

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.

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

Bonanza - 0186 Sub-broker Name/ Code EJIN No.

I/We hereby confirm that the EJIN 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

Monthly SIP (Default Option, Minimum: ₹ 1,000, 6 months) Dates 1st 5th 10th (Default) **SIP Amount**

Quarterly SIP (Minimum: ₹ 5,000, 4 quarters) 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. BANK ACCOUNT DETAILS

Name (As per the Banks Record) _____

AC Type (Please tick (✓)) SB Current NRO NRE FCNR

Account No. _____ A/c Payee

Bank Name _____ PAY PPFAS Long Term Value Fund _____ OR BEARER

Branch _____ RUPEES _____ ₹ _____

Branch Address _____ 11 DIGIT IFSC CODE _____

City _____ Pin Code _____ IFSC PPMF1234567 _____ 9 DIGIT MICR CODE _____

IFSC Code _____ MICR Code _____ "88888888 88888888 88888888" 88

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.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments referred above through participation in ECS / Electronic Debit. 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)	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 _____

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 Unit holder)

PPFAS Long Term Value Fund: Direct Plan Regular Plan Application No. _____

Folio No. _____ Date _____ ISC Stamp & Signature

SIP Amount _____

SIP Frequency Monthly Quarterly