

DHFL Pramerica Perks Employee Common Application Form



(To be used / distributed with Key Information Memorandum)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page 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

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

**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
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2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please ✓ any one of the below)

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

3. EXISTING FOLIO NUMBER

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

Go Green Initiative

- Opt-in – Physical
 Opt-out – Email
Refer instruction no. 12

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 ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female			
Employee ID	D	D	M	M	Y	Y	Y	Y													
PAN#									CKYC / KIN												
Mailing Address [P. O. Box Address is not sufficient]																					
																			City		
Pincode	(Mandatory)																		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 ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Others															(please specify)		
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															
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																		
For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)																					
(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,																		
(ii) Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	important political party officials, etc.																		
(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	DHFL PRAMERICA																										
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

Mandatory

Name#																Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female											
Date of Birth#	D	D	M	M	Y	Y	Y	Y																			
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"/> Others _____ (please specify)																										
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																										
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																										
For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)																											
(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																											

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																			
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"/> Others _____ (please specify)																										
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) _____																										
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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

Scheme Name **DHFL PRAMERICA** _____ Plan: Regular Direct

Option Growth* Dividend *Default Option Dividend Facility Re-Investment Dividend Frequency: _____

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

OR

SIP Investment Please refer instruction 13 — Smart SIP

Monthly SIP Amount (figure) _____ (words) _____

SIP Frequency (Please ✓ any one) Monthly Quarterly SIP Date: [D][D] (Any date of the month except 29/30/31) No. of Instalment _____

Start Date [M][M][Y][Y] End Date [M][M][Y][Y] 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 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 ^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.dhflpramericamf.com

ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMP SUM / SIP



ONE TIME MANDATE FORM

(*Mandatory field)

UMRN	For office use	Date*	D D M M Y Y Y Y
Sponsor Bank Code	CITI000PIGW	Utility Code	CITI 00002000000037
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize	DHFL PRAMERICA MUTUAL FUND	to debit (Please <input checked="" type="checkbox"/>)
<input checked="" type="checkbox"/> MODIFY			SB / CA / CC / SB-NRE / SB-NRO / Other
<input checked="" type="checkbox"/> CANCEL	Bank a/c number*		
With Bank*	Name of customers bank	IFSC*	MICR*
an amount of Rupees*	Amount in words	₹	In Figures
FREQUENCY*	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qlty <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	D D M M Y Y Y Y	x x	Signature of first account holder
To	D D M M Y Y Y Y	x x	Signature of second account holder
OR	<input checked="" type="checkbox"/> Until Cancelled		
	Name of first account holder*	Name of second account holder*	Name of third account holder*

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
 I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank 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 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

D	D	M	M	Y	Y	Y	Y
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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.

GENERAL GUIDELINES FOR DHFL PRAMERICA PERKS EMPLOYEE COMMON APPLICATION FORM

- a. Please read the Scheme Information Document/Key Information Memorandum of the Scheme carefully before investing.
- b. Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.
- c. The application form should be completed in ENGLISH and in BLOCK LETTERS.
- d. All cheques, demand drafts and pay orders should be crossed "Account Payee only" and made in favour of "Scheme Name A/c First Investor Name" or "Scheme Name A/c Permanent Account No."
- e. If the Scheme name on the application form and on the payment instrument are different, the application may be processed and units allotted at applicable NAV of the scheme mentioned in the application / transaction slip duly signed by investor(s).
- f. Any over-writing / changes made while filling the form must be authenticated by canceling the original entry, re-entering correct details and ensuring that all applicants counter-sign against each correction.
- g. Investors must write the application form number / folio number on the reverse of the cheque / demand draft.
- h. FATCA Declaration: Individual investors, please fill in FATCA / CRS annexure and attach along with Application form. Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form available on our website
- i. In case of new individual investors who are not CKYC compliant, please fill the CKYC form issued by Central KYC Registry (CKYC) appended in the form and also available on our website.
- j. In case of existing individual and non individual investors who are KYC compliant, please provide the KYC acknowledgement issued by the KYC Registration Agency.
- k. Please strike off sections that are not applicable.

