

Investors must read the Key Information Memorandum and the instructions before completing this Form. Kindly use this form if you are making only a One Time Investment. For SIP Investments use the separate SIP form. The Application Form should be completed in English and in BLOCK LETTERS only.

Direct Plan **Regular Plan** (Refer Instruction Q and please tick (✓) any one) **Application No.** _____

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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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 (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.

EXISTING INVESTOR DETAILS (If you have existing folio, please fill in section 2 (Refer instruction C).

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

1. APPLICANT'S INFORMATION (Mandatory) (refer instruction D) **DATE OF BIRTH**

D	D	M	M	Y	Y	Y	Y
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Mandatory in case the first/sole applicant is minor.

STATUS (Of First/Sole Applicant) [Please (✓)]	MODE OF HOLDING [Please (✓)]	OCCUPATION (of First/Sole Applicant) [Please (✓)]
<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"/> Others <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"/> FOF <input type="checkbox"/> FIs (Please Specify)	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Others (Please specify)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. _____

Nationality _____ PAN _____ **KRA** [Please tick (✓)] Proof Attached

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual investors)

Mr. Ms. _____ PAN _____

Relationship with Minor _____ Designation _____

MAILING ADDRESS OF FIRST / SOLE APPLICANT

CITY _____ State _____ Pin Code _____

OVERSEAS ADDRESS (P. O. Box Address is not sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code _____

Mobile No. _____ Email ID _____

Tel No. : STD/ISD Code _____ Res. _____ Office _____ Fax _____

NAME OF SECOND APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Second Applicant not allowed in case of minor as first/sole applicant)

Mr. Ms. M/s. _____

Nationality _____ PAN _____ **KRA** [Please tick (✓)] Proof Attached

NAME OF THIRD APPLICANT (Mandatory) [Please tick (✓)] Resident Individual NRI (Third Applicant not allowed in case of minor as first/sole applicant)

Mr. Ms. M/s. _____

Nationality _____ PAN _____ **KRA** [Please tick (✓)] Proof Attached

POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA _____

PAN* _____ **KRA** [Please tick (✓)] *Refer Instruction D Proof Attached

2. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (refer instruction E) Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details.

AC 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 <u>Please Specify</u> _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PAY PPFAS Long Term Value Fund</td> <td style="width:50%; text-align: right;">OR BEARER</td> </tr> <tr> <td style="text-align: center;">RUPEES</td> <td style="text-align: right;">₹ _____</td> </tr> <tr> <td style="text-align: center;">11 DIGIT IFSC CODE</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: center;">IFSC PPMFI234567</td> <td style="text-align: right;">9 DIGIT MICR CODE</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">"8888888 88888888 888888" 88</td> </tr> </table>	PAY PPFAS Long Term Value Fund	OR BEARER	RUPEES	₹ _____	11 DIGIT IFSC CODE	_____	IFSC PPMFI234567	9 DIGIT MICR CODE	_____	"8888888 88888888 888888" 88
PAY PPFAS Long Term Value Fund		OR BEARER									
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11 DIGIT IFSC CODE		_____									
IFSC PPMFI234567		9 DIGIT MICR CODE									
_____		"8888888 88888888 888888" 88									
Account No. _____											
Bank Name _____											
Branch _____											
Branch Address _____											
City _____ Pin Code _____											
IFSC Code _____ MICR Code _____											

Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically.

* In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold PPFAS Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/ECS.

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.

Risk Category of the scheme: BROWN

Blue colour refers that principal investment will be at low risk Yellow Colour refers that principal investment will be at medium risk Brown Colour refers that principal investment will be at 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 Investor) For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 91 22 6140 6537.)

PPFAS MUTUAL FUND Corporate Office : Great Western Building, 1st Floor, 130/132, S.B.S. Marg, Opp. Lion Gate, Fort, Mumbai - 400 001. Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. From _____	Application No. _____	ISC Stamp & Signature _____								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Cheque No.</td> <td style="width:25%;">Dated</td> <td style="width:25%;">Amount (Rs)</td> <td style="width:25%;">Scheme</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">PPFAS Long Term Value Fund</td> </tr> </table>	Cheque No.	Dated	Amount (Rs)	Scheme				PPFAS Long Term Value Fund		
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			PPFAS Long Term Value Fund							

3. 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 3) via Direct credit / NEFT / ECS facility
 I/We want to receive the redemption proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS into my/our bank account

4. 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 <i>SelfInvest</i>	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**.	<input type="checkbox"/> YES <input type="checkbox"/> NO (Please tick (✓) any one)	
	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.	<input type="checkbox"/> YES <input type="checkbox"/> NO (Please tick (✓) any one)	
First/Sole Applicant	Second Applicant	Third Applicant	POA Applicant

5. 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	
RTGS/NEFT Ref No.		Date	
Gross Amount (Rs)	DD Charges	Net Amount (Rs)	
Bank Name		Bank Branch & City	

6. DEMAT ACCOUNT DETAILS* - (Optional - refer instruction K)

NSDL	CDSL
DP Name	DP Name
DP ID	DP ID
Beneficiary Account 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.

7. NOMINATION (refer instruction L) (Mandatory for new folios of Individuals where mode of holding is single)

I/We wish to nominate. I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory).

Name and Address of Nominee (s)	Date of Birth	Name and Address of Guardian	Signature of Nominee / Guardian of Nominee (Optional)	Percentage
	(to be furnished in case the Nominee is a minor)			
Relationship with Nominee	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			Total: 100%

Additional KYC Information (For FIRST / SOLE APPLICANT)

Gross Annual Income (Rs) [Please tick] Below 1 Lacs 1 Lacs - 5 Lacs 5 Lacs - 10 Lacs 10 Lacs - 25 Lacs
 25 Lacs - 1 Crore 1 Crore - 5 Crore 5 Crore - 10 Crore Above 10 Crore
OR
Networth (Mandatory for Non-individuals) Rs. _____ as on (Not older than 1 year)

Declaration on your PEP (Politically Exposed Person) status

Are you a PEP
 Are you a relative of PEP
 Are you a close associates of a 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.

Non-individual Investors/ Providing any of the mentioned services

Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of these

DECLARATION

I declare that the information is to the best of my knowledge and belief, accurate and complete.
 I agree to notify PPFAS Mutual Fund/PPFAS Asset Management Private Limited immediately in the event the information in the self-certification changes.

Name of Applicant/Guardian/POA	Signature	Date