

# COMMON APPLICATION FORM



(To be Used / Distributed along with Scheme Information Document)

Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form.

Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

Application No. \_\_\_\_\_

## 1. DISTRIBUTOR INFORMATION

RIA/ARN code	RIA/ARN Name	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN - <b>ARN-167174</b>		ARN -		<b>E326136</b>

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Declaration for "execution-only" transaction (only where EUIIN box is left blank). We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signature of 1st Applicant / Guardian	Signature of 2nd Applicant	Signature of 3rd Applicant
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## 2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please ✓ any one of the below) (refer instruction no. 2)

I confirm that I am a First time investor in Mutual Funds. OR  I confirm that I am an existing investor in Mutual Funds.

**Go Green Initiative**

Opt-in – Physical

Opt-out – Email

Refer instruction no. 12

## 3. EXISTING FOLIO NUMBER

\_\_\_\_\_ The details in our records under the folio number mentioned alongside will apply for this application.

## 4. MODE OF HOLDING

Single OR  Anyone or Survivor OR  Joint (Default option)

## 5. DEMAT ACCOUNT DETAILS

Kindly fill the below details for allotment of units in demat mode

National Securities Depository Limited		Central Depository Services (India) Limited	
Depository Participant Name		Depository Participant Name	
DP ID	IN	Beneficiary A/c No.	Beneficiary A/c No.

## 6. SOLE / FIRST APPLICANT'S DETAILS

Please ensure Name/DOB/Pin Code/Mobile/Gender mention is exact match as per Aadhaar record.

# Mandatory

Name#											Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female								
Date of Birth/Incorporation#	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other _____ please specify										
PAN#	CKYC / KIN				Aadhaar/UIDAI Enrollment No.														
Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name)																			
PAN#	CKYC / KIN				Aadhaar/UIDAI Enrollment No.														
Mailing Address [P. O. Box Address is not sufficient]																			
										City									
Pincode	(Mandatory)		State					Country											
Phone (Off.)					Fax No.					Mobile No.#	As per Aadhaar								
Phone (Res)					Email ID														
Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)																			
State					Country					Zip Code#									
<b>Status:</b> (Mandatory, please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP												
	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Company	<input type="checkbox"/> Fils	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Sole Proprietorship												
	<input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> NBFC	<input type="checkbox"/> Others _____	(please specify)														
<b>Occupation:</b>	<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)															
<b>Gross Annual Income:</b>	<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 <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)												D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
<b>For Individuals [Please ✓]:</b> <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable																			
<b>For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form</b>																			
(i)	Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	^ 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.															
(ii)	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
(iii)	Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No																

## ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No. \_\_\_\_\_

Name											PAN								
An Application for scheme	<b>DHFL PRAMERICA</b>																		
Along with Cheque / DD No. / UTR No.											Dated	D	D	M	M	Y	Y	Y	Y
Drawn on (Bank)											Amount ₹								
												Signature, Stamp & Date							

**SECOND APPLICANT'S DETAILS**

Please ensure Name/DOB/Pin Code/Mobile/Gender mention is exact match as per Aadhaar record.

# Mandatory

Name# \_\_\_\_\_ Gender# (please ✓)  Male  Female

Date of Birth# 

D	D	M	M	Y	Y	Y	Y
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 Proof of DOB (please ✓)  Passport  Birth Certificate  Other \_\_\_\_\_ (please specify)

PAN# \_\_\_\_\_ CKYC / KIN \_\_\_\_\_ Aadhaar/UIDAI Enrollment No. \_\_\_\_\_

Pincode (Mandatory) \_\_\_\_\_ Phone (Off.) \_\_\_\_\_ Mobile No.# \_\_\_\_\_ As per Aadhaar \_\_\_\_\_

Phone (Res) \_\_\_\_\_ Email ID \_\_\_\_\_

**Status:** (Mandatory, please ✓)  Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  
 Minor through guardian  Company  FIs  PIO  Body Corporate  Society/Club  Sole Proprietorship  
 Non Profit Organisation  Financial Institution  NBFC  Others \_\_\_\_\_ (please specify)

**Occupation:**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  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 

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

**For Individuals [Please ✓]:**  I am Politically Exposed Person (PEP)<sup>^</sup>  I am Related to Politically Exposed Person (RPEP)  Not applicable  
<sup>^</sup> 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.

**THIRD APPLICANT'S DETAILS**

Please ensure Name/DOB/Pin Code/Mobile/Gender mention is exact match as per Aadhaar record.