INSTRUCTIONS FOR DHFL PRAMERICA PERKS EMPLOYEE COMMON APPLICATION FORM

1. DISTRIBUTOR INFORMATION

- a. 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.
- b. Please mention 'DIRECT' in case the application is not routed through any distributor.
- c. Pursuant to SEBI circular dated September 13, 2012, mutual funds have created a unique identity number of the employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products, in addition to the AMFI Registration Number (ARN) of the distributor. This Employee Unique Identification Number is referred as "EUIIN". EUIIN aims to assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leaves the employment of the distributor or his/her sub broker. Quoting of EUIIN is mandatory in case of advisory transactions.
- d. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided, in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIIN of the Sales Person (if any) in the "EUIIN" column.
- e. Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- f. Investors are requested to note that EUIIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP and EUIIN is not applicable for transactions such as Installments under SIP/ STP / SWP / Dividend Reinvestments, Redemption, SWP Registration.
- g. Investors are requested to note that EUIIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN-14/12-13 dated July 13, 2012.

2. TRANSACTION CHARGES

In terms of SEBI circular, Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, the distributors of mutual fund products are allowed to be paid transaction charges for purchase transactions :

- @ Rs. 100/- per subscription of Rs. 10,000/- and above in respect of existing unitholders; and
- @ Rs. 150/- for subscription of Rs. 10,000/- and above in respect of a first time investor in mutual funds.

In case of SIPs, the transaction charge if any, shall be applicable only if the total commitment through SIPs aggregates to Rs. 10,000/- and above and shall be recovered in 4 installments. The transaction charge shall be deducted from the subscription amount and paid to the distributor; and the balance shall be invested in the Scheme. The transaction charges and the net investment amount and the number of units allotted will be clearly mentioned in the Account Statement issued by the Mutual Fund. There shall be no transaction charges on

- (i) 'Direct' investments;
- (ii) subscription below Rs. 10,000/- and
- (iii) switch (including STP) and redemption (including SWP) transactions.

Distributors shall be able to choose to opt out of charging the transaction charge. However, the 'opt-out' shall be at distributor level and not investor level i.e. a distributor shall not charge one investor and choose not to charge another investor.

3. EXISTING INVESTORS OF DHFL PRAMERICA MUTUAL FUND (DHFLPMF)

If you are an existing investor please fill your existing folio number, so the unit will allotted in the same folio. If it left blank, then new folio number will generate.

4. MODE OF HOLDING

Please select mode of holding, if option left blank then default option of jointly will be considered.

5. UNIT HOLDING OPTION (Demat / Non - Demat Mode)

- a. Investors can hold units in demat / non-demat mode. In case demat account details are not provided or details of DP ID / BO ID, provided are incorrect or demat account is not activated or not in active status, the units would be allotted in non-demat mode.
- b. Statement of Accounts would be sent to Investors who are allotted units in non-demat mode.
- c. Units held in dematerialized form are freely transferable with effect from October 01, 2011, except units held in Equity link savings Scheme during the lock-in period.

6. APPLICANT'S INFORMATION

- a. Please furnish names of all applicants. The name of the Sole /First Applicant should be mentioned in the same manner in which it appears in the Income Tax PAN card.
- b. If there is more than one applicant but the mode of holding is not specified, the same would be treated as Joint.
- c. Please indicate the tax status of the sole/1 applicant at the time of investment. The abbreviations used in this section are :

NRI: Non-Resident Indian Individual, PIO: Person of Indian Origin, FI: Foreign Institutional Investor, NGO: Non Government Organization, AOP: Association of Persons, BOI: Body of Individuals, HUF : Hindu Undivided Family.

d. KYC Requirements And Details:

Please furnish PAN & KYC details for each applicant/unit holder, including the Guardian and/or Power Of Attorney (POA) holders as explained in the below points.

• PAN

It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement, please refer to KYC Form for exemption of PAN requirement.

• KNOW YOUR CUSTOMER (KYC)

Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN) in application form as per AMFI circular 135/ BP/68/2016-17. To download Common KYC Application Form, please visit our website www.dhflpramericamf.com.

• Operationalisation of Central KYC Records Registry (CKYCR)

Central Registry of Securitisation and Asset Reconstruction and Security interest of India ('CERSAI') has been authorised by Government of India to act as Central KYC Records Registry under Prevention of Money-Laundering (Maintenance of Records) Rules, 2005 ('PMLA Rules').

SEBI vide its circular ref. no. CIR/MIRSD/66/2016 dated July 21, 2016 and circular ref. no. CIR/MIRSD/120/2016 dated November 10, 2016 has prescribed that the Mutual Fund/ AMC should capture KYC information for sharing with CKYCR as per the KYC template prescribed by CERSAI.

