

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 ARN-0906 **Sub-broker Name/ Code** E031087

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 (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"/> 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"/> 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"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Others		<input type="checkbox"/> (Please specify)
<input type="checkbox"/> HUF	<input type="checkbox"/> Society Club	<input type="checkbox"/> Partnership	<input type="checkbox"/> FOF	<input type="checkbox"/> FIs	(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 Designation

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>	PAY PPFAS Long Term Value Fund OR BEARER RUPEES ₹ 11 DIGIT IFSC CODE IFSC PPMF1234567 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.			Application No.		ISC Stamp & Signature	
Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.						
From _____						
Cheque No.	Dated	Amount (Rs)	Scheme			
			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

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

 PPFAS - 91 22 6140 6537	 Email us at ppfasmf@ppfas.com	 Visit our Website www.amc.ppfas.com
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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 FATF (Financial Action Task Force) guidelines.**Declaration required from investor for compliance with FATCA guidelines, (Foreign Account Tax Compliance Act)**

Are you a US person (United States Person)

 Yes No**Instructions:**

Tax regulations require us to collect certain information about investors' tax residency status. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency status, please contact your tax adviser. You are requested to update us if there is any change in your tax residency status in future.

INSTRUCTION

- 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.

8. DECLARATION & SIGNATURES (refer instruction A)

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

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)

I/We confirm that details provided by me/us are true and correct.

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.

Applicable to application under Direct Plan: I/We hereby declare and confirm that I/We have read and understood the Scheme related documents pertaining to the "Direct Plan" and also confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. PPFAS Mutual Fund/PPFAS AMC/Trustee shall not be liable for any consequences arising out of such investments.

**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.

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

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder

**PPFAS - 91 22 6140 6537****Email us at
ppfasmf@ppfas.com****Visit our Website
www.amc.ppfas.com**

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.

Distributor ARN-0906

Sub-broker Name/ Code

E031087

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** 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 10,000Period 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.

Bank Name

Branch

Branch Address

City

Pin Code

IFSC Code

MICR Code

A/c Payee

PAY PPFAS Long Term Value Fund _____ OR BEARER

RUPEES

11 DIGIT IFSC CODE

IFSC PPMF1234567

9 DIGIT MICR CODE

"8888888 88888888 888888" 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 SignatorySole/1st Applicant/
Guardian Authorised Signatory2nd Applicant/Guardian
Authorised Signatory2nd Applicant/Guardian
Authorised Signatory3rd Applicant/Guardian
Authorised Signatory3rd 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.

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

For applicable Exit Load in case of Redemption/ Switch of units, please refer to the Scheme Information Document (SID).

Bank Accounts Registration Form

Multiple Banks/Bank Change/Default Bank/Deletion

Please read the terms and conditions mentioned overleaf and attach necessary documents for registration of bank accounts. Form should be filled legibly in English and in CAPITALS. Strike of the section/s not used by you to avoid any unauthorised use. Use separate forms for separate folios.

Folio No.	For Existing Investors	Application No.	For New Investors
Name	1st Applicant	PAN	

A – ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

For each bank account, Investors should produce original for verification or submit originals of the documents mentioned below.

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

(# 11 digit code printed on your cheque. * 9 digit code on your cheque next to the cheque number.)

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

AC Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other		
Account No.			
Bank Name			Branch
Branch Address			
City			Pin Code
IFSC Code #			MICR Code*
Document attached (Any one) <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

B – DEFAULT BANK ACCOUNT

From among the bank accounts registered with you or mentioned above, please register the following bank account as a Default Bank Account into which future redemption and/or dividend proceeds, if any of the above mentioned folio will be paid:

Bank Name	Account No.	
SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES) (For Part A and B) (MANDATORY)		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant

C – BANK ACCOUNT DELETION REQUEST

Folio No.	For Existing Investors	Application No.	For New Investors
Name	1st Applicant	PAN	
Bank Name		Account No.	
Bank Name		Account No.	
Bank Name		Account No.	
Bank Name		Account No.	

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.

DECLARATION AND SIGNATURES (FOR PART C) (MANDATORY)

I/We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I/We understand that my/our request will be executed only if it is filled properly with all details mentioned properly and necessary documents are attached, as applicable, failing which the request will be rejected. I/We will not hold PPFAS Mutual Fund, the AMC and the registrar liable for any loss due to delayed execution or rejection of the request.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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To be signed by all applicants/Unitholders if mode of holding is 'Joint'.

Instructions and Terms & Conditions:

- If you are changing an existing bank account with a new one for redemption proceeds in future, please mention the new bank account in Part A as well as in Part B. If the new bank account is not mentioned in Part B, redemption proceeds will be sent to existing default bank account only. For each bank account mentioned in Part A, Investors should submit originals of any of the documents mentioned below. If copies are submitted, the same should be attested by the Bank or originals should be produced for verification.
- This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/HuF/Sole Proprietor can register upto 5 different bank accounts for a folio by using this form. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
- Please enclose a cancelled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
- If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
- Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
- The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
- The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
- A written confirmation of registration of the additional bank account details will be dispatched (in physical or through email) to you within 10 calendar days of receipt of such request.
- If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/ alter it from our records.
- The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
- In case redemption request accompanied with request for change of Bank mandate, the Asset Management Company will process the redemption but the release of redemption proceeds shall be deferred on account of additional verification.
- If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/NRO/NRE.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.

