

10. FATCA and CRS DETAILS For Individuals (Including Sole Proprietor) (Mandatory). Non Individual investors should mandatorily fill separate FATCA/CRS details form

Sole / 1 st Applicant / Guardian			2 nd Applicant			3 rd Applicant / POA		
Country of Birth	COUNTRY		Country of Birth	COUNTRY		Country of Birth	COUNTRY	
Country ¹	Tax Identification Number	IdentificationType	Country ¹	Tax Identification Number	IdentificationType	Country ¹	Tax Identification Number	IdentificationType
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

¹Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.

11. KYC Details (Mandatory) Occupation [Please tick (✓)]

Sole / 1st Applicant / Guardian	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
2nd Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
3rd Applicant / POA	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

Gross Annual Income [Please tick (✓)]

Sole / 1st Applicant / Guardian	<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 crore	<input type="checkbox"/> >1 crore	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)
2nd Applicant	<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 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____
3rd Applicant / POA	<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 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____

Others [Please tick (✓)]

Sole / 1st Applicant / Guardian	For Individuals [Please tick (✓)]: <input type="checkbox"/> I am Politically Exposed Person (PEP) ¹ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer Instruction No. 4 (F)):
	(i) Foreign Exchange / Money Changer Services – OYES ONO; (ii) Gaming / Gambling / Lottery / Casino Services – OYES ONO; (iii) Money Lending / Pawning – OYES ONO
2nd Applicant	<input type="checkbox"/> I am Politically Exposed Person (PEP) ¹ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
3rd Applicant / POA	<input type="checkbox"/> I am Politically Exposed Person (PEP) ¹ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

¹PEP 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.

12. 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 **DHFL PRAMERICA** Option Growth* Dividend *Default Option

Dividend Facility Payout Re-Investment Dividend Frequency _____

DHFL PRAMERICA

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

Payment Type [Please ✓]	Non-Third Party Payment	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) 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 & subsequent Instalment cheque Details

Cheque Nos. From _____ To _____

Dated From To

Second & Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)
Instalment Amount ₹ _____

SIP Date (Please ✓): 1st 7th 10th 15th 21st 25th 28th All 7 dates

SIP Period (Please ✓): Till I/We instruct to discontinue the SIP No. of instalments _____

Please mention Enrolment Period: From To

13. 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.	

14. 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					

15. 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). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form 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 shall be liable for it. 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 end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees (the 'Authorised 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 and other investigation agencies without any obligation of advising me/us of the same.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

2nd Applicant Signature / POA Signature / Thumb Impression

3rd Applicant Signature / POA Signature / Thumb Impression

DHFL Pramerica Asset Managers Private Limited
(erstwhile Pramerica Asset Managers Private Limited)

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CIN : U74900MH2008FTC187029

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 - 58603 - VRIDHI	ARN -		E 026768

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/ 1st Applicant _____

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

Scheme Name **DHFL PRAMERICA** _____ *Option Growth Dividend

*Dividend Facility Payout Re-Investment

*Dividend Frequency _____

SIP Frequency (Please ✓ any one) Monthly Quarterly

SIP Date for (Monthly / Quarterly) 1st 7th 10th 15th 21st 25th 28th All 7 dates

Instalment Amount (In figures) ₹ _____

SIP Period (Please ✓ A or B)	Please mention Enrolment Period:	
<input type="checkbox"/> Till I/We instruct to discontinue the SIP (A)	From	To
<input type="checkbox"/> No. of Instalments (B) _____	M M Y Y Y Y	M M Y Y Y Y

* Please refer SID for default option

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 this 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) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 rd 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)

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
CANCEL Bank a/c number* _____

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 D D M M Y Y Y Y _____ x x Signature of first account holder x x Signature of second account holder x x Signature of third account holder
To D D M M Y Y Y Y _____
OR Until Cancelled _____ Name of first account holder* _____ Name of second account holder* _____ Name of third account holder* _____

• 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.