# **COMMON APPLICATION FORM**



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 Regular Plan (Refer Instruction Q and please tick (/) any one) Application No **Direct Plan** Distributor ARN-0906 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. 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). 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 Mandatary in case the first/sole applicant is minor. STATUS (Of First/Sole Applicant) [Please (✓)] MODE OF HOLDING [Please (√)] OCCUPATION (of First/Sole Applicant) [Please (/)] Resident Individual NRI-NRE NRI-NRO ☐ Bank Trust Professiona Others Single Company Retired On Behalf of Minor AOP/BOI Proprietor Govt. Entity Housewife Business Joint Others ☐ FOF Flls Society Club ☐ Partnership (Please Specify) Anyone or Survivo (Please specify) HUF NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. Proof Attached PAN KRA [Please tick (🗸)] 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 Designation **MAILING ADDRESS OF FIRST / SOLE APPLICANT** CITY Pin Code State OVERSEAS ADDRESS (P. O. Box Address is not sufficient) **CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code** Email ID Mobile No Tel No. : STD/ISD Code Res. Office 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. Proof Attached Nationality ΡΔΝ KRA [Please tick (/)] 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. [Please tick (/)] Refer Instruction M & N Nationality PAN KRA Proof Attached POWER OF ATTORNEY (PoA) HOLDER DETAILS Name of PoA 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 SB Current NRO NRE FCNR Others Account No PAY PPFAS Long Term Value Fund OR BEARER Bank Name ₹ Branch 11 DIGIT IFSC CODE Branch Address 9 DIGIT MICR CODE IFSC PPMF1234567 Pin Code City "888888 **88888888** 888888" 88 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: 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.) ISC Stamp & Signature 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. Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form Cheque No. Dated Amount (Rs) Scheme

PPFAS Long Term Value Fund

3. MODE OF PA						•		20 ( 111								
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4. E-TRANSACT	(refer instructi	ion J )														
All communications wi				-						•		1 VEC		(m) (*)		
PPFAS Self Inves						t portfolio throi registered Emo	ugh our website iil ID**.	- www.c	amc.ppi	tas.com		YES	∐ NO	(Please tic	( (√) any (	one)
I/We would like to be	e informed about a	or contacted for	r any produc	rts or sarvicas	offered h	w DDFAS Mutual	Fund or DDEAS Gr	oun in sni	ite of		_					
being registered with such calls), which I m	h the National Do t	Not Call (NDNC								g		] YES	□ NO	(Please tic	c (√) any c	one)
First/S	Sole Applicant			Second	Applica	ınt		Third	Applic	cant				РОА Арр	icant	
5. INVESTMENT & P	PAYMENT DETAILS	(refer instructio	n F) Please v	write Cheque/	'DD in favo	our of the "PPFAS	Long Term Value	Fund".								
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Mode of Payment	Cheque	DD	RTGS/NEFT	Trans	fer Letter											
Account Type	SB	Current	NRO	NRE	FCNR	Others										
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RTGS/NEFT Ref No.											Date					
Gross Amount (Rs)						DD Charges					Net Am	nount (R	s)			
Bank Name								Bank B	Branch 8	& City						
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Investor opting to h	hold units in dem	at form, may p	orovide a co	ppy of the DP	stateme	nt enable us to	match the dem	at details	as stat	ed in the	applica	tion for	m.			
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Email us at ppfasmf@ppfas.com



Visit our Website www.amc.ppfas.com

Declaration for UBO (Ultimate Beneficial Owner) (Mandatory in case of a Non-individ	ual 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 is being conducted, and includes a person who exercises ultimate effective control over a legal	
<b>Instructions:</b> An investor needs to provide these details to allow PPFAS Mutual Fund to a guidelines.	omply with applicable SEBI and FATF (Financial Action Task Force)
Declaration required from investor for compliance with FATCA guidelines, (Foreign Acc	ount 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 a your account with relevant tax authorities. If you have any questions about your tax residency status in future.	, ,
INSTRUCTION	
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- 1. **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.
- 2. 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

