

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.



Pramerica

MUTUAL FUND

Application No.

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN - 103807	RIA -		ARN -		E133071

**As allotted by ARN holder

*Employee Unique Identification Number

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 EUIN box is left blank). I/We hereby confirm that the EUIN 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.

By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

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

Mandatory

Name# Gender# (please ✓) Male Female

Date of Birth/Incorporation# Proof of DOB of Minor enclosed (please ✓) Passport Birth Certificate Other please specify

PAN# CKYC / KIN

Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name) #

PAN# CKYC / KIN

Mailing Address [P. O. Box Address is not sufficient]

City

Pincode (Mandatory) State Country

Phone (Off.) Fax No. Mobile No.#

Phone (Res) Email ID

Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)

State Country Zip Code#

Status: (Mandatory, please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP
 Minor through guardian Company FII's 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 (Not older than 1 year)

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form

(i) Foreign Exchange / Money Changer Services Yes 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 Yes No
 (iii) Money Lending / Pawning Yes No

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.

Name	<input type="text"/>	PAN	<input type="text"/>
An Application for scheme	DHFL PRAMERICA		
Along with Cheque / DD No. / UTR No.	<input type="text"/>	Dated	<input type="text"/>
Drawn on (Bank)	<input type="text"/>	Amount ₹	<input type="text"/>

Signature, Stamp & Date

SECOND APPLICANT'S DETAILS

Mandatory

Name#																Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female									
Date of Birth#	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Proof of DOB (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <small>please specify</small>																
PAN#																CKYC / KIN									
Pincode	(Mandatory)			Phone (Off.)						Mobile No.#															
Phone (Res)																Email ID									
Status: (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"/> FIs	<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 <small>(please specify)</small>							
Occupation:	<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:	<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"><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																		
For Individuals [Please ✓]:	<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																								
<small>^ 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.</small>																									

THIRD APPLICANT'S DETAILS

Mandatory

Name#																Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female									
Date of Birth#	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Proof of DOB (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <small>please specify</small>																
PAN#																CKYC / KIN									
Pincode	(Mandatory)			Phone (Off.)						Mobile No.#															
Phone (Res)																Email ID									
Status: (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"/> FIs	<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 <small>(please specify)</small>							
Occupation:	<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:	<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"><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
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<small>^ 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.</small>																									

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)[§] to **DHFL PRAMERICA** _____ (Please refer to SID / addendum thereof for schemes available for DSF)

Lumpsum Investment

Payment Type [Please ✓]	<input type="checkbox"/> 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
---	---	---	---	---	---

 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 Savings Current NRO NRE 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 ^A			
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. ^AIn 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.dhflpramerica.com

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

DHFL Pramerica 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 Qlty 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 were 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.

Signature(s)

1 st Applicant Signature / Guardian Signature	2 nd Applicant Signature	3 rd 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.