## **COMMON APPLICATION FORM**

(To be used / distributed with Key Information Memorandum)

Name of the Bank

Account No.

Bank Address Pincode

MICR Code (9 digits)

State

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

| Please read the instructions before filling   | g up the Application Form. Tick (✓)     | ) whichever is applicable, strike ou | t whichever is not required. Application  | on No.                                       |  |  |  |  |  |  |
|---|---|--------------------------------------|---|--|--|--|--|--|--|--|
| DISTRIBUTOR INFORMA   | ATION                                   |                                      |   |  |  |  |  |  |  |  |
| ARN code  | RIA code                                | Sub broker ARN code                  | Sub broker code (as allotted by ARN holder)   | Employee Unique Identification Number (EUIN) |  |  |  |  |  |  |
| ARN - 9992  |   | ARN -                                |   |  |  |  |  |  |  |  |
| ncase the EUIN box has been left blan<br>Jpfront commission shall be paid direct  |   |                                      | es section overleaf.<br>estor's assessment of various factors, including the servi  | ce rendered by the distributor.              |  |  |  |  |  |  |
| TRANSACTION CHARG   | ES FOR APPLICATION                      | S THROUGH DISTRIBI                   | JTORS ONLY (Please ✓ any one of the b   | pelow)                                       |  |  |  |  |  |  |
| ☐ I confirm that I am a First t   | time investor in Mutual Fund            | ls. OR                               | ☐ I confirm that I am an existing investor  | r in Mutual Funds.                           |  |  |  |  |  |  |
| EXISTING FOLIO NUMB   | ER                                      | T                                    | he details in our records under the folio number mentioned  | alongside will apply for this application.   |  |  |  |  |  |  |
| SOLE / FIRST APPLICAN   | NT'S DETAILS                            |                                      | Please w  | ite the Name & DOB as per Aadhaar Card       |  |  |  |  |  |  |
| Name  |   |                                      |   | Gender (please ✓) ☐ Male ☐ Female            |  |  |  |  |  |  |
| Date of Birth (DOB) (Mandatory)   | D D M M Y Y                             | Y Y Pro                              | of of DOB of Minor enclosed (please ✓) ☐ Passpi   | ort  Birth Certificate Other please specify  |  |  |  |  |  |  |
| PAN   | CKYC ID No.\$                           |                                      | Aadhaar/UIDAI Enrollment No.#   |  |  |  |  |  |  |  |
| Guardian Name (if Sole/ First appl  |   | n Name (For Non Individuals) Mu      |   |  |  |  |  |  |  |  |
| PAN PAN   | CKYC ID No.\$                           |                                      | Aadhaar/UIDAI Enrollment No.#   |  |  |  |  |  |  |  |
|   |   |                                      | Additional |  |  |  |  |  |  |  |
| Mailing Address [P. O. Box Addres   | ss 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 | on to mailing address)               |   |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |
| State   |   | Country                              |   | Zip Code                                     |  |  |  |  |  |  |
| Status of the First Applicant (Mandatory, please   Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian Body Corporate Society/Club Sole Proprietorship Non Profit Organisation Others |   |                                      |   |  |  |  |  |  |  |  |
| MODE OF HOLDING ☐ Single OR ☐ Anyone or Survivor OR ☐ Joint (Default option) # Mandatory  |   |                                      |   |  |  |  |  |  |  |  |
| SECOND APPLICANT'S DETAILS  Please write the Name as per Aadhaar Card   |   |                                      |   |  |  |  |  |  |  |  |
|   |   |                                      | · ·   | ease write the Name as per Adunaar Gard      |  |  |  |  |  |  |
| Name Mr Ms  |   |                                      |   |  |  |  |  |  |  |  |
| PAN   | CKYC ID No.\$                           |                                      | Aadhaar/UIDAI Enrollment No.#   |  |  |  |  |  |  |  |
| THIRD APPLICANT'S D   | ETAILS                                  |                                      | P   | lease write the Name as per Aadhaar Card     |  |  |  |  |  |  |
| Name Mr Ms  |   |                                      |   |  |  |  |  |  |  |  |
| PAN   | CKYC ID No.\$                           |                                      | Aadhaar/UIDAI Enrollment No.#   |  |  |  |  |  |  |  |
| POWER OF ATTORNEY   | (POA) HOLDER DETAI                      | ILS (If investment is being          | made by a Constituted Attomey)  |  |  |  |  |  |  |  |
| Name Mr Ms  |   |                                      |   |  |  |  |  |  |  |  |
| PAN   | CKYC ID No.\$                           |                                      | Aadhaar/UIDAI Enrollment No.#   |  |  |  |  |  |  |  |
| s Individual client who has registered u  |   | y (CKYCR) has to fill the 14 digit 0 |   | # Mandatory                                  |  |  |  |  |  |  |
| FIRST APPLICANT'S BA  | NK ACCOUNT DETAILS                      | S (Mandatory) (Please attach co      | ppy of cancelled cheque)  |  |  |  |  |  |  |  |

