



**9. FIRST APPLICANT'S BANK ACCOUNT DETAILS (Mandatory) (Please attach copy of cancelled cheque)**

|                      |  |  |  |  |  |                            |  |  |  |  |              |  |                                  |                              |                              |                                 |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|----------------------------|--|--|--|--|--------------|--|----------------------------------|------------------------------|------------------------------|---------------------------------|--|--|--|--|--|--|--|--|--|
| Name of the Bank     |  |  |  |  |  |                            |  |  |  |  | Branch       |  |                                  |                              |                              |                                 |  |  |  |  |  |  |  |  |  |
| Account No.          |  |  |  |  |  |                            |  |  |  |  | Account Type | <input type="checkbox"/> Savings                                     | <input type="checkbox"/> Current | <input type="checkbox"/> NRO | <input type="checkbox"/> NRE | <input type="checkbox"/> Others |  |  |  |  |  |  |  |  |  |
| Bank Address         |  |  |  |  |  |                            |  |  |  |  |              |  |                                  |                              |                              |                                 |  |  |  |  |  |  |  |  |  |
| Pincode              |  |  |  |  |  | State                      |  |  |  |  |              | City   |                                  |                              |                              |                                 |  |  |  |  |  |  |  |  |  |
| MICR Code (9 digits) |  |  |  |  |  | *IFSC Code for NEFT / RTGS |  |  |  |  |              | *This is an 11 Digit Number, kindly obtain it from your Bank Branch. |                                  |                              |                              |                                 |  |  |  |  |  |  |  |  |  |

**10. INVESTMENT & PAYMENT DETAILS** The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

Scheme Name \_\_\_\_\_ Option  Growth\*  Dividend \*Default Option

Dividend Facility  Payout  Re-Investment\*  Transfer<sup>\$</sup> Dividend Frequency \_\_\_\_\_

<sup>\$</sup>Dividend Transfer To \_\_\_\_\_ Scheme Name and option

Mode of Investment  Lump Sum Only  SIP Only  Lump Sum with SIP  Micro Investment

|  |  |   |   |                        |
|--|--|---|---|------------------------|
| Payment Type [Please ✓]  | <input type="checkbox"/> Non-Third Party Payment | <input type="checkbox"/> Third Party Payment (Please attach Third Party Payment Declaration Form) |   |                        |
| Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹) | DD Charges, if any                               | Net Cheque/ DD Amount   | Cheque / DD / Payment Instrument No. & Date | Drawn on Bank / Branch |
|  |  |   |   |                        |

SIP Investment (Please ✓ any one)  Daily  Monthly  Quarterly

SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)  
Please also fill and attach the SIP Auto Debit Facility Form OR

SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details

Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Dated From DDMMYYYY To DDMMYYYY

Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)  
Instalment Amount ₹ \_\_\_\_\_  
SIP Date (Please ✓):  1st  7th  10th  15th  25th  All 5 dates  
 Till I/We instruct to discontinue the SIP  No. of instalments \_\_\_\_\_

Please mention  
Enrolment Period: From MMYYYY To MMYYYY

**11. DEMAT ACCOUNT DETAILS**

|  |                     |  |  |   |               |  |  |
|--|---------------------|--|--|---|---------------|--|--|
| National Securities Depository Limited |                     |  |  | Central Depository Services (India) Limited |               |  |  |
| Depository Participant Name            | Mr / Ms / M/s       |  |  | Depository Participant Name                 | Mr / Ms / M/s |  |  |
| DP ID No.                              | Beneficiary A/c No. |  |  | Target ID No.                               |               |  |  |

**12. NOMINATION DETAILS** (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form)

I/We do not wish to nominate OR  I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

| Name and Address of the Nominee(s) | PAN | Date of Birth | Name & Address of Guardian (to be furnished in case the nominee is minor) | Signature of Guardian / Nominee | Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%) |
|------------------------------------|-----|---------------|---|---------------------------------|---|
| Nominee 1                          |     |               |   |                                 |   |
| Nominee 2                          |     |               |   |                                 |   |
| Nominee 3                          |     |               |   |                                 |   |

**13. DECLARATION AND SIGNATURES**

I/We hereby confirm and declare as under:-

I/We have read and understood the contents of the Statement of Additional Information of DHFL Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of DHFL Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of DHFL Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/DHFL Pramerica Mutual Fund, I/We hereby authorise the AMC/DHFL Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that DHFL Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify DHFL Pramerica Asset Managers Private Limited (erstwhile Pramerica Asset Managers Private Limited) immediately in the event the information in the self-certification changes.

For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan.

Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) 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(s).

Please ✓ if the EUIN space is left blank: 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.

|   |  |  |
|---|--|--|
| 1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression | 2nd Applicant Signature / POA Signature / Thumb Impression | 3rd Applicant Signature / POA Signature / Thumb Impression |
|---|--|--|

# SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



Pramerica

MUTUAL FUND

Please read the Scheme information Document of the respective scheme for minimum SIP instalment, minimum SIP period and aggregate amount of investment.

