

**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. \_\_\_\_\_

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.*

**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 Sole / First Applicant**

Name of Sole / First Applicant (Mr./Ms./M/s.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Proof of DOB \_\_\_\_\_

(Mandatory in case the first/sole applicant is minor)

Nationality \_\_\_\_\_

PAN/ PEKRN\* \_\_\_\_\_

KYC\* \_\_\_\_\_

Proof Attached (Mandatory)

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

Name of Guardian (Mr./Ms./M/s.) \_\_\_\_\_

Nationality \_\_\_\_\_

PAN/ PEKRN\* \_\_\_\_\_

KYC\* \_\_\_\_\_

Proof Attached (Mandatory)

Contact No. \_\_\_\_\_

(Proof of relationship with minor @ Please (✓)  Attached @ Mandatory)

Relationship with Minor

Father

Mother

Court appointed Legal guardian

(Please specify relationship \_\_\_\_\_)

**3. Mailing address and Contact Details of Sole/ First Applicant**

**Correspondence Address**

City \_\_\_\_\_

Pin code \_\_\_\_\_

Country \_\_\_\_\_

**Overseas Address** (Mandatory for NRI/FII Applicants)

Country Code \_\_\_\_\_

STD Code \_\_\_\_\_

Tel (Off) \_\_\_\_\_

ISD Code \_\_\_\_\_

Tel (Res) \_\_\_\_\_

Fax \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email ID \_\_\_\_\_

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

**Sole/First Applicant**

Individual (FATCA Declaration is mandatory)

Non- Individual

(Please attach FATCA, CRS AND UBO Self Certification Form)

**Status of Sole/First Applicant** [Please (✓) any one]

**Mode of Holding**

Resident Individual

NRI/NRE

NRI/NRO

Bank

Trust

Body Corporate

LLP

Single

On Behalf of Minor

AOP/BOI

Company

Proprietor

Govt. Entity

Others

Joint

HUF

Society Club

Partnership

QFI/FPI/NPO

FIs

(Please Specify) \_\_\_\_\_

Anyone or Survivor

**4a. Occupation Details** (Please (✓) any one)

Service

Private Sector

Public Sector

Government

Student

Professional

Housewife

Retired

Agriculture

Proprietorship

Business

Non Profit Organisation

Others \_\_\_\_\_

(Please Specify)

<b>4b. Gross Annual Income</b> (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 Crores <input type="checkbox"/> >1 Crore <b>OR</b>					
<b>Net-worth</b> (Mandatory for Non-individuals) _____ as on		<input type="text" value="DDMMYYYY"/> (Not older than 1 year)			
<b>5. Declaration on your PEP (Politically Exposed Person) Status</b> (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					
<b>Note:</b> A PEP is as an individual who is or has been entrusted with a prominent public function. <b>Instructions:</b> This declaration is required to ensure compliance with the Financial Action Task Force and PMLA guidelines.					
<b>5a. Non-individual Investors involved/providing any of the mentioned services</b> (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					
<b>6. Joint Applicant's Details</b>					
<b>6a. Second Applicant [Please tick (✓)]</b> <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 (Mr./Ms./M/s.) _____					
Nationality	_____	PAN/ PEKRN# _____	KYC* <input type="checkbox"/> Proof Attached (Mandatory)		
<b>Occupation Details</b> (Please (✓) any one)					
<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <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)					
<b>Gross Annual Income</b> (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 Crores <input type="checkbox"/> >1 Crore <b>OR</b>					
<b>Net-worth</b> (Mandatory for Non-individuals) _____ as on		<input type="text" value="DDMMYYYY"/> (Not older than 1 year)			
<b>Declaration on your PEP (Politically Exposed Person) Status</b> (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					
<b>Note:</b> A PEP is as an individual who is or has been entrusted with a prominent public function. <b>Instructions:</b> This declaration is required to ensure compliance with the Financial Action Task Force and PMLA guidelines.					
<b>6b. Third Applicant [Please tick (✓)]</b> <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 (Mr./Ms./M/s.) _____					
Nationality	_____	PAN/ PEKRN# _____	KYC* <input type="checkbox"/> Proof Attached (Mandatory)		
<b>Occupation Details</b> (Please (✓) any one)					
<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewif <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Business <input type="checkbox"/> Others _____ (Please Specify)					
<b>Gross Annual Income</b> (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 Crores <input type="checkbox"/> >1 Crore <b>OR</b>					
<b>Net-worth</b> (Mandatory for Non-individuals) _____ as on		<input type="text" value="DDMMYYYY"/> (Not older than 1 year)			
<b>Declaration on your PEP (Politically Exposed Person) Status</b> (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					
<b>Note:</b> A PEP is as an individual who is or has been entrusted with a prominent public function. <b>Instructions:</b> This declaration is required to ensure compliance with the Financial Action Task Force and PMLA guidelines.					
<b>7. Details of Power of Attorney (POA)</b>					
Name of POA (Mr./Ms./M/s.) _____					
PAN/ PEKRN#	_____	KYC*	<input type="checkbox"/> Proof Attached (Mandatory)		
<b>8. Demat Account Details</b> (Optional - Refer Instruction k) <b>(PPIN will not be mailed by CAMS if units held in Demat mode)</b>					
<b>NSDL</b>	DP Name	_____	<b>CDSL</b>	DP Name	_____
	DP ID	IN _____		DP ID	_____
	Beneficiary Ac No.	_____		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 Sole/First applicant must be pre printed on the cheque.)