In accordance with the aforesaid SEBI circulars and AMFI best practice guidelines for implementation of CKYC norms with effect from February 1, 2017:

- a) Individual investors who have never done KYC process under KRA regime i.e. a new investor who is new to KRA system and whose KYC is not registered or verified in the KRA system shall be required to provide KYC details in the CKYC Form to the Mutual Fund/ AMC.
- b) Individual investor who fills old KRA KYC Form, should provide additional / missing information using Supplementary KYC Form or fill CKYC Form.
- c) Details of investors shall be uploaded on the system of CKYCR and a 14 digit unique KYC identifier ('KIN') will be generated for such customer.
- d) New investors, who have completed CKYC process & have obtained KIN may quote their KIN in the application form instead of submitting CKYC Form/ Supplementary KYC Form.
- e) AMC/ Mutual Fund shall use the KIN of the investor to download the KYC information from CKYCR system and update its records.
- f) If the PAN of investor is not updated on CKYCR system, the investor should submit self-certified copy of PAN card to the Mutual Fund/ AMC.

The CKYC Form and Supplementary KYC Form are available at Investor Service Centre (ISC) of DHFL Pramerica Mutual Fund and on website www.dhflpramericamf.com.

The AMC reserves the right to reject transaction application in case the investor(s) fails to submit information and/or documentation as mentioned above. In the event of non compliance of KYC requirements, the Trustee / AMC reserves the right to freeze the folio of the investor(s).

g. Contact Information

- a. Please furnish the full postal address of the Sole/ First Applicant with PIN/Postal Code and complete contact details. (P.O. Box address is not sufficient).
- b. Please note that all communication i.e. Account statement, Annual Report, News Letters will be sent via e-mail, if the e-mail id of the investor is provided in the application form. The Account statement will be encrypted with a password before sending the same to the registered email id. Should the unitholder face any difficulty in accessing/opening the Account Statements/ documents sent via email, the unitholder may call/write to the AMC/Registrar and ask for a physical copy.
- c. Overseas address is mandatory for NRI/FII investors.

7. INVESTMENT/PAYMENT DETAILS

Introduction of Direct Plan:-

The AMC has introduced a separate plan for direct investments (i.e. investments not routed through an AMFI Registration Number (ARN) Holder ("Distributor") (hereinafter referred to as "Direct Plan") with effect from January 1, 2013 ("Effective Date").

- Direct Plan is only for investors who purchase /subscribe Units in a Scheme directly with the Fund and is not available for investors who route their investments through a Distributor.

- Investors may please note that the Direct Plan under the Schemes is meant for investors who understand the capital market, mutual funds and the risks associated therewith. The risks associated with the investments in the Schemes vary depending upon the investment objective, asset allocation and investment strategy of the Schemes and the investments may not be suited for all categories of

INSTRUCTIONS FOR DHFL PRAMERICA PERKS EMPLOYEE COMMON APPLICATION FORM (Contd.)

investors. The AMC believes that investors investing under the Direct Plan of the Schemes are aware of the investment objective, asset allocation, investment strategy, risks associated therewith and other features of the Schemes and has taken an informed investment decision. Please note that Scheme Information Document(s), Statement of Additional Information, Key Information Memorandum or any other advertisements and its contents are for information only and do not constitute any investment advice or solicitation or offer for sale of units of the Schemes from the AMC.

- All Options/Sub-Options offered under the Schemes (hereinafter referred as "Regular Plan") will also be available for subscription under the Direct Plan. Thus, from the Effective Date, there shall be 2 Plans available for subscription under the Schemes viz., Regular Plan and Direct Plan.
- Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the application form as "Scheme Name – Direct Plan" form for e.g. "DHFL Pramerica Midcap Opportunities Fund Direct Plan". Investors should also indicate "Direct" in the ARN column of the application form. However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.
- Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- Please indicate the Option/Plan under which you wish to invest. Also indicate your choice of dividend payout or re-investment. If any of the information is left blank, the default option will be applicable.
- Investment cheque is not mandatory if investor wish to start a SIP.
- Payment may be made only by Cheque or Bank Draft or Electronic Fund Transfer. Cheque/Draft should be drawn in favour of the "Scheme name", e.g. "DHFL Pramerica Midcap Opportunities Fund" and crossed "Account Payee only".
- Please tick and fill in the appropriate section based on the Type of Investment i.e. LUMP SUM or SIP or Micro investment. Please fill an Auto Debit form in case of investment through SIP - Auto Debit Facility. Please note that third party payments shall not be accepted.
- Third Party Payment" shall mean payment made through an instrument issued from an account other than that of the beneficiary investor. In case of payment instruments issued from a joint bank account, the first named applicant/investor must be one of the joint holders of the bank account from which the payment instrument is issued. 'Related person/s' means such persons as may be specified by the AMC from time to time.