Branch

City

\*IFSC Code for NEFT / RTGS

Account Type Savings Current NRO NRE Others

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

| KVC Detaile  | (Mandatory)  | 000  | unation [Dlag  | oo tiek ( <)1   |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|
| KYC Details (  | O Private Sector Se  |  | upation [Plea  | ernment Service   | O Business   | ○ Profe  | essional   | O Agriculturist  | ○ Retired  |  |  |
| Guardian   | O Housewife O Private Sector Se  | O Student  Prvice O Public Sector Service  |  | ex Dealer<br>ernment Service  | Others (Please specify)  | ○ Profe  | ssional  | O Agriculturist  | ○ Retired  |  |  |
| 2 <sup>nd</sup> Applicant  | O Housewife  | <ul> <li>Student</li> </ul>  | ○ Fore   | ex Dealer   | Others (Please specify)  |  |  |  |  |  |  |
| 3 <sup>rd</sup> Applicant / POA  | Private Sector Se     Housewife  | Public Sector Servi<br>Student   |  | ernment Service<br>ex Dealer  | Others (Please specify)  | O Profe  | ssional  | O Agriculturist  | O Retired  |  |  |
| Gross Annual   | Income [Pleas  | se tick (✓)]   |  |   |  |  |  |  |  |  |  |
| Sole / 1st Applicant /   | O Below 1 Lac  | ○ 1-5 Lacs ○ 5-10 Lacs ○   | 10-25 Lacs O >25   | Lacs-1 crore O >1   | crore  |  |  | Total Al Li II   | 4  |  |  |
| Guardian<br>2 <sup>nd</sup> Applicant  | ,  | atory for Non-Individuals) ₹<br>○ 1-5 Lacs ○ 5-10 Lacs ○   | 10-25 Lacs () >25  | Lacs-1 crore O >1 c   | crore OR Net worth₹  | as on  | D D M M Y Y  | Y Y (Not older tha   | n 1 year)  |  |  |
| 3 <sup>rd</sup> Applicant / POA  |  | ○ 1-5 Lacs ○ 5-10 Lacs ○   |  |   | crore OR Net worth₹  |  |  |  |  |  |  |
| Others [Please   | e tick (✓)]  |  |  |   |  |  |  |  |  |  |  |
| Sole / 1 <sup>st</sup> Applicant /<br>Guardian   | For Non-Individual   | ease tick (✓)]: ○ I am Politicall<br>s [Please tick (✓)] (Please attac<br>ge / Money Changer Services – ○  | ch mandatory Ultimate  | Beneficial Ownership  | elated to Politically Exposed Perso<br>o (UBO) declaration form - Refer I<br>/ Lottery / Casino Services — O Y   | Instruction No. 4 (F)):  | t applicable   | ng - O YES O NO  |  |  |  |
| 2 <sup>nd</sup> Applicant  | ., .   | xposed Person (PEP)^   |  | ed to Politically Exposed   |  |  | neyLending/Pawning - O YES O NO ot applicable  |  |  |  |  |
| 3rd Applicant / POA  |  | xposed Person (PEP)^   |  | ed to Politically Exposed   | Person (RPEP) rnments, senior politicians, senior Gove   |  | t applicable   | of state owned cornoration   | s important political party officials e  |  |  |
|  |  |  |  |   | rinted on the cheque. (Investo   | · · · · · · · · · · · · · · · · · · ·  |  | <u> </u>   |  |  |  |
| \$ Scheme Name   | DHFL PRAMERIO  |  | or the may sole app  | meant must be pre-p   | minied on the cheque. (investi   | ors applying under Di  |  |  |  |  |  |
| Dividend Facility  |  | Re-Investment Divider  | nd Sweep Facility (D   | OSF) <sup>\$</sup> Divider  | nd Frequency:  |  | — Option L   | Growth* Div  | vidend *Default Option   |  |  |
| \$To Scheme  | DHFL PRAMERIC  | A  |  |   |  | (\$ Please refer   | to SID / addeno  | lum thereof for sch  | emes available for DSF)  |  |  |