# Mandatory

Name# \_\_\_\_\_ Gender# (please ✓)  Male  Female

Date of Birth# 

D	D	M	M	Y	Y	Y	Y
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 Proof of DOB (please ✓)  Passport  Birth Certificate  Other \_\_\_\_\_ (please specify)

PAN# \_\_\_\_\_ CKYC / KIN \_\_\_\_\_ Aadhaar/UIDAI Enrollment No. \_\_\_\_\_

Pincode (Mandatory) \_\_\_\_\_ Phone (Off.) \_\_\_\_\_ Mobile No.# \_\_\_\_\_ As per Aadhaar \_\_\_\_\_

Phone (Res) \_\_\_\_\_ Email ID \_\_\_\_\_

**Status:** (Mandatory, please ✓)  Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  
 Minor through guardian  Company  FIs  PIO  Body Corporate  Society/Club  Sole Proprietorship  
 Non Profit Organisation  Financial Institution  NBFC  Others \_\_\_\_\_ (please specify)

**Occupation:**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  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 

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

**For Individuals [Please ✓]:**  I am Politically Exposed Person (PEP)<sup>^</sup>  I am Related to Politically Exposed Person (RPEP)  Not applicable  
<sup>^</sup> 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.

**7. 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.)

Mode of Investment  Lump Sum Only  SIP Only (First investment cheque is optional)  Lump Sum with SIP  Micro Investment

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

Dividend Facility  Payout  Re-Investment\* Dividend Frequency: \_\_\_\_\_ \*Default Facility

Dividend Sweep (DSF)<sup>§</sup> to **DHFL PRAMERICA** \_\_\_\_\_ (§Please refer to SID / addendum thereof for schemes available for DSF)

**Lumpsum Investment**

Payment Type [Please ✓]  Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)

Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	Cheque / DD / Payment Instrument No. & Date	Drawn on Bank / Branch

**SIP Investment**

Monthly SIP Amount (figure) \_\_\_\_\_ (words) \_\_\_\_\_

SIP Frequency (Please ✓ any one)  Monthly  Quarterly SIP Date: 

D	D
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 (Any date of the month except 29/30/31) No. of Instalment \_\_\_\_\_

Start Date 

M	M	Y	Y	Y	Y
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 End Date 

M	M	Y	Y	Y	Y
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 OR  If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).

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

SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_  
 If Start Date is not mentioned, next applicable SIP cycle date would be applied for processing. Cheque Dates From \_\_\_\_\_ To \_\_\_\_\_

**8. BANK ACCOUNT DETAILS FOR PAYOUT** (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 cheque copy or Bank Branch.					

**9. FATCA AND CRS INFORMATION** (for Individual including Sole Proprietor) (Self Certification) (For Non - Individual separate form to be submitted)

The below information is required for all applicant(s)/ guardian  
 Address Type:  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  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

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No <sup>a</sup>			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			
If TIN is not available, Please tick the reason A, B or C (as defined below)	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

#To also include USA, where the individual is a citizen/ green card holder of USA. <sup>a</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

Reason A: The country where the Account holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B: No TIN required. (Section this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C: Other, please state the reason therefore \_\_\_\_\_

For Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form available on our website www.dhflpramericamf.com

**OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMPSUM / SIP**



**ONE TIME MANDATE FORM**

(\*Mandatory field)

UMRN  For office use  Date\*

Sponsor Bank Code  CITI000PIGW Utility Code  CITI 00002000000037

CREATE   
 MODIFY   
 CANCEL

I/We hereby authorize  DHFL PRAMERICA MUTUAL FUND to debit (Please )  SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number\*

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

an amount of Rupees\*  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  Until Cancelled

         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\*

- 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.

## 10. 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.

Nominee Details	Nominee 1	Nominee 2	Nominee 3
Name			
Address			
PAN			
Date of Birth			
Relationship			
Proportion (%)*			
Name and Address of Guardian (to be furnished in case the nominee is minor)			
Signature of Guardian / Nominee			

\* (%) by which the units will be shared by each nominee (% to aggregate to 100%)

## 11. 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 Rs. 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.

**Aadhaar Update Consent:** I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Signature(s)

1 <sup>st</sup> Applicant Signature / Guardian Signature	2 <sup>nd</sup> Applicant Signature	3 <sup>rd</sup> Applicant Signature	POA Signature
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Date

Place

## INSTRUCTIONS FOR ONE TIME MANDATE FORM

One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided in the form.

This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.

- To avail this facility the investors of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional

Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DHFL Pramerica Mutual Fund.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- DHFL PMF may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investors.