Exceptions: The AMC/ Registrar of DHFL PMF will accept subscriptions to schemes of DHFL PMF accompanied by Third-Party Payment Instruments only in the following exceptional cases:

1. Payment by Parents/Grandparents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- (each regular purchase or per SIP instalment);
 2. Payment by employer on behalf of employee under Systematic Investment Plan (SIP) facility through payroll deductions;
 3. Custodian on behalf of an FII or a Client
- The investors making an application under the above mentioned exceptional cases are required to comply with the following, without which their applications for subscriptions for units will be rejected / not processed.
- Mandatory KYC compliance of the investor and the person making the payment, in order to determine the identity of the investor and the person issuing the payment instrument.
 - Submit a separate, prescribed, 'Third Party Payment Declaration Form' from the beneficiary applicant/s (guardian in case of minor) and the person making the payment i.e., the Third Party, giving details of the bank account from which the payment is made and the relationship of the Third Party with the beneficiary. (The declaration form is available at www.dhflpramericamf.com)
 - Submit a cancelled cheque leaf or copy of bank statement / pass book page mentioning bank account number, account holders' name and address or such other document as the AMC may require for verifying the source of funds to ascertain that funds have been remitted from the drawer's account only.

For identifying Third Party Payments, investors are required to comply with the requirements specified below :

- a. Payment by Cheque: An investor at the time of his/her purchase must provide the details of pay-in bank account (i.e. account from which a subscription payment is made) and pay-out bank account (i.e. account into which redemption/dividend proceeds are to be paid). Identification of third party cheques by the AMC / Registrars will be on the basis of either matching of pay-in bank account details with registered/pay-out bank account details or by matching the bank account number/name/signature of the first named investor with the name/account number/signature available on the cheque. If the name/bank account number is not pre-printed on the cheque and signature on the cheque does not match with signature on the application, then the first named applicant/investor should submit any one of the following documents:
 - (i) a copy# of the bank passbook or a statement of bank account having the name and address of the account holder and account number;
 - (ii) a letter* (in original) from the bank on the bank's letterhead certifying that the investor maintains an account with the bank, alongwith information like bank account number, bank branch, account type, the MICR code of the branch & IFSC Code (where available).

*In respect of (ii) above, it should be certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number. Investors should note that where the bank account numbers have changed on account of the implementation of core banking system at their banks, any related communication from the bank towards a change in bank account number should accompany the application form for subscription of units.

b. Payment by Prefunded Instrument:

- (i) If the subscription is settled with pre-funded instruments such as Pay Order, Demand Draft, Banker's cheque, etc., a certificate (in original) from the Issuing banker must accompany the purchase application, stating the Account holder's name and the Account number which has been debited for issue of the instrument. The account number mentioned in the Certificate should be a registered bank account or the first named unitholder should be one of the account holders to the bank account debited for issue of such instruments.

- (ii) A pre-funded instrument issued against cash shall not be accepted, except in case of payment made by Parents/Grandparents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/-. This also should be accompanied by a certificate from the banker giving name, address and PAN of the person who has procured the payment instrument. The Certificate(s) mentioned in (i) and (ii) above should be duly certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number.
- a. Payment by RTGS, NEFT, ECS, Bank transfer, etc:

A copy of the instruction to the bank stating the account number debited must accompany the purchase application. The account number mentioned on the transfer Instruction copy should be a registered bank account or the first named unitholder should be one of the account holders to the bank account.

The above broadly covers the various modes of payment for mutual fund subscriptions. The above list is only indicative not exhaustive list and any other mode of payment as introduced from time to time will also be covered accordingly. In case the application for subscription does not comply with the above provisions, the AMC / Registrars retains the Sole and absolute discretion to reject/not process such application and refund the subscription money and shall not be liable for any such rejection.

I. LUMP SUM INVESTMENT

If you are from a city where there is no designated Investor Service Centre of DHFL PMF, you may make a payment by a Demand Draft for the investment amount. Please enter the cheque or DD amount, DD Charges (if applicable) and the investment amount. The AMC shall bear the DD Charges incurred by an applicant as per demand draft charges prescribed by State Bank of India. The AMC shall, however, not refund any DD charges to the investor under any circumstances.

Minimum amount of investment 2 lacs.

