# COMMON APPLICATION FORM

(To be used / distributed with Key Information Memorandum)

DHFL 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 (EUIN) |
|---|---|---|---|---|
| ARN - 86388 | | ARN - | | EUIN - E028492 |

Incase the EUIN box has been left blank, please refer the point related to EUIN 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.

## SOLE / FIRST APPLICANT'S DETAILS

Name Mr Ms M/s

Date of Dob (DOB) (Mandatory for Minor) D D M M Y Y Y Y ☐ Proof of DOB of Minor enclosed (please ✓) ☐ Passport ☐ Birth Certificate ☐ Other please specify

PAN CKYC ID No.$ KYC ☐ 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.$ KYC ☐ 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 ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ FIIs ☐ Minor through guardian ☐ Body Corporate ☐ Society/Club ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others (please specify)

## MODE OF HOLDING

☐ Single OR ☐ Anyone or Survivor OR ☐ Joint (Default option)

## SECOND APPLICANT'S DETAILS

Name Mr Ms

PAN CKYC ID No.$ KYC ☐ Proof attached

## THIRD APPLICANT'S DETAILS

Name Mr Ms

PAN CKYC ID No.$ KYC ☐ Proof attached

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

Name Mr Ms

PAN CKYC ID No.$ KYC ☐ Proof attached

$ 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 ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ Others

Bank Address

Pincode State City

MICR Code (9 digits) *IFSC Code for NEFT / RTGS

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

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

Application No.

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

V5 - 10.06.16

## KYC Details (Mandatory) Occupation [Please tick (✓)]

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Sole / 1st Applicant / Guardian | ○ Private Sector Service<br>○ Housewife | ○ Public Sector Service<br>○ Student | ○ Government Service<br>○ Forex Dealer | ○ Business<br>○ Others (Please specify) _____ | ○ Professional | ○ Agriculturist | ○ Retired |
| 2nd Applicant | ○ Private Sector Service<br>○ Housewife | ○ Public Sector Service<br>○ Student | ○ Government Service<br>○ Forex Dealer | ○ Business<br>○ Others (Please specify) _____ | ○ Professional | ○ Agriculturist | ○ Retired |
| 3rd Applicant / POA | ○ Private Sector Service<br>○ Housewife | ○ Public Sector Service<br>○ Student | ○ Government Service<br>○ Forex Dealer | ○ Business<br>○ Others (Please specify) _____ | ○ Professional | ○ Agriculturist | ○ Retired |

## Gross Annual Income [Please tick (✓)]

| | |
|---|---|
| Sole / 1st Applicant / Guardian | ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore<br>OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year) |
| 2nd Applicant | ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore OR Net worth ₹ _____ |
| 3rd Applicant / POA | ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore OR Net worth ₹ _____ |

## Others [Please tick (✓)]

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

$ Scheme Name DHFL PRAMERICA _____ Option ☐ Growth* ☐ Dividend *Default Option

Dividend Facility ☐ Payout ☐ Re-Investment ☐ Dividend Sweep Facility (DSF)$ Dividend Frequency: _____

$ 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 ✓] | ☐ Non-Third Party Payment | ☐ 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 |
| | | | | |

☐ SIP Investment (Please any one) ☐ Monthly ☐ Quarterly

☐ SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)
Please also fill and attach the SIP Auto Debit Facility Form OR

☐ SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details

Cheque Nos. From _____ To _____

Dated From D D M M Y Y Y Y To D D M M Y Y Y Y

**Second & Subsequent Instalment Details:** (All subsequent instalment amounts should be same as the first instalment.)

Instalment Amount ₹ _____

SIP Date (Please ✓): ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 21st ☐ 25th ☐ 28th ☐ All 7 dates

SIP Period (Please ✓): ☐ Till I/We instruct to discontinue the SIP ☐ No. of instalments _____

Please mention Enrolment Period: From M M Y Y Y Y To M M Y Y Y Y

## DEMAT ACCOUNT DETAILS

| National Securities Depository Limited | | | | Central Depository Services (India) Limited | |
|---|---|---|---|---|---|
| Depository Participant Name | Mr / Ms / M/s | | | Depository Participant Name | 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 Nominess(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/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.

☐ **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.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

2nd Applicant Signature / POA Signature / Thumb Impression

3rd Applicant Signature / POA Signature / Thumb Impression


DHFL Pramerica Asset Managers Private Limited
(erstwhile Pramerica Asset Managers Private Limited)
Nirlon House, 2nd floor, Dr. Annie Besant Road, Worli, Mumbai – 400030
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CIN : U74900MH2008FTC187029

# CKYC & KRA KYC Form

DHFL Pramerica MUTUAL FUND

## Know Your Client Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

Application Type* ☐ New ☐ Update KYC Number*

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

### 1. Identity Details (Please refer instruction **A** at the end)

PAN Please enclose a duly attested copy of your PAN Card

| | Prefix | First Name | Middle Name | Last Name |
|---|---|---|---|---|
| Name* (same as ID proof) | | | | |
| Maiden Name (If any*) | | | | |
| Father / Spouse Name* | | | | |
| Mother Name* | | | | |

Date of Birth* DD – MM – YYYY

Photo

Signature/ Thumb Impression

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country _____ Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X-Not Categorised

### 2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

*(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)*

☐ A- Passport Number — Passport Expiry Date DD – MM – YYYY

☐ B- Voter ID Card

☐ D- Driving Licence — Driving Licence Expiry Date DD – MM – YYYY

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

### 3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

*(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)*

Proof of Address*

☐ Passport Number — Passport Expiry Date DD – MM – YYYY

☐ Voter ID Card

☐ Driving Licence — Driving Licence Expiry Date DD – MM – YYYY

☐ Aadhaar Card

☐ NREGA Job Card

☐ Others (any document notified by the central government) Identification Number

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166