

# DHFL Pramerica Perks Employer 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

## 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.

### Go Green Initiative

- Opt-in – Physical  
 Opt-out – Email  
Refer instruction no. 8

## 3. APPLICANT'S DETAILS (Employer)

# Mandatory

Name# \_\_\_\_\_

Date of Incorporation# \_\_\_\_\_

PAN# \_\_\_\_\_ CKYC / KIN \_\_\_\_\_

**Status:** (Mandatory, please ✓)  
 Partnership  Trust  HUF  AOP  BOI  
 Company  FIs  PIO  Body Corporate  Society/Club  Sole Proprietorship  
 Non Profit Organisation  Financial Institution  NBFC  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 DDMMYYYY (Not older than 1 year)

**For Individuals [Please ✓]:**  I am Politically Exposed Person (PEP)^  I am Related to Politically Exposed Person (RPEP)  Not applicable  
(PEP status applicable for Authorised Signatory, Promoter, Karta, Trustee, Whole time Directors.)

**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

## 4. DETAILS OF CONTACT PERSON

# Mandatory

Name of Contact Person \_\_\_\_\_ Gender# (please ✓)  Male  Female

Phone (Off.) \_\_\_\_\_ Mobile No.# \_\_\_\_\_

Email ID \_\_\_\_\_

## Contact Information Correspondence Address Of Applicant (P.O. Box Address is not sufficient)

\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_

Pincode (Mandatory) \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone (Off.) \_\_\_\_\_ Fax No. \_\_\_\_\_

Email ID \_\_\_\_\_

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

Application No.

Name \_\_\_\_\_ PAN \_\_\_\_\_

An Application for scheme **DHFL PRAMERICA** Amount ₹ \_\_\_\_\_

Along with Cheque / DD No. / UTR No. \_\_\_\_\_ Dated DDMMYYYY

Drawn on (Bank) \_\_\_\_\_ Bank/Branch/City \_\_\_\_\_

Signature, Stamp & Date \_\_\_\_\_

**5. BANK ACCOUNT DETAILS (Mandatory) (If left blank application will be rejected) Mention your core banking account number (if applicable). Please check with your bank, if you do not have the same.**

Account No.																Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Others	
Name of Bank Account Holder																						
Name of the Bank												Branch										
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.								

Mandatory to submit a cancelled cheque leaf of the bank account mentioned here.

**6. INVESTMENT / PAYMENT DETAILS**

Scheme Name :																					
Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment					Dividend Frequency																
Cheque / DD Amount ₹					DD Charges ₹					Investment Amount ₹											
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft# <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Drawn on																					
Branch & City												Instrument No.					Dated				
Name of the Bank A/c holder																					
Scheme Name :																					
Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment					Dividend Frequency																
Cheque / DD Amount ₹					DD Charges ₹					Investment Amount ₹											
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft# <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Drawn on																					
Branch & City												Instrument No.					Dated				
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Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft# <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Drawn on																					
Branch & City												Instrument No.					Dated				
Name of the Bank A/c holder																					

# Bankers Certificate is must (refer instruction no. 6B) \*Default

Third party cheque / transfer will not be accepted for investment

EMPLOYEES' ALLOCATION DETAILS :  As per annexure enclosed  Annexure shall be submitted at a later date Refer Instruction No. 6C

**7. DECLARATION AND SIGNATURES (Mandatory - Application without signature(s) will be rejected)**

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 overleaf. 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 that I/We am 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 have read and understood the terms and conditions of PERKS facility and shall unequivocally be bound by it. 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)	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 5px;"></div> 1 <sup>st</sup> Applicant Signature / Guardian Signature	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 5px;"></div> 2 <sup>nd</sup> Applicant Signature	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 5px;"></div> 3 <sup>rd</sup> Applicant Signature								
Date	<table border="1" style="width: 100%; text-align: center;"> <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>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Place	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>										

## DHFL PRAMERICA PERKS

- a. DHFL Pramerica PERKS is an investment facility from DHFL Pramerica Mutual Fund designed especially for Organizations / Entrepreneurs / Employers looking to invest the variable compensation of its employees.
- b. "PERKS" is only the name of the investment facility which is aimed at aiding employers to retain talent by offering employees a structured variable plan that matures at the end of a pre-determined period called "vesting period".
- c. The investments shall be made and held in the name of employer, i.e. the folio will be opened in the name of the employer and the investment will be made in the employer's name in the scheme(s) chosen. The legal ownership remains with the employer until vesting and the employees will have no legal rights over the allocation made by the employer in favour of the employees. This facility is not available for units held in dematerialized form.
- d. Vesting of units to the Employees on completion of the vesting period would be at the discretion of the Employer.
- e. The facility allows for ample flexibility to the Employer without losing sight of the objectives of employee retention. The facility offers Employers all the benefits similar to that of a Mutual Fund investment like - transparency, tax efficiency, regular account update, customer service help desk etc.