II. INVESTMENT UNDER SIP

- a The following criteria should be met for an SIP investment as specified in the SID and any addenda issued there to :

- Minimum amount per instalment
- Minimum number of instalments
- Aggregate investment via SIP

The total of SIP instalments must total to Rs. 3 lacs by the end of first vesting. The SIP instalments requirement shall apply as per the SID.

If the SIP period is not specified by the investor then the SIP enrolment will be deemed to be for perpetuity and processed accordingly. The SIP facility will be available on the following dates in a Month or Quarter as chosen by the investor : All dates available of the month/quarter except 29/30/31. If any of the said dates happen to be a holiday / non-transaction day, then the SIP transaction will be processed on the next business day.

- b. SIP Mode – Auto Debit (ECS/Direct Debit/NACH) OR Post-Dated Cheques
- c. For SIP application, the first investment cheque is optional. However, an original cancelled cheque is mandatory to verify the SIP bank details.
- d. The first instalment (in case investor wishes to make the first investment with the SIP application form) you may pay either through Auto Debit (ECS/Direct Debit/NACH) or by Post Dated Cheques. If you wish to opt for payments through Auto Debit, please indicate your preference for SIP through Auto Debit (ECS/Direct Debit/NACH) in the box provided for the purpose and fill in the attached ONE TIME MANDATE FORM. If you wish to pay for your future SIPs through Post Dated Cheques (PDC), you should not fill in the ONE TIME MANDATE FORM. Please mention the second and subsequent Instalment cheque details in the space provided for the purpose.
- e. The first instalment cheque should be dated with the date of submission of the Application Form. Please note the following:
 - For SIPs through PDCs, the first SIP cheque needs to be from the same bank account as the PDC's for your future SIP Instalments.
 - The Second SIP Instalment has to be at least 20 days in case direct debit and 30 days in case of ECS after the date of the first SIP Instalment.
 - The first Instalment cheque and the subsequent Instalments (either through PDCs or Auto Debit) should be for the same amount.
- f. Please note that the Cheque should be made favoring the scheme name. (For e.g. "DHFL Pramerica Midcap Opportunities Fund").
- g. In case of SIP through Auto Debit, the Auto Debit Authorisation needs to be filled in and signed by the Bank Account holders in the same order and manner in which the Bank account is held by them.
- h. In case of any mismatch between the 'No. of instalment' and the 'SIP period', the SIP period will be considered as per the Auto Debit Facility Form.
- i. In case of any discrepancy between the Application Form and the Auto Debit Facility Form, the SIP details provided in the latter will be considered for investment.

NRI investors

NRIs and PIOs may purchase units of the scheme(s) on a repatriation and non-repatriation basis, while FIIs may purchase units only on a repatriation basis. They shall attach a copy of the cheque used for payment or a Foreign Inward Remittance Certificate (FIRC) or an Account Debit Certificate from the bankers along with the application form to enable the AMC to ascertain the repatriation status of the amount invested. The account type shall be clearly ticked as NRE or NRO or FCNR, to enable the AMC determine the repatriation status of the investment amount. The AMC and the Registrar may rely on the repatriation status of the investment purely based on the details provided in the application form.

Repatriation basis

- NRIs and PIOs may pay their subscription amounts by way of Indian Rupee drafts purchased abroad, cheques drawn on Non-Resident External (NRE) Accounts or Indian Rupee drafts payable at par at any of the centres where the AMC has a designated ISC and purchased out of funds held in NRE Accounts / FCNR Accounts. FIIs may pay their subscription amounts either by way of inward remittance through normal banking channels or out of funds held in Foreign Currency Accounts or Non Resident Rupee Accounts maintained with a designated branch of an authorised dealer with the approval of RBI.

- In case Indian Rupee drafts are purchased abroad or from FCNR/NRE accounts, an account debit certificate from the bank issuing the draft confirming the debit shall also be submitted with the application form. NRIs shall also be required to furnish such other documents as may be necessary and as requested by the AMC/Mutual Fund/Registrar, in connection with the investment in the schemes.

Non-Repatriation basis

NRIs and PIOs may pay their subscription amounts by cheques/demand drafts drawn out of Non-Resident Ordinary (NRO) accounts/ Non-Resident Special Rupee (NRSR) accounts and Non Resident Non-Repatriable (NRRR) accounts payable at the city where the application form is accepted.

