

Investors must read the 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.**

**Bonanza - 0186** e/ARN No. Sub-broker Name/ Code EUIIN No.

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 (AMF)**

**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** Mandatory in case the first/sole applicant is minor.

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

**NAME OF FIRST / SOLE APPLICANT** Mr. Ms. M/s. Nationality PAN KRA [Please tick (✓)] Proof Attached  
Refer Instruction M & N

**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. Relationship with Minor PAN Designation

**MAILING ADDRESS OF FIRST / SOLE APPLICANT**

CITY State Pin Code

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

CITY State Pin Code

**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  
Refer Instruction M & N

**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  
Refer Instruction M & N

**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 B)** Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details.

<b>AC Type</b> <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others <span style="margin-left: 10px;">Please Specify</span>	PAY PPFAS Long Term Value Fund <span style="float: right;">OR BEARER</span> RUPEES <span style="margin-left: 100px;">₹</span> 11 DIGIT IFSC CODE <span style="margin-left: 100px;">IFSC PPMFI234567</span> 9 DIGIT MICR CODE <span style="margin-left: 100px;">"8888888 88888888 8888888" 88</span>
<b>Account No.</b>	
<b>Bank Name</b>	
<b>Branch</b>	
<b>Branch Address</b>	
<b>City</b> <span style="margin-left: 100px;">Pin Code</span>	
<b>IFSC Code</b> <span style="margin-left: 100px;">MICR Code</span>	

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 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  
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/W)**

PPFAS MUTUAL FUND Corporate Office : Great Western Building, 1st Floor, 130/132, S.B.S. Marg, Opp. Lion Gate, Fort, Mumbai - 400 001.			<b>Application No.</b>	<b>ISC Stamp &amp; Signature</b>
Received,				
From _____				
<b>Cheque No.</b>	<b>Dated</b>	<b>Amount (Rs)</b>	<b>Scheme</b>	
			<b>PPFAS Long Term Value Fund</b>	

**. 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-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 <i>SelfInvest</i>	ONLINE ACCESS (this enables you to access your investment portfolio through our website - <a href="http://www.amc.ppfas.com">www.amc.ppfas.com</a> ) 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)
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First/Sole Applicant	Second Applicant	Third Applicant	POA Applicant
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**5. INVESTMENT & PAYMENT DETAILS (refer instruction F) Please write Cheque/DD in favour of the PPFAS Long Term Value Fund .**

<b>Scheme Name</b>	PPFAS Long Term Value Fund		
<b>Mode of Payment</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Transfer Letter		
<b>Account Type</b>	<input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____		
<b>Cheque/DD No.</b>		<b>Date</b>	
<b>RTGS/NEFT Ref No.</b>		<b>Date</b>	
<b>Gross Amount (Rs)</b>	<b>DD Charges</b>	<b>Net Amount (Rs)</b>	
<b>Bank Name</b>		<b>Bank Branch &amp; City</b>	

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

NSDL		CDSL	
<b>DP Name</b>		<b>DP Name</b>	
<b>DP ID</b>	I N	<b>DP ID</b>	
<b>Beneficiary Account No.</b>			

\* 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)			
<b>Relationship with Nominee</b>	<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 

D	D	M	M	Y	Y	Y	Y
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 (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