## GENERAL GUIDELINES FOR DHFL PRAMERICA PERKS EMPLOYER COMMON APPLICATION FORM

- a. Please read the Scheme Information Document/Key Information Memorandum of the Schemes carefully before investing.
- b. Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.
- c. Please strike off sections that are not applicable.
- d. Please read the Scheme Information Document/Key Information Memorandum of the Scheme carefully before investing.
- e. Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.
- f. The application form should be completed in ENGLISH and in BLOCK LETTERS.
- g. 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."
- h. 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).
- i. 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.
- j. Investors must write the application form number / folio number on the reverse of the cheque / demand draft.
- k. 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
- l. 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.
- m. In case of existing individual and non individual investors who are KYC compliant, please provide the KYC acknowledgement issued by the KYC Registration Agency.
- n. Please strike off sections that are not applicable.

## INSTRUCTIONS FOR DHFL PRAMERICA PERKS EMPLOYER COMMON APPLICATION FORM

### 1. DISTRIBUTOR INFORMATION

- a. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's 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 / Trigger STP / Dividend Transfer Plan and EUIIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Units, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
- 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 Mutual Fund investor.

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 choose to charge one investor and choose not to charge another investor.

### 3. EMPLOYER'S INFORMATION

To apply for the PERKS program, the Employer has to fill and submit the DHFL Pramerica PERKS Employer Application Form along with relevant documents (as per the existing documentation requirements of corporate applicants), Board Resolution and Investment cheque / Electronic Transfer instruction. If the Employer is a non-individual entity, then the resolution must authorize the employer and its authorised signatories to apply for or avail this facility and to redeem the investment from the employer folio (upon vesting) and reinvest the proceeds in the name of the employee.

- i. Please furnish name of Employer in the same manner in which it appears in the Income Tax PAN card.
- ii. Please specify the mode of holding as per the Board Resolution.
- iii. Please indicate the tax status of the Employer at the time of investment. The abbreviations used in this section are: FII - Foreign Institutional Investor, NGO - Non Government Organization, AOP - Association of Persons, BOI - Body of Individuals.

### 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](http://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](http://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).

#### 9. 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).

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

- 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.

### 4. DETAILS OF CONTACT PERSON

It is mandatory to provide the name, contact number(s) and email ID of the contact person of the Employer.

In case of any change in these details, please notify the AMC of the change within 7 business days.

### 5. BANK DETAILS

Please furnish complete Bank Account Details of the Employer. This is a mandatory requirement and application not having bank account details shall be rejected. Bank details as provided in the application form will be considered as the default Bank Mandate for remitting redemption proceeds.

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 cancelled cheque leaf (or copy thereof) 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 proceeds through electronic mode, wherever sufficient bank account details of the unitholder are available.

### 6. A. INVESTMENT 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 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.

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 Ultra Short Term 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.

Investments in this facility can be done under the Growth & Dividend Reinvestment Option only. The minimum investment amount to avail this facility is Rs 2 Lakhs. All the schemes of DHFL Pramerica Mutual Fund (as amended from time to time) are available under this facility.

Please indicate the Scheme(s) in which you wish to invest. In case the space provided in the Application form for the Scheme details does not suffice, please mention the scheme details on the letterhead of your company and submit it along with the Application Form. This document must be duly signed as per the list of signatories and Board Resolution.

### 6. B. PAYMENT DETAILS

#### Payment by Prefunded Instrument:

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.

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 Employer should be the account holder to the bank account number mentioned on the transfer Instruction copy.

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.

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 ULTRA SHORT TERM FUND and crossed "Account Payee only".

### 6. C. EMPLOYEES' DETAILS

Please furnish a list of employees chosen for this facility along with their individual amount & scheme allocation, vesting date, vesting percentage in the prescribed format. Both, the soft copy and the hard copy of this annexure must be submitted at the time of investment or at least 30 business days prior to the vesting date.

