

(To be used / distributed with Key Information Memorandum)



Pramerica

- MUTUAL FUND

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

Application No.

ARN code	RIA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUN)
ARN - 9992		ARN -		

Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

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

☐ I confirm that I am a First time investor in Mutual Funds.

OR

☐ I confirm that I am an existing investor in Mutual Funds.

SOLE / FIRST APPLICANT'S DETAILS										<i>Please write the Name & DOB as per Aadhaar Card</i>									
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Please write the Name & DOB as per Aadhaar Card

[illegible]

☐ Single OR ☐ Anyone or Survivor OR ☐ Joint (Default option)

Mandatory

[illegible]

Please write the Name as per Aadhaar Card

[illegible]

Please write the Name as per Aadhaar Card

[illegible]

^{\$} Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit CKYC Identification Number (CIN)

Mandatory

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 <input type="text"/>														
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														

*This is an 11 Digit Number,
kindly obtain it from your Bank Branch.

KYC Details (Mandatory)

Occupation [Please tick (✓)]

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

Gross Annual Income [Please tick (✓)]

Sole / 1 st Applicant / Guardian	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore
	OR Net worth (Mandatory for Non-Individuals) ₹ _____, as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)
2 nd Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____
3 rd Applicant / POA	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____

Others [Please tick (✓)]

Sole / 1 st Applicant / Guardian	For Individuals [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) ^a <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> 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 – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning - <input type="radio"/> YES <input type="radio"/> NO
2 nd Applicant	<input type="radio"/> I am Politically Exposed Person (PEP) ^a <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
3 rd Applicant / POA	<input type="radio"/> I am Politically Exposed Person (PEP) ^a <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

^a 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.

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 Sweep Facility (DSF)[§]

Dividend Frequency: _____

§ To Scheme

DHFL PRAMERICA

(§ Please refer to SID / addendum thereof for schemes available for DSF)

Mode of Investment ☐ Lump Sum Only ☐ SIP Only (First investment cheque is optional) ☐ 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
<input type="checkbox"/> SIP Investment (Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill and attach the SIP Auto Debit Facility Form OR <input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. From _____ To _____ Dated _____ From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>				
Second & Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ _____ SIP Date (Please ✓): <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates SIP Period (Please ✓): <input type="checkbox"/> Till I/We instruct to discontinue the SIP <input type="checkbox"/> No. of instalments _____ Please mention Enrolment Period: From <input type="text" value="MMYYYY"/> To <input type="text" value="MMYYYY"/>				

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.	

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					

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.

☐ **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.

☐ **Please✓ I/We would not like to register for INVEST NOW** to transact online as per the terms & conditions for this facility. By providing Email Id, I/We agree to receive the IPIN for INVEST NOW registration on the same.

Signature(s)

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

2nd Applicant Signature / POA Signature / Thumb Impression

3rd Applicant Signature / POA Signature / Thumb Impression

Name:

PAN / PEKRN / CKIN (Mandatory)

One Time Mandate Form

(Including SIP registration/SIP Top up facility)

Investors must read the Key Information Memorandum and the instructions before completing this Form.



Pramerica

MUTUAL FUND

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN - 9992		ARN -		

In case 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.

- ☐ 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.

2. APPLICANTS DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Sole/First Unit Holder First Name Middle Name Last Name Folio No.

3. SIP DETAILS (MANDATORY)

☐ New SIP Registration ☐ SIP renewal ☐ Change in OTM (for a SIP registered earlier)

☐ OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

Debit Bank Name Account No.

☐ OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)

Scheme Plan

Option (✓) ☐ Growth OR ☐ Dividend Payout OR ☐ Dividend Reinvestment ☐ Dividend Sweep Dividend Frequency

Payment Type [Please (✓)] ☐ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

1st Instalment Details Amt. (₹) Chq/DD No. Dated: DDMMYYYY Drawn on:

<input type="checkbox"/> SIP Investment (Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ SIP Date (Please ✓): <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates SIP Period (Please ✓): <input type="checkbox"/> Till I/We instruct to discontinue the SIP <input type="checkbox"/> No. of instalments Please mention Enrolment Period: From MMYYYY To MMYYYY
<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) OR	
<input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details	
Cheque Nos. From To Dated From DDMMYYYY To DDMMYYYY	

<input type="checkbox"/> SIP Top Up (Optional) - Available only for investments effected through Auto Debit.	
Top Up Amount ₹ Refer Instructions	Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*
Top Up to continue till SIP amount reaches^ ₹	Top Up to continue till# DDMMYYYY (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached.

*Default option if not selected

It is the date from which SIP Top Up amount will cease

** PEKRN required for Micro investments upto Rs. 50,000 in a year

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.

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
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4. OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT

DHFL Pramerica ONE TIME MANDATE FORM (Please read Instruction no. 4 overleaf) (*Mandatory field)

UMRN	For office use	Date*	DDMMYYYY
Sponsor Bank Code	CITI000PIGW	Utility Code	CITI 00002000000037
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	DHFL PRAMERICA MUTUAL FUND	to debit (Please ✓) SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY <input checked="" type="checkbox"/>	Bank a/c number*		
CANCEL <input checked="" type="checkbox"/>	With Bank*	Name of customers bank	IFSC* MICR*
	an amount of Rupees*	SIP instalment amount in words	₹ In Figures
	FREQUENCY* <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> As & When presented	DEBIT TYPE* <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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	DD	MM	YYYY
To	DD	MM	YYYY
OR	<input checked="" type="checkbox"/> Until Cancelled		
	Signature of first account holder	Signature of second account holder	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.