



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)

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.	
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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 inappropriateness, 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.		
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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*	<input type="checkbox"/> 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*	<input type="checkbox"/> Proof Attached (Mandatory)
Contact No.	(Proof of relationship with minor @ Please (✓) <input type="checkbox"/> Attached @ Mandatory)		
Relationship with Minor	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Court appointed Legal guardian (Please specify relationship _____)

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

Correspondence Address	City	Pin code	Country
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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
<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"/> Body Corporate	<input type="checkbox"/> LLP	<input type="checkbox"/> Single
<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"/> Others		<input type="checkbox"/> Joint
<input type="checkbox"/> HUF	<input type="checkbox"/> Society Club	<input type="checkbox"/> Partnership	<input type="checkbox"/> QFI/FPI/NPO	<input type="checkbox"/> FII	(Please Specify)		<input type="checkbox"/> Anyone or Survivor

4a. Occupation Details (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"/> Non Profit Organisation	<input type="checkbox"/> Others	(Please Specify)		

4b. Gross Annual Income (Please (✓) any one)

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crores >1 Crore **OR**

Net-worth (Mandatory for Non-individuals) _____ as on **DD M M Y Y Y Y** (Not older than 1 year)

5. Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)

Are you a PEP Are you a relative of PEP Are you a close associate of 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.

5a. Non-individual Investors involved/providing any of the mentioned services (Please (✓) any one)

Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services

Money Lending/Pawning None of these

6. Joint Applicant's Details**6a. Second Applicant [Please tick (✓)] Resident Individual 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* Proof Attached (Mandatory)

Occupation Details (Please (✓) any one)

Service Private Sector Public Sector Government Student Professional Housewife Retired
 Agriculture Proprietorship Business Others _____ (Please Specify)

Gross Annual Income (Please (✓) any one)

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crores >1 Crore **OR**

Net-worth (Mandatory for Non-individuals) _____ as on **DD M M Y Y Y Y** (Not older than 1 year)

Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)

Are you a PEP Are you a relative of PEP Are you a close associate of 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.

6b. Third Applicant [Please tick (✓)] Resident Individual 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* Proof Attached (Mandatory)

Occupation Details (Please (✓) any one)

Service Private Sector Public Sector Government Student Professional Housewife Retired
 Agriculture Proprietorship Business Others _____ (Please Specify)

Gross Annual Income (Please (✓) any one)

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crores >1 Crore **OR**

Net-worth (Mandatory for Non-individuals) _____ as on **DD M M Y Y Y Y** (Not older than 1 year)

Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)

Are you a PEP Are you a relative of PEP Are you a close associate of 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.

7. Details of Power of Attorney (POA)

Name of POA (Mr./Ms./M/s.) _____

PAN/ PEKRN# _____ KYC* Proof Attached (Mandatory)

8. Demat Account Details (Optional - Refer Instruction k) (PPIN will not be mailed by CAMS if units held in Demat mode)

NSDL	DP Name	CDSL	DP Name
	DP ID		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.)

Bank Account Details

(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)

Unitholders 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".

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 <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.

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**.	(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)

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 PMLA guidelines.

14. Nomination (Refer Instruction L) (Mandatory for new folios of individuals where mode of holding is single) (For units in non-demot 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

Sole / First Applicant / Guardians / Proprietor

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	
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 [#]		Tax Payer Ref ID. No. 1 %		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	
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 [#]		Tax Payer Ref ID. No. 1 %		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	
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 [#]		Tax Payer Ref ID. No. 1 %		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 [#]			Occupation Details	<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Other	specify
Father's name	(Even married women should mention father's name)						
Date of Birth			Date of Incorporation			Place / City of 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 [#]		Tax Payer Ref ID. No. 1 [%]	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.

Gross Annual Income (Please (✓) any one)

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crores >1 Crore **OR**

Net-worth (Mandatory for Non-individuals) _____ as on DD MM YYYY (Not older than 1 year)

Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)

Are you a PEP Are you a relative of PEP Are you a close associate of PEP No, I am not a PEP or relative of a PEP or a close associate of a PEP

Note: A PEP is 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.

Instructions

1. I / We have understood the information requirement of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information 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. 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.
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.

DECLARATION

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 model), 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

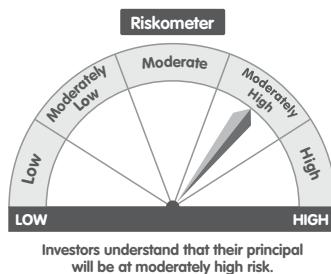
Investor should note that this scheme is suitable for investors who have investment horizon of minimum 5 years.

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



SIGN HERE



SIGN HERE

FIRST OR SOLE APPLICANT/ GUARDIAN/POA

SECOND APPLICANT

THIRD APPLICANT



ACKNOWLEDGMENT SLIP (To be filled in by the Investor)

Application No.	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. 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