It is mandatory to provide the employee's name(s) in the same manner in which it appears in their Income Tax PAN card. Each employee should fill and submit a separate DHFL PRAMERICA PERKS Employee Common Application Form along with a photo copy of the PAN card. It is mandatory for every employee to be KYC compliant. For more details, please refer the terms and conditions.

### 7. DECLARATION AND SIGNATURES

All signatures should be hand written in English or any Indian language.

A list of authorised signatories should be submitted along with Application form. In case of any change in the authorised signatory list, the AMC must be notified within 7 business days. If the Employer is a nonindividual entity, then the resolution must authorize the employer and its authorised signatories to apply for or avail this facility and to redeem the investment from the employer folio (upon vesting) and reinvest the proceeds in the name of the employee.

### 8. 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](http://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.

## TERMS AND CONDITIONS FOR DHFL PRAMERICA PERKS EMPLOYER COMMON APPLICATION FORM

Availing of DHFL PRAMERICA PERKS facility shall be subject to the following terms and conditions:-

- a) "Terms and Conditions" means the terms and conditions set out herewith subject to which this PERKS Program shall be used/ availed by the Employer/ Investor(s) and shall include all modifications and supplements made by DHFL Pramerica Asset Managers Private Limited ('AMC') (erstwhile Pramerica Asset Managers Private Limited) thereto from time to time. The Employer/ Investor shall at all times be bound by any modifications and/or variations made to these Terms and Conditions by the AMC at their sole discretion and without notice to them.
- b) "PERKS" is only the name of the investment facility which is aimed at aiding employers to retain talent by offering employees a structured variable plan that matures at the end of a pre-determined period called "vesting period".
- c) The investments shall be made and held in the name of employer, i.e. the folio will be opened in the name of the employer and the investment will be made in the employer's name in the scheme(s) chosen. The legal ownership remains with the employer until vesting and the employees will have no legal rights over the allocation made by the employer in favour of the employees. This facility is not available for units held in dematerialized form.
- d) To apply for the PERKS program, the Employer has to fill and submit the DHFL Pramerica PERKS Employer Application Form along with relevant documents (as per the existing documentation requirements of corporate applicants), Board Resolution and Investment cheque / Electronic Transfer instruction. If the Employer is a non-individual entity, then the resolution must authorize the employer and its authorised signatories to apply for or avail this facility and to redeem the investment from the employer folio (upon vesting) and reinvest the proceeds in the name of the employee.
- e) It is mandatory for every employer and the employee to be KYC compliant for the vesting to take place. Further, if any employee is not KYC compliant as on the date of vesting, the vesting will not be carried out for the said employee and the amount shall continue to remain invested in the Employer/ Investor's folio.
- f) The redemption of units from the Employer/Investor's folio shall be subject to exit load, as applicable from time to time.
- g) The Employer/ Investor(s) have the option to vest a part of or the full investment amount on the vesting date. The options available for vesting are:
  - i. Vesting of Units to Employee's Folio in the scheme(s) selected at the time of initial investment. OR
  - ii. Continue the investment without vesting.A prescribed transaction form indicating the vesting option along with the employee allocation annexure should be provided to the AMC by the Employer/ Investor at least 30 business days prior to the vesting date.
- h) It shall be the responsibility of the Employer/Investor(s) to deduct and deposit any tax including income tax payable for the amount vested in the name of the particular employee and if the employer/investor informs the AMC about the tax liability of the employees (at least 5 business days prior to the vesting date), the AMC shall assist the Employer/Investor(s) to do the vesting (net of taxes), as intimated. i.e. on vesting, based on the confirmation from the Employer/ Investor(s), the AMC will redeem the employees' allocation from the Employer/ Investor's folio and:-
  - (i) retain the amount of taxes under the Employer/Investor's folio or remit to the Employer/ Investor an amount equivalent to the tax liability of the employees on account of this investment and(ii) re-invest the balance amount in the name of the respective employees.

