax Law (Self Certification) (Required for all applicant(s)/Guardians) (Refer Instruction T)

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Is the applicant(s)/Guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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.

Place/City of Birth			
Country of Birth			
Country of Tax Residency 1			
Tax Payer Ref ID. No. 1			
Country of Tax Residency 2			
Tax Payer Ref ID. No. 2			
Country of Tax Residency 3			
Tax Payer Ref ID. No. 3			

13. E-TRANSACTION (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
I/We would like to be informed about or contacted for any products or services offered by PPFAS Mutual Fund or PPFAS Group in spite of being registered with the National Do Not Call (NDNC) Registry with TRAI. I understand that there is a de-registration facility (for not receiving such calls), which I may avail if required in future.	(Please tick (✓) any one)
	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

14. 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

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, 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.**15. 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 APPLICANT

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				

Instructions

- 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.
- 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:-

- 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.
- 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)
- 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.
- 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.
- 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.
- 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,

Investors must read the 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) Application No.

Dis **ARN-15114** No.

Sub-broker Name/ Code

EO87300

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.

Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit

I/We hereby, authorise PPFAS Mutual Fund or their authorised service provider or PPFAS Asset Management Private Limited to debit my/our bank account by ECS (Debit Clearing)/Electronic Debit for the collection of SIP installments.

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

PPFAS Long Term Value Fund - Growth

<input type="checkbox"/> Monthly SIP (Default Option, Minimum: ₹ 1,000, 6 months)	Dates <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th (Default)	SIP Amount																
<input type="checkbox"/> Quarterly SIP (Minimum: ₹ 5,000, 4 quarters)	<input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> 1,000 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000																
Period	<input type="checkbox"/> Standard From <table border="1"><tr><td>D</td><td>D</td><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>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 500,000
	D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y											
<input type="checkbox"/> Default From <table border="1"><tr><td>D</td><td>D</td><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>3</td><td>1</td><td>1</td><td>2</td><td>2</td><td>0</td><td>9</td><td>9</td></tr></table>	D	D	M	M	Y	Y	Y	Y	3	1	1	2	2	0	9	9	<input type="checkbox"/> Any Other Amount <input type="text"/>	
D	D	M	M	Y	Y	Y	Y											
3	1	1	2	2	0	9	9											

2. BANK ACCOUNT DETAILS

Name (As per the Banks Record)			
AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR		
Account No.	Branch Address		
Bank Name	City	Pin Code	
Branch	IFSC Code	MICR Code	

Please tick (✓) if applicable:

- One Time Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 15 Days. i.e. for debit days 7th, form can be submitted till 2nd of the month.
- One Time Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Fifteen to Thirty days depending on NACH or ECS 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.

Declaration: Having read, understood and agreed to the contents of 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 of PPFAS Mutual Fund mentioned within, I hereby declare that the particulars given above are correct my willingness to make payments towards PPFAS Long Term Value Fund.

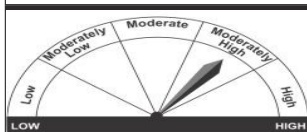
I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS, if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. 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.

SIGNATURES AS PER PPFAS MUTUAL FUND (MANDATORY)		SIGNATURES AS PER BANK RECORDS (MANDATORY)	
Sole/1st Applicant/ Guardian Authorised Signatory		Sole/1st Applicant/ Guardian Authorised Signatory	
2nd Applicant/Guardian Authorised Signatory		2nd Applicant/Guardian Authorised Signatory	
3rd Applicant/Guardian Authorised Signatory		3rd Applicant/Guardian Authorised Signatory	

Investor should note that this scheme is suitable for investors who have investment horizon of minimum 5 years.

Investment Objective of the scheme: To seek to generate long-term capital growth from an actively managed portfolio primarily of equity and equity Related Securities.

Scheme shall be investing in Indian equities, foreign equities and related instruments and debt securities.



Moderately High – Investors understand that their principal will be at Moderately High Risk

Investors should consult their financial advisers if in doubt about whether this scheme is suitable for them.



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

PPFAS Long Term Value Fund: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan		Application No.	
Folio No.	Date	ISC Stamp & Signature	
SIP Amount			
SIP Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		