

COMMON APPLICATION FORM

(To be used / distributed with Key Information Memorandum)



Pramerica

MUTUAL FUND

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

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

Application No. _____

DISTRIBUTOR INFORMATION				
ARN code	RIA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUN)
ARN - 64917		ARN -		E-029678

In case the EUN box has been left blank, please refer the point related to EUN in the Declaration & Signatures section overleaf.

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

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.

EXISTING FOLIO NUMBER _____ The details in our records under the folio number mentioned alongside will apply for this application.6

SOLE / FIRST APPLICANT'S DETAILS

Name	Mr Ms M/s										
Date of Birth (DOB) (Mandatory for Minor)	D D M M Y Y Y Y	<input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <small>please specify</small>									
PAN		CKYC ID No. ⁵								KYC	<input type="checkbox"/> Proof attached
Guardian Name (if Sole/ First applicant is a Minor) / Contact Person Name (For Non Individuals)	Mr Ms M/s										
PAN		CKYC ID No. ⁵								KYC	<input type="checkbox"/> Proof attached
Mailing Address [P. O. Box Address is not sufficient]											
										City	
Pincode	(Mandatory)	State								Country	
Phone (Off.)										Fax No.	
										Mobile No.	
Phone (Res)										Email ID	
Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)											
State										Country	
										Zip Code	
Status of the First Applicant (Mandatory, please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Company	<input type="checkbox"/> Others <small>(please specify)</small>	
	<input type="checkbox"/> Fils	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non Profit Organisation					

MODE OF HOLDING Single OR Anyone or Survivor OR Joint (Default option)

SECOND APPLICANT'S DETAILS

Name	Mr Ms										
PAN		CKYC ID No. ⁵								KYC	<input type="checkbox"/> Proof attached

THIRD APPLICANT'S DETAILS

Name	Mr Ms										
PAN		CKYC ID No. ⁵								KYC	<input type="checkbox"/> Proof attached

POWER OF ATTORNEY (POA) HOLDER DETAILS (If investment is being made by a Constituted Attorney)

Name	Mr Ms										
PAN		CKYC ID No. ⁵								KYC	<input type="checkbox"/> Proof attached

⁵ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit CKYC Identification Number (CIN)

FIRST APPLICANT'S BANK ACCOUNT DETAILS (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 Bank Branch.	

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ACKNOWLEDGMENT SLIP (To be filled in by the investor)

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

KYC Details (Mandatory)

Occupation [Please tick (✓)]

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

Gross Annual Income [Please tick (✓)]

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

Others [Please tick (✓)]

Sole / 1 st Applicant / Guardian	For Individuals [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP)* <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
2 nd Applicant	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer Instruction No. 4 (F)): (i) Foreign Exchange / Money Changer Services - <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services - <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning - <input type="radio"/> YES <input type="radio"/> NO
3 rd Applicant / POA	<input type="radio"/> I am Politically Exposed Person (PEP)* <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/Judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

INVESTMENT & PAYMENT DETAILS The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

5 Scheme Name **DHFL PRAMERICA** Option Growth* Dividend *Default Option
 Dividend Facility Payout Re-Investment Dividend Sweep Facility (DSF)⁵ Dividend Frequency: _____
 5 To Scheme **DHFL PRAMERICA** (* Please refer to SID / addendum thereof for schemes available for DSF)
 Mode of Investment Lump Sum Only SIP Only (First investment cheque is optional) Lump Sum with SIP Micro Investment

Payment Type [Please ✓]	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach Third Party Payment Declaration Form)
Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	DD Charges, if any	Net Cheque/ DD Amount
		Cheque / DD / Payment Instrument No. & Date
		Drawn on Bank / Branch
<input type="checkbox"/> SIP Investment (Please tick any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Second & Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)	
<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill and attach the SIP Auto Debit Facility Form OR	Instalment Amount ₹ _____	
<input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details	SIP Date (Please ✓): <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates	
Cheque Nos. From _____ To _____	SIP Period (Please ✓): <input type="checkbox"/> Till I/We instruct to discontinue the SIP <input type="checkbox"/> No. of instalments _____	
Dated From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>	Please mention Enrolment Period: From <input type="text" value="MMYYYY"/> To <input type="text" value="MMYYYY"/>	

DEMAT ACCOUNT DETAILS

National Securities Depository Limited	Central Depository Services (India) Limited
Depository Participant Name <input type="text" value="Mr / Ms / M/s"/>	Depository Participant Name <input type="text" value="Mr / Ms / M/s"/>
DP ID No. _____	Beneficiary A/c No. _____
Target ID No. _____	

NOMINATION DETAILS (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form)

I/We do not wish to nominate OR I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of the Nominee(s)	PAN	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

DECLARATION AND SIGNATURES

I/We hereby confirm and declare as under - I/We have read and understood the contents of the Statement of Additional Information of DHFL Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of DHFL Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of DHFL Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/DHFL Pramerica Mutual Fund, I/We hereby authorise the AMC/DHFL Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that DHFL Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify DHFL Pramerica Asset Managers Private Limited (erstwhile Pramerica Asset Managers Private Limited) immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/CNR 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.
 Please ✓ if the EUIN space is left blank: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.
 Please ✓ I/We would not like to register for INVEST NOW to transact online as per the terms & conditions for this facility. By providing Email Id, I/We agree to receive the IPIN for INVEST NOW registration on the same.

1 st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression
2 nd Applicant Signature / POA Signature / Thumb Impression
3 rd Applicant Signature / POA Signature / Thumb Impression