8. BANK DETAILS

- Please furnish complete Bank Account Details of the Sole/First Applicant. This is a mandatory requirement and applications not carrying bank account details shall be rejected. Bank details provided in the application form will be considered as the default Bank Mandate for remitting redemption proceeds/dividend amount.
- Please provide your complete Core Banking Account Number, (if applicable), in your Bank Mandate in the Application Form. In case you are not aware of the Core Banking Account Number, kindly check the same with your bankers.
- Please attach a original cancelled cheque leaf if your investment instrument is not from the same bank account mentioned in the Application form.
- DHFL Pramerica Mutual Fund will endeavour to remit the Redemption and Dividend proceeds through electronic mode, wherever sufficient bank account details of the unit holder are available.

9. FOREIGN ACCOUNT TAX COMPLIANCE (FATCA)

FATCA & CRS TERMS & CONDITIONS: Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with DHFL Pramerica Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS: If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

SEBI issued its circular no. CIR/MIRSD/2/2015 dated August 26, 2015 interalia advising intermediaries to take necessary steps to ensure compliance with the requirements specified in the rules and guidelines specified by the Government of India. AMFI also issued its best practices guidelines circular no. 63/2015-16 dated September 18, 2015 on this matter. The AMC and the Mutual Fund are required to adhere to various requirements interalia including submission of various information / details relating to the investors in the schemes of the mutual fund, to authorities, as specified under the applicable laws. Accordingly, the following aspects need to be adhered to :

- With effect from November 1, 2015 all investors will have to mandatorily provide the information and declarations pertaining to FATCA/CRS for all new accounts opened, failing which the application / transaction request shall be liable to be rejected.
- For all new accounts opened by investors, from September 1, 2015 till October 31, 2015, MFs need to obtain relevant FATCA declarations. These details / certification need to be obtained by December 31, 2015, particularly in cases where, after Indicia search, a positive match is found with any US indicia. If self-certification is not provided by an investor or the reasonableness of self-certification cannot be confirmed, the account is treated as reportable.
- For accounts opened between July 1, 2014 and August 31, 2015, the Government of India vide its press release dated April 11, 2017 has required that all efforts should be made by the AMC to obtain the self-certification from the investor. Further, in case self-certifications are not provided by unitholders till April 30, 2017, the folios would be blocked, which would mean that the AMC would prohibit the unitholder from effecting any transaction with respect to such folios. For pre-existing accounts (as on December 31, 2015 in case of CRS and June 30, 2014 in case of FATCA), specific investors above specified threshold limits would be required to provide self-certification forms.

Investors are requested to provide all the necessary information / declarations to facilitate compliance, considering India's commitment to implement CRS and FATCA under the relevant international treaties.

Please consult your professional tax advisor for further guidance on your tax residency, if required.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS Indicia
U.S. place of birth	<ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship; AND Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and <ol style="list-style-type: none"> Documentary evidence
Telephone number in a country other than India	If no Indian telephone number is provided <ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and <ol style="list-style-type: none"> Documentary evidence If Indian telephone number is provided along with a foreign country telephone number <ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR Documentary evidence
Telephone number in a country other than India	<ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and <ol style="list-style-type: none"> Documentary evidence

10. NOMINATION DETAILS

You may nominate a maximum of 3 persons, to receive the Units/amounts standing to your credit payable in the event of death of the Unit Holder(s) in respect of investment under a folio.

- The nomination may be made only by individuals applying for/holding units on their own behalf, singly or jointly.
- Non-individuals including society, trust, body corporate, partnership firm, Karta of HUF, holder of POA or a parent/guardian applying on behalf of a minor beneficiary cannot nominate.
- A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided in the application. Nomination can also be in favour of the Central Government, State Government, and a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- A Non-Resident Indian can be a Nominee subject to the exchange control regulations in force, from time to time.
- Transfer of units in favour of a Nominee shall be valid discharge by the AMC/Mutual Fund against the legal heir.
- The cancellation of nomination can be made only by the individual(s) who hold units on their own behalf singly or jointly and who made the original nomination. On cancellation of the nomination, the

nomination shall stand rescinded and the AMC shall not be under any obligation to transfer the units in favour of the Nominee.

- In the event of the unit holders not indicating the percentage of allocation/share for each of the nominees, the AMC shall settle the claim equally amongst all the nominees
- It is recommended for the nominee/Guardian (in case the nominee is a minor) to provide the signature in the space provided.
- Investors should opt for the nomination facility to avoid hassles and inconveniences in case of unforeseen events in future.
- Nomination by a Unit holder shall be applicable for all the investments in all schemes held in a particular folio.
- Every new nomination for a folio will overwrite the existing nomination
- Nomination shall not be allowed in a folio held on behalf of a minor Unit holder.
- Nomination shall be mandatory for all new singly held folios of individual investors.
- In case of multiple nominees, the percentage of allocation/share in whole numbers and without decimals in favour of each of the nominees should be indicated against the name of the nominees. Such allocation/ share should total to 100 percent. In the event of the Unit holder(s) fail to indicate the percentage of allocation/share for each of the nominees, the Fund/ AMC, by invoking default option shall settle the claim equally amongst all the nominees.