| Mode of Investme   |  |  | ·  |   |  | licro Investment   |  |  |  |  |  |
| , ,,   | pe [Please ✓]<br>heque / DD / Paym   | Non-Third Party  | DD Charges, if   |   | Payment (Please attach 'Thir<br>Net Cheque/ DD   | Cheque / DD /  |  | Drawn or   | n Bank / Branch  |  |  |
|  | TGS/ NEFT in figur   |  |  | ,   | Amount   | Instrument No  |  | Brawn on Bank / Branon   |  |  |  |
| SIP Investme   | ent (Please √any o   | one) Monthly   | Quarterly  | Socon   | d & Subsequent Instalment [  | Ontaile: (All subseque)  | nt instalment amo  | unte chould be cam   | o as the first instalment \  |  |  |
| SIP THROUG   | GHÂUTO DEBIŤ (E  | ECS/Direct Debit/NACH)   | •  |   | nent Amount ₹  | Jetans. (An subseque   | nitii istaiinentami  | Julius Siloulu De Saili  | e as (i e ili stili stali i e ilt.)  |  |  |
| Please also fill and attach the SIP Auto Debit Facility Form OR  SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details   |  |  |  |   | ate (Please ✓):  | 7th 10th   | ☐ 15th ☐ 21st ☐ 25th ☐ 28th ☐ All 7 dates  |  |  |  |  |
| Cheque Nos. From   |  | То   | <u> </u>   | SIP Pe  | eriod (Please ✓): ☐ Till I/W   | ue the SIP   |  |  |  |  |  |
| Dated From   | mD D M N   | <u>// Y Y Y Y To</u>   | DDMMYYY  | Y Please  | mention Enrolment Period:  | FromM M  | <u> </u>   | To   | MMYYYY   |  |  |
|  | OUNT DET   | VII C  |  |   |  |  |  |  |  |  |  |
| DEMAT ACC  | OUNI DEIF  | AILO   |  |   |  |  |  |  |  |  |  |
| DEMAT ACC  |  | National Securities Depositor  | ry Limited   |   |  | Central Dep  | ository Services   | (India) Limited  |  |  |  |
| Depository Partic  | N  | National Securities Depositor  |  |   | Depository Participa   |  | ository Services   | (India) Limited  |  |  |  |
| Depository Partic  | ipant Name   | Alational Securities Depositor Mr / Ms / M/s Beneficiary A/c N   | 0.   |   | Target ID No.  | ant Name Mr /  | Ms / M/s   | (India) Limited  |  |  |  |
| Depository Partice DP ID No.  NOMINATIO  | ipant Name   | Mational Securities Depositor Mr / Ms / M/s Beneficiary A/c N To be filled in by individu  | lo. luals singly or joint  |   | Target ID No.  | ant Name Mr /  | Ms / M/s -Demat Form)  |  |  |  |  |
| Depository Partice DP ID No.  NOMINATIO  | ipant Name   | Mational Securities Depositor Mr / Ms / M/s Beneficiary A/c N To be filled in by individu  | lo. luals singly or joint  |   | Target ID No.  | ant Name Mr /  | Ms / M/s -Demat Form)  |  | /e also understand that all  |  |  |
| Depository Partic DP ID No.  NOMINATIO  I/We do not wis payment and settlet  Name an   | ipant Name   | Mational Securities Depositor Mr / Ms / M/s Beneficiary A/c N To be filled in by individu  | lo. luals singly or joint  | ed Nominee(s) to rec<br>cknowledging receip   | Target ID No.  | o hold units in Non-<br>bur credit in my/our fc<br>arge by the AMC/Mut             | Ms / M/s -Demat Form)  | of my/our death. I/Wess.  Proportion (%) be shared   | /e also understand that all by which the units will I by each nominee gregate to 100%)   |  |  |
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## **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.