PPFAS - 91 22 6140 6537



**Email us at
ppfasmf@ppfas.com**



**Visit our Website
www.amc.ppfas.com**

Third Party Payment Declaration Form should be completed in English and in Block Letters only.
(Please read the Third Party Payment rules and Instructions carefully before completing this Form)

Declaration Form No. _____

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Bank Transaction No.

1. BENEFICIAL INVESTOR INFORMATION (Refer Instruction No. 2)

Folio No.	For Existing Investors	Application No.	For New Investors
Name _____ Beneficial Investor			

2. THIRD PARTY INFORMATION (Refer Instruction No. 3)

Name of the Third Party	Person Making the Payment												
Nationality		PAN										KRA	<input type="checkbox"/> [Please tick (✓)] <input type="checkbox"/> Proof Attached <small>(Mandatory for any amount (Refer instruction No. 6 & 8.</small>

Name of the Contact Person	In case of Non-individual Third Party										
Designation											

Mailing Address (P.O. box address is not sufficient)												
CITY		State		Pin Code								

OVERSEAS ADDRESS (Mandatory in case of NRIs/FIIs/PIOs) (P. O. Box Address is not be sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code													
Mobile No.							Email ID						
Tel No. : STD Code		Res.		Office		Fax							

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No 3) [Please tick (✓)] (Mandatory for any amount)

Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FII	<input type="checkbox"/> Client	Employee(s)
Relationship of Third Party with the Beneficial Investor	<input type="checkbox"/> Parents <input type="checkbox"/> Grand Parents <input type="checkbox"/> Related Person Please specify _____	Custodians SEBI Registration No. of Custodian Registration Valid Till D D M M Y Y Y Y		Employer
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment made on behalf of FII/Client and the source of this payment is from funds provided to us by FII/Client.		I/We declare that the payment made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through Payroll Deductions.

3. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)

Mode of Payment [Please tick (✓)]	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

*PPFAS Mutual Fund / PPFAS Asset Management Private Limited ("PPFAS AMC") reserves the right to seek information and/or obtain such other additional documents/ information from the Third Party for establishing the identity of the Third Party.

Amount (in figures)*													
Amount (in words)*													
Cheque/DD/PO/UTR No.		Cheque/DD/PO/RTGS Date	D	D	M	M	Y	Y	Y	Y			
Pay-in Bank Ac No.							Name of the Bank						
Branch							City						
Account Type	[Please tick (✓)] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Other _____ (please specify)												

* including demand draft charges, if any

4. DECLARATIONS & SIGNATURE/S [Refer Instruction 5]

THIRD PARTY DECLARATION

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which PPFAS Mutual Fund is entitled to verify directly or indirectly. I agree to furnish such further information as PPFAS Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, PPFAS Mutual Fund / PPFAS AMC is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/ or damage of whatsoever nature that PPFAS Mutual Fund / PPFAS AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.

Applicable to NRIs only :

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

Please (✓) Yes No

If yes, (✓) Repatriation basis

Non-repatriation basis

D	D	M	M	Y	Y	Y	Y
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Signature of the Third Party

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BENEFICIAL INVESTOR(S) DECLARATION

I/We certify that the information declared herein by the Third Party is true and correct. I/We acknowledge that PPFAS Mutual Fund reserves the right in its sole discretion to reject/ not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the beneficial investor(s) detailed in the Application Form. PPFAS Mutual Fund/ PPFAS AMC will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of PPFAS Mutual Fund/ PPFAS AMC.

Applicable to Guardian receiving funds on behalf of Minor only :

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards subscription of Units in this Scheme on behalf of the minor.

D	D	M	M	Y	Y	Y	Y
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SIGNATURES AS PER BANK RECORDS (MANDATORY)

Sole/1st Applicant/ Guardian Authorised Signatory	
2nd Applicant/Guardian Authorised Signatory	
3rd Applicant/Guardian Authorised Signatory	

THIRD PARTY PAYMENT RULES

1. In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions
- 2a. The following words and expressions shall have the meaning specified herein:
 - (a) **"Beneficial Investor"** is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
 - (b) **"Third Party"** means any person making payment towards subscription of Units in the name of the Beneficial Investor.
 - (c) **"Third Party payment"** is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
- 2b. PPFAS Mutual Fund/ PPFAS Asset Management Private Limited ('PPFAS AMC') will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
 - (i) Payment by Parents/Grand-Parents/Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs 50,000/- for each regular Purchase or per SIP installment. However, this restriction of Rs. 50,000/- will not be applicable for payment made by a Guardian whose name is registered in the records of Mutual Fund in that folio (i.e. father, mother or court appointed Legal Guardian).
 - (ii) Payment by Employer on behalf of employee under Systematic Investment Plans or as lump sum/one-time subscription, through Payroll deductions.
 - (iii) Custodian on behalf of an FII or a Client.

*Related Person' means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
- 2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed/ refunded.
 - (i) Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
 - (ii) Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
- 2d. Investor(s) are requested to note that any application for subscription of Units of the Scheme of PPFAS Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of PPFAS AMC or visit our <http://amc.ppfas.com> for any information or updates on the same.

PPFAS - 91 22 6140 6537



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Visit our Website
www.amc.ppfas.com