<b>Bank Account Details</b> (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.							
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)

Unit holders 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".

<b>Scheme Name</b>	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	<input type="checkbox"/> OTM	<input type="checkbox"/> Others
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. 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.

<b>PPFAS SelfInvest</b>	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**.	(Please tick (✓) any one)
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**13. Declaration for UBO** (Ultimate Beneficial Owner) (Mandatory in case of a Non-individual investor)




<b>In case of an Individual Investor</b>	<b>Name of an UBO</b>
Are you the UBO of this account/ Folio	<input type="text"/>
If you are not UBO for this Account/ Folio, then state the name of UBO along with separate declaration for UBO.	<input type="text"/>

**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.

**14. 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 OR SOLE APPLICANT/GUARDIAN/POA	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				

**15. FATCA and CRS Information/Foreign Tax Law (Self Certification) (Required for all applicant(s)/Guardians, Sole Proprieter, HUF & POA Holder) (Refer Instruction S) For Non-Individual investor : You are required to submit separate FATCA/CRS/UBO declaration form.**

**Sole / First Applicant / Guardians / HUF / Proprieter**

Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's name	( Even married women should mentioned father's name )		
Date of Birth	Date of Incorporation	Place / City fo Birth	
Nationality	Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others		
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?	<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.

Country of Tax Residency 1 <sup>#</sup>	Tax Payer Ref ID. No. 1 <sup>%</sup>	Identification Type (TIN or other, please specify)
1		
2		
3		

# To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.

**Second Applicant**

Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's name	( Even married women should mentioned father's name )		
Date of Birth	Date of Incorporation	Place / City fo Birth	
Nationality	Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others		
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?	<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.

Country of Tax Residency 1 <sup>#</sup>	Tax Payer Ref ID. No. 1 <sup>%</sup>	Identification Type (TIN or other, please specify)
1		
2		
3		

# To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.

**Third Applicant**

Name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's name	( Even married women should mentioned father's name )		
Date of Birth	Date of Incorporation	Place / City fo Birth	
Nationality	Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others		
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?	<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.

Country of Tax Residency 1 <sup>#</sup>	Tax Payer Ref ID. No. 1 <sup>%</sup>	Identification Type (TIN or other, please specify)
1		
2		
3		

# To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.

POA					
Name				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
PAN/ PEKRN <sup>#</sup>	Occupation Details		<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Other	specify	
Father's name	( Even married women should mentioned father's name )				
Date of Birth	Date of Incorporation	Place / City fo Birth			
Nationality	Country of Birth				
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business				
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others				
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If YES, please Provide the following information (Mandatory).</b>					
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.					
Country of Tax Residency 1 <sup>#</sup>		Tax Payer Ref ID. No. 1 <sup>%</sup>		Identification Type (TIN or other, please specify)	
1					
2					
3					
# To also include USA, where the individual is a citizen - green card holder of the USA / % in case Tax identification number is not available, kindly provide its functional equivalent.					
<b>Gross Annual Income</b> (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 Crores <input type="checkbox"/> >1 Crore <b>OR</b>					
<b>Net-worth</b> (Mandatory for Non-individuals) _____ as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)					
<b>Declaration on your PEP (Politically Exposed Person) Status</b> (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					
<b>Note:</b> A PEP is as an individual who is or has been entrusted with a prominent public function.					
<b>Instructions:</b> This declaration is required to ensure compliance with the Financial Action Task Force and PMLA guidelines.					
<b>Instructions</b>					
1. I /We have understood the information requirement of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the indormation provided by 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.					
2. Poliitically 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.					
3. 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.					
<b>DECLARATION</b>					
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:-					
1. 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.					
2. 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)					
3. 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.					
4. 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.					
5. 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.					
6. 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,					

## DECLARATION

rules, regulations, notifications or directions issued by any regulatory authority in India.

7. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the PPFAS Asset Management Private Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.

8. That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom.

9. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.

10. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.

11. The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

12. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the fund/amc/its distributor for this investment.

13. 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.

14. I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [Fund/AMC/RTA/Other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same

## Riskometer

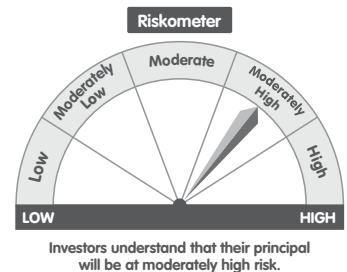
**Investor should note that this scheme is suitable for investors who have investment horizon of minimum 5 years.**

**This product is suitable for investors who are seeking long term capital growth.**

### Investment objective of the scheme

The investment objective of the Scheme is to seek to generate long-term capital growth from an actively managed portfolio primarily of Equity and Equity Related Securities. Scheme shall invest in Indian equities, foreign equities and related instruments and debt securities.

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



## 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.



SIGN HERE

FIRST OR SOLE APPLICANT/ GUARDIAN/POA



SIGN HERE

SECOND APPLICANT



SIGN HERE

THIRD APPLICANT

## ACKNOWLEDGMENT SLIP (To be filled in by the Investor)

Application No.				<b>ISC Stamp &amp; Signature</b>
<b>PPFAS MUTUAL FUND</b> 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				
<b>Cheque No.</b>	<b>Dated</b>	<b>Amount (Rs)</b>	<b>Scheme</b>	
			<b>PPFAS Long Term Value Fund</b>	