## 1. DISTRIBUTOR INFORMATION

| ARN code    | Sub broker ARN code | Sub broker code (as allotted by ARN holder) | Employee Unique Identification Number (EUIIN) |
|-------------|---------------------|---|---|
| ARN - 15114 | ARN -               |   | E087300                                       |

Incase the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 3 related to EUIIN.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

## 2. APPLICANT INFORMATION

Application No. / Existing Folio No. \_\_\_\_\_

Name of Sole/ 1<sup>st</sup> Applicant \_\_\_\_\_

## 3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility)

Scheme Name \_\_\_\_\_ Option  Growth\*  Dividend \*Default Option

Dividend Facility  Payout  Re-Investment\*

Dividend Frequency \_\_\_\_\_

SIP Frequency (Please ✓ any one)  Daily\*  Monthly  Quarterly

SIP Date for (Monthly / Quarterly)  1st  7th  10th  15th  25th  All 5 dates

# Only for DHFL Pramerica Dynamic Asset Allocation Fund & DHFL Pramerica Large Cap Equity Fund. Facility available only through select banks. Refer Terms and Conditions - Point 3

SIP Period (Please ✓ A or B)  Till I/we instruct to discontinue the SIP (A)  No. of Instalments (B) \_\_\_\_\_

Please mention Enrolment Period:

Instalment Amount (In figures) ₹ \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
M M Y Y Y Y M M Y Y Y Y

**DECLARATION & SIGNATURE:** I/we hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto 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 AMC, about any changes in my/our bank account. I/we have read and agreed to the terms and conditions mentioned. I/we confirm that 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 different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. For investors investing in Direct Plan: I/we hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors (Delete if not applicable): I/we hereby declare that I/we do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Please ✓ if the EUIIN space is left blank: I/we hereby confirm that the EUIIN 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.

Authorisation to Bank: This is to inform that I/we have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DHFL Pramerica Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/we authorize the representatives of DHFL Pramerica Mutual Fund carrying t his mandate form to get it verified and executed. I/we authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

| SIGNATURE (S)<br>(Applicants must sign as per Common Application Form) | 1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA | 2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA | 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA |
|--|---|---|---|
|  |   |   |   |

## 4. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order)

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature of Authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customer's Bank)



## MANDATE INSTRUCTION FORM (Please read Instruction no. 4 overleaf) (\*Mandatory field)

MUTUAL FUND

UMRN \_\_\_\_\_ For office use \_\_\_\_\_ Date\* D D M M Y Y Y Y

Sponsor Bank Code \_\_\_\_\_ For office use \_\_\_\_\_ Utility Code \_\_\_\_\_ For office use \_\_\_\_\_

CREATE  I/we hereby authorize \_\_\_\_\_ DHFL PRAMERICA MUTUAL FUND to debit (Please ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

MODIFY  Bank a/c number\* \_\_\_\_\_

CANCEL  With Bank\* \_\_\_\_\_ Name of customers bank \_\_\_\_\_ IFSC\* \_\_\_\_\_ MICR\* \_\_\_\_\_

an amount of Rupees\* \_\_\_\_\_ SIP instalment amount in words \_\_\_\_\_ ₹ In Figures \_\_\_\_\_

FREQUENCY\*  Mthly  Qtly  H-Yrly  As & When presented DEBIT TYPE\*  Fixed Amount  Maximum Amount

Reference - 1 \_\_\_\_\_ Application no. / Folio number \_\_\_\_\_ Phone No \_\_\_\_\_

Reference - 2 \_\_\_\_\_ Email ID \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD\*

From \_\_\_\_\_ To \_\_\_\_\_ OR \_\_\_\_\_  
x x Signature of first account holder x x Signature of second account holder x x Signature of third account holder

\_\_\_\_\_ Name of first account holder\* \_\_\_\_\_ Name of second account holder\* \_\_\_\_\_ Name of third account holder\*  
 Until Cancelled

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank where I have authorized the debit.

**Additional KYC Information and FATCA & CRS  
Annexure for Individual Accounts**  
(Including Sole Proprietor) (Refer to instructions)



**Pramerica**

MUTUAL FUND

**FIRST / SOLE APPLICANT / GUARDIAN**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth           Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

| Country# | Tax Identification Number * | Identification Type (TIN or Other, please specify) |
|----------|-----------------------------|--|
|          |                             |  |
|          |                             |  |

\*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 \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
Net-worth (Mandatory for Non-Individuals) ₹  as on         (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**SECOND APPLICANT**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth           Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

| Country# | Tax Identification Number * | Identification Type (TIN or Other, please specify) |
|----------|-----------------------------|--|
|          |                             |  |
|          |                             |  |

\*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 \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  
 Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
Net-worth (Mandatory for Non-Individuals) ₹  as on         (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**THIRD APPLICANT**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

| Country# | Tax Identification Number * | Identification Type (TIN or Other, please specify) |
|----------|-----------------------------|--|
|          |                             |  |
|          |                             |  |

\*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 \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
 Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**POWER OF ATTORNEY (POA) HOLDER**

Name

Gender  Male  Female PAN  Occupation  Service  Business  Others

Father's Name

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

| Country# | Tax Identification Number * | Identification Type (TIN or Other, please specify) |
|----------|-----------------------------|--|
|          |                             |  |
|          |                             |  |

\*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 \$

Occupation Details  Service Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify)

Gross Annual Income  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR  
 Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

Politically Exposed Person (PEP) Status\*  PEP  Related to PEP  Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent publications 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.

**CERTIFICATION**

I / We have understood the information requirements 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

**SIGNATURES**

First / Sole Applicant / Guardian Second Applicant Third Applicant

Date  Place