

Parag Parikh Long Term Value Fund Common Application Form



A Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The Application Form should be completed in English and in **BLOCK LETTERS** only.

☐ Direct Plan ☐ Regular Plan (Refer instruction Q and tick (✓) any one) ☐ Update CKYC form Number

1. KEY PARTNER/AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

Distributor/ARN No.	Sub-broker Name/Code	E352389	
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.		First Holder	Second Holder Third Holder

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

2. Transaction Charges For Applications Through Distributors Only (refer Instruction B)

In case the subscription (lumpsum) amount is Rs. 10,000/- or more and your distributor has opted to receive Transaction Charges, Rs. 150/- (for the first time mutual fund investor) or Rs. 100/- (for the investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

3. Existing Investor Details (If you have existing folio, please provide Folio No. and proceed to section 4 (Refer instruction C)

Folio No.	The details in our records under the folio no. mentioned alongside will apply for this application.
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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
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	<input type="checkbox"/> Individual (FATCA Declaration is mandatory)	<input type="checkbox"/> 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"/> 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"/> HUF <input type="checkbox"/> Society Club <input type="checkbox"/> Partnership <input type="checkbox"/> QFI/FPI/NPO <input type="checkbox"/> FIs (Please Specify)	<input type="checkbox"/> Single <input type="checkbox"/> Joint <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)					
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crores <input type="checkbox"/> >1 Crore OR					
Net-worth (Mandatory for Non-individuals) _____ as on		<div style="border: 1px solid black; padding: 2px;"> DD MM YYYY </div> (Not older than 1 year)			
5. Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)					
<input type="checkbox"/> Are you a PEP <input type="checkbox"/> Are you a relative of PEP <input type="checkbox"/> Are you a close associate of PEP <input type="checkbox"/> No, I am not a PEP or relative of a PEP or a close associates of a PEP					
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)					
<input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of these					
6. Joint Applicant's Details					
6a. Second Applicant [Please tick (✓)] <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI (Second Applicant is not allowed in case of minor as first/sole applicant.)					
Name of Second Applicant (Mr./Ms./M/s.) _____					
Nationality	_____	PAN/ PEKRN# _____	KYC* <input type="checkbox"/> Proof Attached (Mandatory)		
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"/> Others _____ (Please Specify)					
Gross Annual Income (Please (✓) any one)					
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crores <input type="checkbox"/> >1 Crore OR					
Net-worth (Mandatory for Non-individuals) _____ as on		<div style="border: 1px solid black; padding: 2px;"> DD MM YYYY </div> (Not older than 1 year)			
Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)					
<input type="checkbox"/> Are you a PEP <input type="checkbox"/> Are you a relative of PEP <input type="checkbox"/> Are you a close associate of PEP <input type="checkbox"/> No, I am not a PEP or relative of a PEP or a close associates of a PEP					
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 (✓)] <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI (Third Applicant is not allowed in case of minor as first/sole applicant.)					
Name of Third Applicant (Mr./Ms./M/s.) _____					
Nationality	_____	PAN/ PEKRN# _____	KYC* <input type="checkbox"/> Proof Attached (Mandatory)		
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"/> Housewif <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Business <input type="checkbox"/> Others _____ (Please Specify)					
Gross Annual Income (Please (✓) any one)					
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crores <input type="checkbox"/> >1 Crore OR					
Net-worth (Mandatory for Non-individuals) _____ as on		<div style="border: 1px solid black; padding: 2px;"> DD MM YYYY </div> (Not older than 1 year)			
Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)					
<input type="checkbox"/> Are you a PEP <input type="checkbox"/> Are you a relative of PEP <input type="checkbox"/> Are you a close associate of PEP <input type="checkbox"/> No, I am not a PEP or relative of a PEP or a close associates of a PEP					
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*	<input type="checkbox"/> 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	IN _____		DP ID	_____
	Beneficiary Ac No.	_____		Beneficiary Ac. No.	_____

* Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.

9. Bank Details (The name of the Sole/First applicant must be pre printed on the cheque.)					
Bank Account Details <small>(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.</small>					
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 <input type="checkbox"/> 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 "Parag Parikh Long Term Value Fund".					
Scheme Name	Parag Parikh 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			<input style="width: 100%;" type="text"/>		
If you are not UBO for this Account/ Folio, then state the name of UBO along with separate declaration for UBO.			<input style="width: 100%;" type="text"/>		
Note: The beneficial owner means the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.					
Instructions: An investor needs to provide these details to allow PPFAS Mutual Fund to comply with applicable SEBI and PMLA guidelines.					
14. Nomination (Refer Instruction L) (Mandatory for new folios of individuals where mode of holding is single) (For units in non-demat format)					
<input type="checkbox"/> I/We do not wish to Nominate					
SIGN HERE		SIGN HERE		SIGN HERE	
FIRST OR SOLE APPLICANT/GUARDIAN/POA		SECOND APPLICANT		THIRD APPLICANT	
OR	<input type="checkbox"/> I/We wish to Nominate as under				
Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Relationship with Nominee	Signature of Nominee/ Guardian of Nominee (Optional)	Percentage
		To be furnished in case of the nominee is a minor			

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

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		Place / City fo Birth
Nationality		Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business			
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others			
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If YES, please Provide the following information (Mandatory).

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.

	Country of Tax Residency 1 [#]	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		Place / City fo Birth
Nationality		Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business			
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others			
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If YES, please Provide the following information (Mandatory).

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.

	Country of Tax Residency 1 [#]	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		Place / City fo Birth
Nationality		Country of Birth		
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business			
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others			
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If YES, please Provide the following information (Mandatory).

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.

	Country of Tax Residency 1 [#]	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 mentioned father's name)							
Date of Birth		Date of Incorporation		Place / City fo Birth					
Nationality		Country of Birth							
Type of address given at KRA		<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business							
Permissible documents are		<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others							
Is the applicant(s)/Guardian's Country of Birth/Citizenship/Nationality/Tax Residency other than India?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please Provide the following information (Mandatory). Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference numbers below.									
Country of Tax Residency 1 [#]		Tax Payer Ref ID. No. 1 [%]				Identification Type (TIN or other, please specify)			
1									
2									
3									
<small># 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.</small>									
Gross Annual Income (Please (✓) any one)									
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crores <input type="checkbox"/> >1 Crore OR									
Net-worth (Mandatory for Non-individuals) _____ as on D D M M Y Y Y Y (Not older than 1 year)									
Declaration on your PEP (Politically Exposed Person) Status (Please (✓) any one)									
<input type="checkbox"/> Are you a PEP <input type="checkbox"/> Are you a relative of PEP <input type="checkbox"/> Are you a close associate of PEP <input type="checkbox"/> No, I am not a PEP or relative of a PEP or a close associates of a PEP									
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.									
Instructions									
1. I /We have understood the information requirement of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the indormation provided by me/us on this Form is true, correct, and complete. I / We also confirm that I /We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. 2. 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,									