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| 1. DISTRIBUTOR INFORMATION   |  |  |  |  |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
|--|--|--|--|--|---|----------------------|--|-----------------------------------|-----------------------------|-------------------|---------------------------------------|-------------------------|------------------------------------|------------------------|
| ARN cod  | е  | RIA code   |  | Sub broker Al  | RN code S   | ub                   | broker code  | (as allotted I                    | by ARN hold                 | der)              | Employee Uni                          | que Iden                | ification Numb                     | er (EUIN)              |
| ARN - 9992   |  |  |  | RN -   |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| In case the Employe<br>Upfront commission s  |  | *  | ,  |  |   |                      |  | of various fact                   | ors including               | g servic          | es rendered by                        | the distribu            | tor.                               |                        |
| Please ✓ if the or advice by the manager/sales   | e EUIN space<br>e employee/re<br>person of the | is left blank: I/We<br>elationship manage<br>distributor and the | e hereby cont<br>er/sales pers<br>distributor ha | firm that the EUIN<br>on of the above<br>is not charged an | I box has been in<br>distributor or no<br>y advisory fees | nter<br>twit<br>on t | ntionally left bla<br>thstanding the<br>this transaction | ank by me/u<br>advice of ir<br>n. | s as this is<br>n-appropria | an "ex<br>teness  | recution-only" to<br>s, if any, provi | ransactio<br>ded by th  | n without any in<br>e employee/rel | teraction<br>ationship |
| 2. APPLICAN  | ITS DETA                                       | ILS (MANDAT  | ORY) (Man  | datory to submit FA  | TCA & CRS declara   | ation                | n form if not subm                                       | nitted earlier o                  | r in case of c              | change            | in status.) (F                        | Refer Sect              | ion 2 under inst                   | ructions)              |
| Sole/First Unit Ho   |  | rst Name   |  | Mid  | Idle Name   |                      |  |                                   | Last Nan                    | ne                | Folio No.                             |                         |                                    |                        |
| 3. SIP DETA  | ILS (MAN                                       | DATORY)  |  |  |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| New  | SIP Registra                                   | tion   |  | SI   | P renewal   |                      |  | _ Ch                              | ange in O                   | TM (fo            | r a SIP registe                       | ered earli              | er)                                |                        |
| OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)  |  |  |  |  |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| Debit Bank Name Account No. Account No. OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)  |  |  |  |  |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| Scheme<br>Option (✔)   | Growth OR                                      | Dividend Pay   | out OR   | Dividend Rein  | vestment  |                      | ividend Sweep  | <u> </u>                          | Dividen                     | —<br>d Fred       | Plan<br>quency                        |                         |                                    |                        |
| Payment Type [Plea   |  |  | Party Payme                                      |  | Third Party Pa  |                      |  |                                   |                             |                   |                                       | ')                      |                                    |                        |
| 1st Instalment Deta  | ails Amt.                                      | (₹)  | Chq/DD N   |  | Dated: DD   | _                    |  | Drawn on:                         |                             |                   |                                       | ,                       |                                    |                        |
|  |  | any one)   |  |  |   |                      |  | d Subseque                        | ent Inetali                 | ment              | Details: (All s                       | euheanua                | nt instalment a                    | mounte                 |
|  |  | IT (ECS/Direct De  |  | arterry  |   |                      | should be sai<br>Instalment A                            | me as the firs<br>mount ₹ .       | st instalmer                | nt.)              |                                       |                         |                                    |                        |
|  | I POST-DATE                                    | CHEQUE Second  | and subsequ                                      | uent Instalment c  | heque Details   |                      | SIP Date (Pl   |                                   |                             | th ∐ 1            | 0th 15th                              | 21st 25                 | ith 28th Al                        | l 7 dates              |
| Cheque Nos.  | From   |  | То   | )  |   | _                    | Till I/We  |                                   | scontinue t                 | the SIF           | P No. o                               | of instalme             | ents                               |                        |
| Dated  | From   | DDMMYYY  | <u>Y</u> То                                      | D D D M  | MYYYY   | _                    | Please ment<br>Enrolment P                               | tion<br>eriod: F                  | rom                         | M M               | YYYY                                  | To                      | MMYYY                              | Υ                      |
| SIP Top Up (0  | Optional) - Av                                 | ailable only for ir  | vestments e                                      | effected through   | Auto Debit.   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| Top Up Amou  | nt ₹   | Refer Instructions   |  |  |   |                      | Top U  | Jp Frequenc                       | у 🗌 Н                       | lalf Ye           | arly 🗌 Y                              | early*                  |                                    |                        |
| Top Up to con  | tinue till SIP a                               | mount reaches^ ₹   |  |  | OR  |                      | Top U  | Jp to continu                     | ıe till# ഥ                  | D                 | M M Y Y                               | YY                      | (Please ✓ any                      | one)                   |
|  |  | ne mentioned amou  | unt is reached                                   | d.   |   |                      |  |                                   |                             |                   | p Up amount w                         |                         |                                    |                        |
| *Default option if i<br>DECLARATION & S  |  | I/We hereby declar   | e that the pa                                    | rticulars given ab   | ove are correct a   | and                  |  |                                   |                             |                   | stments upto R                        |                         |                                    | directly or            |