SIP Frequency

Monthly

Quarterly

# Systematic Investment Plan (SIP) ECS/Auto Debit Mandate Form



**ECS/Auto Debit Mandate Form** 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 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. 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 Standard То 50,000 100,000 500,000 From Any Other Amount □ Default From То 3 1 1 2 2 0 9 9 2. BANK ACCOUNT DETAILS Name (As per the Banks Record) PONEE AC Type [Please tick (1)] SB Current □ NRO DIC Account No. PAY PPFAS Long Term Value Fund OR BEARER Bank Name 2010 ₹ **Branch** S 11 DIGIT IFSC CODE **Branch Address** 9 DIGIT MICR CODE IFSC PPMF1234567 City Pin Code "888888 **88888888** 888888" 88 IFSC Code MICR Code 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/ Sole/1st Applicant/ **Guardian Authorised Signatory Guardian Authorised Signatory** 2nd Applicant/Guardian 2nd Applicant/Guardian **Authorised Signatory Authorised Signatory** 3rd Applicant/Guardian 3rd Applicant/Guardian **Authorised Signatory 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** Yellow Colour refers that principal investment will be at medium 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) **Regular Plan** Application No. PPFAS Long Term Value Fund: **Direct Plan** Folio No. ISC Stamp & Signature Date SIP Amount

First / Sole Applicant / Guardian



**Third Applicant** 

# Bank Accounts Registration Form Multiple Banks/Bank Change/Default Bank/Deletion

	ms and conditions mentioned overleaf and attach necessary documents for ro /s not used by you to avoid any unathorised use. Use separate forms for sepc		of bank acco	ounts. Form should be filled legibly in English and in CAPITALS.
Folio No.	For Existing Investors	Applicatio	n No.	For New Investors
Name	1st Applicant		PAN	
	A - ADDITION OF B.	BANK ACC	OUNTS	
specific request in shall be registered	Your following bank accounts for all investments in my/our folio. I/we understand my/our redemption request. I/We understand that the bank accounts listed beloonly if there is a scope to register additional bank accounts in the folio subject to a count, Investors should produce original for verification or submit originals	ow shall be a maximum	taken up for of five in the c	registration in my/our folio in the order given below and the same case of individuals and ten in the case of non individuals.
АС Туре	[Please tick (🗸)] SB Current NRO NRE F	CNR 🔲	Other	
Account No.				
Bank Name		Bro	ınch	
Branch Addre	ess			
City		Pin	Code	
IFSC Code #		Wid	CR Code*	
Document attac	ned (Any one) Cancelled Cheque with name pre-printed Bank state	ement	Pass book	Bank Certificate
(# 11 digit code	printed on your cheque. * 9 digit code on your cheque next to th	ne cheque	number.)	
AC Type	[Please tick (✔)] SB Current NRO NRE F	CNR 🔲	Other	
Account No.				
Bank Name		Bro	ınch	
Branch Addre	ss			
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IFSC Code #		Wie	CR Code*	
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AC Type	[Please tick (🗸)] SB Current NRO NRE F	CNR [	Other	
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IFSC Code #		Wid	CR Code*	
Document attac	ned (Any one) Cancelled Cheque with name pre-printed Bank state	ement	Pass book	Bank Certificate
АС Туре	[Please tick (🗸)] SB Current NRO NRE F	CNR 🔲	Other	
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Bank Name		Bro	ınch	
Branch Addre	ss			
City		Pin	Code	
IFSC Code #		Wid	CR Code*	
Document attac	ned (Any one) Cancelled Cheque with name pre-printed Bank state	ement	Pass book	Bank Certificate
	B - DEFAULT BANK  ank accounts registered with you or mentioned above, please register the following the above mentioned foliowill be paid:			a Default Bank Account into which future redemption and/or
Bank Name		ccount No		
	be signed as per mode of holding. In case of non-Individual Unit holders,			ORISED SIGNATORIES) (For Part A and B) (MANDATORY)

**Second Applicant** 

# Folio No. For Existing Investors Application No. For New Investors Name Ist Applicant PAN Bank Name Account No. Bank Name Account No. Bank Name Account No. Bank Name Account No. 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

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. 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 of 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 payin bank details with the accounts registered in the folio.