- i) The Employer/Investor(s) and the employee(s) shall submit a prescribed "Third Party Declaration Form" confirming the relationship of the Third Party ("Employer") with the beneficiary ("Employee") and the third party payment by the Employer /Investor on behalf of the Employee for the subscriptions processed on the vesting date. In case the Employer does not submit the vesting request along with necessary documents including the third party declaration forms by the vesting date, units will not be vested and will continue to remain invested in the Employer/Investor's folio.
- j) If the Employer/Investor(s) opts to redeem partially before the actual vesting period & receive the redemption proceeds, then the Employer/Investor must submit Redemption request along with the names of employees against whose allocation the redemption units / amount should be adjusted.
- k) If any Employee leaves the Employer/ Investor before the completion of the vesting period, the employer can opt to do any of the following:
  - i. The units allocated to the departing employee can be vested in his or her favor or,
  - ii. The allocation belonging to the departing employee can be reallocated to other employees in the percentage confirmed by the employer or,
  - iii. The Employer/ Investor can continue with the investment without vesting/ reallocation.In case of any of the above, the employer / investor must submit a prescribed transaction form to the AMC clearly stating the intent and provide the mandatory details to enable the AMC to process the request.
- l) The AMC will provide the Employer/ Investor on a periodical basis with an account statement and the employee allocation annexure, only to the registered email id of the contact person (employer), which will reflect all the transactions done by the Employer/Investor during the corresponding period and the Employee Allocation details. The Employer/Investor shall check the account statement and the Employee Allocation annexure carefully. If the Employer/ Investor believes that there has been a mistake in any transaction using the Facility, or that unauthorized transaction has been effected, the Employer/ Investor shall notify the AMC immediately. If the Employer/Investor defaults in intimating the discrepancies in the statement within a period of 15 business days of receipt of the statements/ allocation details, then Employer/Investor waives all his rights to raise any objection against the AMC at a later date, unless the discrepancy /error is apparent on the face of it.
- m) The Employer/Investor(s) agrees and confirms that the AMC may at its sole discretion suspend the Facility in whole or in part at any time without prior notice. The Employer/Investor(s) shall not assign any right or interest or delegate any obligation arising herein.
- n) The Employer/Investor(s) agrees and confirms that nothing in this arrangement or facility shall render the AMC a partner, agent or representative of the Employer/Investor(s) and that the Employer/Investor(s) shall not make any representations to its employees or to any third party or give any warranties which may require the AMC to undertake or be liable for, whether directly, or indirectly, any obligation and/or responsibility to the employees of the Employer/ Investor(s) or any third party.
- o) The Employer/Investor(s) agrees and acknowledges that the AMC will not be liable to provide any report or confirmation including the employee allocation or any periodical report in this regard to the employees. All the communication from the AMC regarding the services available under this Facility shall be addressed only to the Employer/Investor(s).
- p) The Employer/Investor/s agrees that use of the Facility will be deemed acceptance of the Terms and Conditions and the Investor(s) will unequivocally be bound by it.

# 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 Applicant (Employer) \_\_\_\_\_ 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: \_\_\_\_\_

SIP Investment (Please ✓ any one)  Monthly  Quarterly  
 SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)  
Please also fill below One Time Mandate Form OR  
 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)  
 Till I/We instruct to discontinue the SIP  
Please mention Enrolment Period: From MMYYYY \_\_\_\_\_ To MMYYYY \_\_\_\_\_

**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/1<sup>st</sup> Applicant/Guardian/Authorised Signatory/POA  2<sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA  3<sup>rd</sup> 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

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  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  
\_\_\_\_\_  
Signature of first account holder \_\_\_\_\_ Signature of second account holder \_\_\_\_\_ Signature of third account holder \_\_\_\_\_  
Name of first account holder\* \_\_\_\_\_ Name of second account holder\* \_\_\_\_\_ Name of third account holder\* \_\_\_\_\_