In case you do not wish to nominate, kindly indicate by ticking in the space provided.

11. DECLARATION AND SIGNATURES

- Please tick the box provided for EUIN declaration in this section in case the ARN is mentioned in the distributor section and the EUIN is left blank.
- All signatures should be hand written in English or any Indian language. Thumb impressions should be from the left hand for males and the right hand for females and in both cases must be attested by a Judicial Magistrate or a Notary Public.
- If the application form is signed by a Power of Attorney (PoA) holder, the form should be accompanied by a notarised photocopy of the PoA. Alternatively, the original PoA may be submitted, which will be returned after verification. If the PoA is not submitted with the application, the Application Form will be rejected. The POA should contain the signature of the investor (POADonor) and the POAholder.
- In case of corporates or any non-individual investors, a list of authorised signatories should be submitted along with Application form or in case of any change in the authorised signatory list, the AMC / Registrar must be notified within 7 days.
- In case of application under POA or by a Non- Individual (i.e. Company, trust, society, partnership firm etc.) the relevant POA or the resolution should specifically provide for/ authorize the POA holder/ authorized signatory to make application/ invest moneys on behalf of the investor.

12. GO GREEN INITIATIVE IN MUTUAL FUNDS

- With respect to the recent directives issued by SEBI via Gazette Notification SEBI/LAD-NRO/ GN/2018/14 & Circular SEBI / HO / IMD / DF2 / CIR / P/2018/92 regarding Go Green Initiative in Mutual Funds regarding disclosing and providing information to investors through digital platform as a green initiative measure.
- In line with above initiative, DHFL Pramerica Mutual Fund has adopted 'Go Green Initiative for Mutual Funds' and accordingly, the scheme Annual Reports /Abridged Summary will be hosted on our website www.dhflpramericamf.com in a downloadable format. Further, wherever email ids are registered in our records, the scheme Annual Reports / Abridged Summary will be sent via email.
- If you do not opt-in to receive a physical copy of the scheme Annual Report/ Abridged Summary, you can view the same on our website or alternatively contact our registered office to get a physical copy of the Annual Report/Abridged Summary.

One Time Mandate Form

(Including SIP registration)

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

1. DISTRIBUTOR INFORMATION

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

In case the Employee Unique Identification Number (EUIN) box has been left blank please refer point 3 related to EUIN. **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.

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)

Application No. / Existing Folio No. _____
Name of Sole/First Applicant _____ First Name _____ Middle Name _____ Last Name _____

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 (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 Re-investment *Default Option _____ 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 <input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill below One Time Mandate Form OR <input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details Cheque Nos. From _____ To _____ Dated From DDMMYYYY _____ To DDMMYYYY _____	Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ _____ SIP Date: DD (Any date of the month except 29 / 30 / 31) <input type="checkbox"/> Till I/We instruct to discontinue the SIP Please mention Enrolment Period: From MMYYYY _____ To MMYYYY _____
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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.

SIGNATURE(S) (Applicants must sign as per Common Application Form)
 Sole/1st Applicant/Guardian/Authorised Signatory/POA 2nd Applicant/Guardian/Authorised Signatory/POA 3rd Applicant/Guardian/Authorised Signatory/POA

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

 **ONE TIME MANDATE FORM** (*Mandatory field)

UMRN _____ For office use _____ Date* DDMMYYYY _____

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

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

CANCEL Bank a/c number* _____

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

an amount of Rupees* _____ Amount in words _____ ₹ In Figures _____

FREQUENCY* Mthly Qtrly Hly 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 DD MM YYYY _____
 To DD MM YYYY _____
 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.

GENERAL GUIDELINES

1. This form should be used only for Registration of SIP through Auto Debit (NACH/ECS/Direct Debit) facility.
2. A. Applicants need to fill in this form together with the Common Application Form, for the purpose of availing the facility of Systematic Investments through Auto Debit (NACH/ECS/Direct Debit) facility.
B. Existing investors to provide cancelled cheque leaf only if the bank account details provided in Mandate Instruction Form are different from the bank account details already registered in the folio for remitting redemption proceeds/dividend amount OR are different from the bank account from which auto debits are already happening for an SIP registered in the past.
3. Please countersigned in accordance with your mode of holding against any correction that you make in this form.
4. Please read the terms and conditions for SIP in Key Information Memorandum.
5. **PERMANENT ACCOUNT NUMBER (PAN):** It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement.
6. **KNOW YOUR CUSTOMER (KYC)**
KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.
7. Please furnish all information marked as MANDATORY in the form. And also refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely. In the absence of any necessary information, your application would be rejected.
8. Completed forms may be submitted to the nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy.