| DECLARATION & Someone Solution and the second secon | out any chang                                  | ges in my/our bank   | account. I/W                                     | le have read and   | agreed to the te  | erms                 | s and condition  | ns mentione                       | d. I/We cor                 | nfirm th          | hat the ARN H                         | older has               | disclosed to me                    | e/us all the           |
| ommissions (in the ne/us. For investor Applicable to Micro   | s investing in                                 | n Direct Plan: I/We<br>Delete if not appl                        | e hereby agre                                    | ee that the AMC less hereby declare                        | nas not recommendation                                    | end                  | led or advised<br>ave any existin                        | me/us regai                       | rding the su                | uitabili<br>which | ty or appropria                       | teness of<br>the currer | the product/sch                    | ieme/plan.             |
| ggregate investmer   | nts exceeding                                  | ₹ 50,000 in a yea  | r.   | - 1.0.02) 400.a.c  |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| SIGNATURE(S)   |  |  |  |  |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| (Applicants must sig<br>as per Common  | n  |  |  |  |   |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| Application Form)  | <b>★</b> Sole/1 <sup>st</sup> A                | Applicant/Guardian/A   | uthorised Signa                                  | atory/POA  | ★ 2 <sup>nd</sup> Applicant/0                             | Guai                 | rdian/Authorised   | Signatory/PC                      | )A                          | <b>x</b> 3'       | d Applicant/Guar                      | dian/Autho              | rised Signatory/P                  | OA                     |
| 4. OTM DEB   | IT MANDA                                       |  |  | / ECS / AUT  | ODERIT  |                      |  |                                   |                             |                   |                                       |                         |                                    |                        |
| DHFL (   | 🕞 Prameri                                      |  |  | NE TIME N  |   | FC                   | ORM  | (1                                | Please rea                  | ad Ins            | struction no.                         | 4 overlea               | ıf) (*Mandator                     | y field)               |
| MUTUAI   | UMRN   | _  |  | Ford   | office use  |                      |  |                                   |                             | Dat               | te* D D                               | MM                      | YYY                                | Υ                      |
|  | Sponsor Ba                                     | ank Code   |  | CITI000PIGV  | V   |                      | Uti  | ility Code                        |                             |                   | CITI 00002                            | 200000                  | 0037                               |                        |
| CREATE ✓   | I/We hereb                                     | v authorize  |  | . PRAMERICA  |   | UN                   | ID   | to debit (                        | ∟<br>Please ✓               | ) S               |                                       |                         | E / SB-NRO /                       | Other                  |
| MODIFYX  | Bank a/c ni                                    | ,  |  |  |   |                      |  | 1) 11000 01                       | 10000                       | , <u>c</u>        | 27 67 77 66 7                         |                         | 1                                  |                        |
| CANCELX  | Dank a/C III                                   |  |  | o b only   |   | IEC                  | )O*  |                                   |                             |                   | MICD*                                 |                         |                                    |                        |
| With Bank*   | <b>.</b>                                       | Name of o  |  |  |   |                      | SC*  |                                   |                             |                   | MICR*                                 | 1                       |                                    |                        |
| an amount of Ri<br>FREQUENCY*  | upees" [                                       | <b>X</b> Qtly  | X H-Yrly   | SIP instalm  | When presen   |                      |  | DEBIT                             | TVDE* [                     | VE                | l ₹<br>ixed Amount                    |                         | igures<br>Maximum An               | nount                  |
|  | IVILLITY                                       |  |  |  |   | nec                  |  |                                   |                             | <b>^</b> [        | IXEU AIIIOUIII                        | ✓                       | IVIAXIIIIUIII AII                  | Iount                  |
| Reference - 1  |  | Арріі  | cation no  | o. / Folio nu  | mber  |                      |  | Phone                             |                             |                   |                                       |                         |                                    |                        |
| Reference - 2  |  |  |  |  |   |                      |  | Email II                          |                             |                   |                                       |                         |                                    |                        |
| I agree for the debit  | of mandate pro                                 | cessing charges by   | the bank who                                     | m I am authorizing   | to debit my acco  | unt                  | as per latest so   | chedule of cha                    | arges of the                | bank.             |                                       |                         |                                    |                        |
| PERIOD*  | MM   | YYYY   |  | Namakan af Carl  | 000011111111  |                      | V V - Ct t   | una of                            | ad a == :                   |                   | 0.                                    |                         | thind                              | 0.0101                 |
| To D D   | MM   | Y Y Y Y  | XX S   | Signature of first   | account holder  | -                    | xx Signatu   | ure of secor                      | na accoun                   | t nold            | er xx Sig                             | nature of               | third account                      | noider                 |
| OR X Unt   | il Cancelled                                   |  | K.I  | ama of first case  | unt holder*   |                      | Nome   | fooond on                         | oount hala                  | lor*              | Man                                   | o of this               | l account hald                     | **                     |

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 were I have authorized the debit.