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

## GENERAL GUIDELINES

1. This form should be used only by Employers for Registration of SIP through Auto Debit (NACH/ECS/ Direct Debit) facility in DHFL Pramerica Perks.
2. Please read the Scheme Information Document(s) carefully before investing.
3. Registering One Time Mandate/ Systematic Investments/ Lump sum/ NACH under existing folios through Auto Debit/ Post Dated Cheques
4. Renewal of SIP investments.
5. Change in Bank details for Auto Debit for existing SIPs.
6. Please countersign in accordance with your mode of holding against any corrections that you make in this Form.
7. 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.
8. 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.
9. 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.
10. 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 "EUIN". EUIN 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 EUIN 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 EUIN of the sales Person (if any) in the "EUIN" column.
  - d. Investors are requested to note that EUIN is applicable for transactions such as purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIN 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 EUIN 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, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN- 14112-13 dated July 13,2012.
2. **EMPLOYER'S DETAILS:**
  - a) Please mention the PERKS Application Form Number/ PERKS folio number and furnish the name of the Employer.
3. **SIP DETAILS:**
  - a) Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "scheme Name - Direct Plan" for e.g. "DHFL Pramerica Ultra Short Term Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the form. However, in case Distributor code is mentioned in the form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
  - b) 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.
  - c) The aggregate investment via SIP in PERKS must be Rs 300,000 prior to vesting.
  - d) Please furnish/indicate the below mentioned details with respect to your systematic investment
    - i. Scheme/Plan/Option. Investments in PERKS can be done under the Growth & Dividend Reinvestment Option only.
    - ii. SIP Instalment Amount
    - iii. SIP Frequency - Monthly or Quarterly. Please tick the appropriate option.
    - iv. SIP Dates (Monthly/Quarterly) - Any day of month or quarter (except 29th/30th/31st).
  - e. SIP Auto Debit Enrollment period - Please mention the Auto Debit Enrollment commencement date and end date. 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 can discontinue your SIP by writing to us.
  - vi. Your preferred SIP payment Mode Auto Debit (NACH/ECS/Direct Debit).
4. **INSTRUCTIONS TO FILL THE MANDATE INSTRUCTION FORM:**
  - a) Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
  - b) UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund.
  - c) 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.
  - d) Please indicate the Bank Account Type
  - e) 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.
  - f) 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.
  - g) Please indicate Frequency & Debit Type
  - h) 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.
  - i) 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'
  - j) 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.

**Details of Ultimate Beneficial Owner including  
Additional FATCA & CRS Information  
(Only for Non Individuals)**



Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office  
\*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes\*

PAN  Date of incorporation

City of incorporation  Country of incorporation

**Please tick the applicable tax resident declaration:**

**1. Is "Entity" a tax resident of any country other than India**  Yes  No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number *	Identification Type (TIN or Other, please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent\$.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

**In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here**

**FATCA & CRS Declaration** (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution <sup>5</sup> <input type="checkbox"/>  <b>OR</b> Direct reporting NFE <sup>6</sup> <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> <b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>7</sup> <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI

**PART B** (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <b>or</b> <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>3</sup> NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive <sup>4</sup> NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup>Refer 2a of Part C | <sup>2</sup>Refer 2b of Part C | <sup>3</sup>Refer 2c of Part C | <sup>4</sup>Refer 3(ii) of Part C | <sup>5</sup>Refer 1 of Part C | <sup>6</sup>Refer 3(vii) of Part C | <sup>7</sup>Refer 1A of Part C



**UBO Declaration** (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO3
Name			
PAN / Any Other Identification Number			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No. %			
Tax ID Type			
Address	_____	_____	_____
Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
State	_____	_____	_____
Country	_____	_____	_____
Contact detail	_____	_____	_____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name (Mandatory if PAN is not available)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y
Percentage of Holding (%)^			

If passive NFE, additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

- \* To include US, where controlling person is a US citizen or green card holder
- %In case Tax Identification Number is not available, kindly provide functional equivalent
- ^Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

**FATCA - CRS Terms and Conditions**

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.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the 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.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Signatures  Signatures  Signatures

Date  Place

# DHFL Pramerica Perks

## Vesting Form and Third Party Declaration



This form should be completed in English and BLOCK LETTERS only.  
Tick (✓) whichever is applicable, strike out whichever is not required.

### 1 VESTING REQUEST

Vesting Date

Vesting Options (Please ✓ any one)  Vesting the units to Employee's folio (as per Employee Allocation Annexure enclosed)  Continue the investment without vesting

#### VESTING DETAILS

Scheme Name _____	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Re-investment
Number of units _____ OR <input type="checkbox"/> All units _____	

  

Scheme Name _____	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Re-investment
Number of units _____ OR <input type="checkbox"/> All units _____	

  

Scheme Name _____	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Re-investment
Number of units _____ OR <input type="checkbox"/> All units _____	

### 2 BENEFICIAL OWNER (EMPLOYEE) INFORMATION

Folio No.  PAN#  KYC (Please ✓)  Attached (Mandatory for any amount)

Name of Employee (Beneficial Owner) Mr./Ms.

### 3 THIRD PARTY (EMPLOYER) INFORMATION

Folio No.  PAN#  KYC (Please ✓)  Attached (Mandatory for any amount)

Name of Employee (Beneficial Owner) Mr./Ms.   
#Mandatory for any amount. Please attach PAN proof.