INSTRUCTIONS

1. Distributor Information

- a. Please mention "Direct" in case the application is not routed through any distributor.
- b. Pursuant to SEBI circular dated September 13, 2012, mutual funds have created a unique identity number of the employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products, in addition to the AMFI Registration Number (ARN) of the distributor. This Employee Unique Identification Number is referred as "EUIIN". EUIIN aims to assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leaves the employment of the distributor or his/her sub broker. Quoting of EUIIN is mandatory in case of advisory transactions.
- c. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided, in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIIN of the Sales Person (if any) in the "EUIIN" column.
- d. Investors are requested to note that EUIIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
- e. Investors are requested to note that EUIIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN- 14/12-13 dated July 13, 2012.

2. Applicant Information

Please mention the Application Form number / existing folio number and furnish the name of sole/ 1st applicant as it appears in the Application Form.

3. SIP Details - Please furnish the following details with respect to your systematic investment:

- a. **Scheme Details** - Scheme Name, Scheme Plan and Option. (If the Scheme details indicated in the Auto Debit Facility form materially vary from the Scheme details indicated in the Application Form, the Scheme details mentioned in the Application Form would be considered).
- b. **SIP Frequency** – Monthly or Quarterly. Please tick the appropriate option.
- c. **SIP Dates (Monthly/Quarterly)** - Any day of month or quarter (except 29th/30th/31st).
- d. **SIP Instalment Requirement** : Monthly : 10 instalments of Rs. 500/- each and in multiples of Rs. 100/- thereafter. Quarterly : 5 instalments of Rs. 1,000/- each and in multiples of Rs. 100/- thereafter.
- e. **SIP Auto Debit Enrollment Period** - Please mention the Auto Debit Enrollment commencement date and end date in the Auto Debit Form and the Mandate Instruction Form. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, DHFL Pramerica offers you two ways to invest. If you know how long you wish to invest for, specify the From Date and To Date.

Alternatively, you can choose the open option-where you specify only the From Date and select the option 'Until Cancelled' in the Mandate Instruction Form - and can discontinue your SIP by writing to us.

Please note if the SIP Dates, SIP Instalment Amount and the SIP Auto Debit Period indicated in the Auto Debit Registration Form materially vary from the SIP Dates, SIP Instalment Amount and the SIP Auto Debit Period indicated in the Application Form, the details contained in the Auto Debit Registration Form would be considered for enrolment.

- f. **Declaration and Signature:** This section needs to be signed by the applicants at the places marked "O" in the same order and manner in which they have signed the Application Form.
- g. Please provide either a cancelled cheque leaf (or copy thereof) of the bank account from which the Auto Debit is to be effected or the Banker's attestation (in Section 4 of the Auto Debit Registration Form in case the first SIP Instalment is through a DD or a Pay Order). This would help us cross-verify your bank details appearing in the cheque with the bank details furnished in this form and let you know of discrepancies, if any, for early corrective action.
- i. The SIP enrolment will be discontinued if (a) 3 consecutive SIP instalments in case of monthly & quarterly frequency are not honoured. b) The Bank Account (for standing instruction) is closed and request for change in bank account (for Standing Instruction) is not submitted at least 21 days before the next SIP Auto Debit instalment due date or if written request for cancellation is submitted by you at least 21 days before the due date.

4. Instructions to fill the Mandate Instruction Form:

1. Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
2. UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund.
3. Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant Information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
4. Please indicate the Bank Account Type
5. It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence of this information, your SIP Application would be rejected.
6. Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
7. Please indicate Frequency & Debit Type
8. Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
9. For the convenience of our investors, the following fields have been pre-populated on the Mandate :
Action – 'Create'
Name of the Company – 'DHFL Pramerica Mutual Fund'
10. The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the Bank Account is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "xx" in the same order and manner in which their signatures appear on bank records.

ONE TIME MANDATE INSTRUCTIONS FOR NACH / AUTO DEBIT

1. 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.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. 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.
4. 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.
5. 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.

6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. 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.
11. 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.
12. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
13. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
14. 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.