PPFAS - 91 22 6140 6537



Email us at ppfasmf@ppfas.com



# THIRD PARTY PAYMENT DECLARATION FORM



Third Party Payment	Declaration Form	n should be com	pleted in	n Englisl	h and	in Blocl	k Letter	rs only.		- 1		_		There	e's on	ly one r	ight wa	/°		
(Please read the Thi		rules and Instru	ctions co	arefully	before	compl	leting t	his Form	1)	Declai	ration	Form	No.							
FOR OFFICE USE (					- "															
Date o	of Receipt				Folio	No.							Bar	nk Tran	sacti	ion No.				
1. BENEFICIAL INV	ESTOR INFORM	ATION (Refer li	nstructi	ion No.	. 2)															
Folio No.	For	<b>Existing Investo</b>	ors				Арр	lication	n No.				Fo	r New	/ Inv	estors				
Name						Benefi	icial In	vestor												
2. THIRD PARTY IN	IFORMATION (F	Refer Instructio	n No. 3	3)																
Name of the Thir	d Party				Perso	on Mal	king th	ne Payn	nent											
Nationality			PAN											[Please (Mandat		any amo	Proof Att		tion No.	6 & 8.
		-																		
Name of the Con	tact Person						In co	ase of N	lon-ir	ndividu	al Thire	d Part	У							
Designation																				
Mailing Address (	P.O. box addre	ss is not suffici	ent)																	
CITY			S	tate									Pin C	ode						
OVERSEAS ADDRES	SS (Mandatory	in case of NF	RIs/FIIs	/PIOs)	(P. O	. Box	Addre	ess is n	ot be	suffic	cient)									
CONTACT DETAILS	OF FIRST / SO	DLE APPLICAN	T STD (	Code																
Mobile No.						Email	ID													
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RELATIONSHIP OF TH	HIRD PARTY WIT	H THE BENEFICI	AL INVI	ESTOR (	(Refer	r Instru	ction I	No 3) [P	lease	tick (🗸	<b>')]</b> (Mar	ndator	y for a	ny am	ount					
Status of the Beneficial Investor		Minor		FII	l		Clie	ent							E	mploye	ee(s)			
Relationship of Third Party with	Parents	_		Custo SEBI R		ıtion No	. of Cus	stodian								Employ	yer			
the Beneficial	Grand Parent Related Perso			Regist	tration	Valid Til	I													
lilvesioi	Please specify			D	D	M	M	Y	Y	Υ	Υ									
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Third Party	behalf of minor is natural love and o					d the so us by Fl		f this pay t.	ment	is from	funds	lump	sum /	under one-tin	Syste ne si	, ematic ubscript	Investration, the	ent Pla ough F	ans or Payroll	as
3. THIRD PARTY PA	VAAFNIT DETAIL 6	/Defendant	tion No	A)								Deau	ictions.							
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RTGS		Copy of the I	Instructio	on to the	Banks	tating th	ne Bank	< Account	Numb	oer whic	h has be	en deb	oited.							
NEFT Fund Transfer																				
*PPFAS Mutual Fund / Pl Third Party for establishi			nited ("PF	PFAS AM	IC") res	erves th	ne right	to seek ii	nform	ation an	d/or ob	tain sud	ch othe	r additi	onal	docume	ents/ in	format	ion fro	m the
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<sup>\*</sup> 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:

					, ,			,		n that the funds for subscription have been	remitted from abroad through normal banking
channels or from tun	ds in my / our Non-Resi	ident Ex	kternal.	/ Ordin	ary Acc	ount/l	-CNR A	ccount.			Signature of the Third Party
Please (✔) ☐ Yes Ifyes, (✔) ☐ Repo ☐ Non-		D	D	M	M	Υ	Y	Υ	Υ		

# 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	Υ	Y	Υ	Y
	_						

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

- 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).
  - (iii) 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 aift.
- 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.
  - 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 <a href="http://amc.ppfas.com">http://amc.ppfas.com</a> for any information or updates on the same.

PPFAS - 91 22 6140 6537



Email us at ppfasmf@ppfas.com



Application No.:



Please fill this form in ENGLISH and in BLOCK LETTERS.

www.camskra.com

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