#### Contact Details

Address

City  State  Pin Code

#### Relationship of Third Party with the Beneficial Owner

Status of the Beneficial Investor Owner	Employee(s)
Relationship of Third party with the Beneficial Owner	Employer
Declaration by Third Party (Employer)	I/We declare that the payment is made on behalf of employee(s) as subscription, though PERKS facility

### 4 INVESTMENT DETAILS OF EMPLOYER

Investment Amount Rs.  Payment Mode  Cheque / DD / Pay order  Funds Transfer  RTGS / NEFT

Cheque / DD / UTR No.  Dated

Payment from A/c No.  A/c Type

Payment from Bank and Branch

#### Mandatory Documents (based on payment mode):

- Cheque: Account number and account holder name should be printed on the cheque. Else a copy of the bank passbook / bank statement account / bank letter certifying the third party account holder and account number.
- Demand Draft: Issuing Banker certificate / DD counterfoil mentioning Bank Account Holder's Name and Bank Account Number debited for issue of the demand draft.
- Funds Transfer / RTGS / NEFT: Instruction copy to the Bank stating the Bank Account Number used for payment.

### 5 DECLARATION & SIGNATURE/S

**Third Party: Payment Declaration:** I/We confirm having read and understood the Third Party Payment rules and guidelines issued by AMFI from time to time. I/We declare that the information declared herein is true and correct. I agree to furnish such further information as the Fund may require from me/us and to assist the Fund to verify directly or indirectly the details. The Fund shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies. I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that the Fund or AMC or RTA may suffer as a result of accepting the aforesaid payment from me/us towards precessing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.

**For Vesting:** I/We, hereby authorise DHFL Pramerica Mutual Fund / DHFL Pramerica Asset Managers Private Limited to redeem the employees' allocation from my/our folio as per my/our instruction for the purpose of vesting and maintain the redemption amount in DHFL Pramerica Mutual Fund/DHFL Pramerica Asset Managers Private Limited's pool/bank account till the said amount is re-invested in my/our employees' folio.

I/We have read and understood the terms and conditions of this facility and shall unequivocally be bound by it.

**Beneficial Owner: (Employee):** I/We confirm having read and understood the Third Party Payment rules and guidelines issued by AMFI from time to time. I/We certify that the information declared herein by the Third Party is true and correct and have no objection to the funds received from the Third Party. The Fund reserves the right in its sole discretion to reject/not process the Application Form and refund the payment received from the aforesaid. The Fund or the AMC will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction.

## INSTRUCTIONS

### VESTING REQUEST

The employer / Investor(s) have the option to vest a part of or the full investment amount on the vesting date. The options available for vesting are:-

i. Vesting of Units to Employee's Folio in the scheme(s) selected at the time of initial investment.

OR

ii. Continue the investment without vesting.

Please indicate the vesting option and submit this form along with the employee allocation annexure at least 30 days prior to the vesting date.

### Income Tax Payable on account of vesting:

It shall be the responsibility of the Employer/Investor(s) to deduct and deposit any tax including income tax payable for the amount vested in the name of the particular employee and if the employer/investor informs the AMC about the tax liability of the employees (at least 30 days prior to the vesting date), the AMC shall assist the Employer/Investor(s) to do the vesting (net of taxes), as intimated. i.e. on vesting, based on the confirmation from the Employer/Investor(s), the AMC will redeem the employees' allocation from the Employer/Investor's folio and:-

i. Retain the amount of taxes under the Employer/Investor's folio or remit to the Employer/Investor an amount equivalent to the tax liability of the employees on account of this investment and

ii. Re-invest the balance amount in the name of the respective employees

### THIRD PARTY DECLARATION

It is mandatory for the Employer/Investor(s) and the employee(s) to submit the prescribed "Third Party Declaration" confirming the relationship of the Third Party ("Employer") with the beneficiary ("Employee") and the third party payment by the Employer/Investor on behalf of the Employee for the subscriptions processed on the vesting date. In case the Employer does not submit the vesting request along with necessary documents including the third party declaration forms by the vesting date, units will not be vested and will continue to remain invested in the Employer/Investor's folio.

### DECLARATION AND SIGNATURES

All signatures should be hand written in English or any Indian language and should be as per the board resolution submitted at the time of investment. In case of any change in the authorised signatory list, the AMC must be notified within 7 days. If the Employer is a non-individual entity, then the resolution must authorize the employer and its authorised signatories to apply for or avail this facility and to redeem the investment from the employer folio (upon vesting) and reinvest the proceeds in the name of the employee.