COMMON APPLICATION FORM

(To be used / distributed with Key Information Memorandum)

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 (\checkmark) whichever is applicable, strike out whichever is not required.



Application No.

DISTRIBUTOR INFORM		RIA code	Sub broke	r ARN code	Sub br	oker code (a	s allotted by ARN hold	er) Employee	e Unique Ident	ification N	umber ((EUIN)
			ARN -				,	,				
Incase the EUIN box has been left bla												
Upfront commission shall be paid dire		0					ase \checkmark any one of		by the distribute	or.		
□ I confirm that I am a Firs							m an existing inv		I Funds.			
EXISTING FOLIO NUM	BER			The	details in ou	r records under	r the folio number ment	ioned alongside w	ill apply for this a	pplication.		
SOLE / FIRST APPLICA	NT'S DET	AILS					Pleas	e write the Na	me & DOB as	per Aad	haar C	ard
Name								Gende	er (please ✓) ∣	Male	🗌 Fe	emale
Date of Birth (DOB) (Mandatory	1) D D	M M Y Y Y	Y	Proof o	of DOB of	Minor enclos	sed (please ✓) 🗌 Pa	assport 🗌 Birth	h Certificate	Other_p	ease sp	ecify
PAN	СК	YC ID No. ^{\$}				Aadhaar/UID	DAI Enrollment No.#	:				
Guardian Name (if Sole/ First ap	plicant is a Mir	or) / Contact Person	Name (For Non	Individuals) Mr M	/ls M/s							
PAN	CK	YC ID No.\$				Aadhaar/UID	DAI Enrollment No.#					
Mailing Address [P. O. Box Addr	ess is not suffic	cient]										
							City					
Pincode (Mandator	y) St	ate				Country						
Phone (Off.)			Fax No				Mobil	e No.	As per /	Aadhaar		
Phone (Res)			Email	ID								
Overseas Address (Mandatory	n case of NRI/	FII applicant, in addition	n to mailing addre	ss)								
State			Country					Zi	p Code			
Status of the First Applicant (M				NRI-Repatriation				Trust H			Com	npany
FIIs Minor through gua				ble Proprietorship			on U Others	(please specif	<u>(v)</u>			
MODE OF HOLDING	Sing		ne or Survivor	OR 🗌 Joir	nt (Defauli	t option)					# Mand	datory
SECOND APPLICANT'	S DETAILS	\$						Please write	e the Name a	s per Aac	haar C	Card
Name Mr Ms												
PAN	CK	YC ID No. ^{\$}				Aadhaar/UID	DAI Enrollment No.#					
THIRD APPLICANT'S	DETAILS							Please writ	e the Name a	s per Aac	lhaar C	Card
Name Mr Ms												
PAN	СК	YC ID No. ^{\$}				Aadhaar/UID	DAI Enrollment No.#					
POWER OF ATTORNE	Y (POA) H	OLDER DETAIL	.S (If investme	ent is being ma	de by a C	onstituted A	Attomey)					
Name Mr Ms												
PAN	СК	YC ID No. ^{\$}				Aadhaar/UID	DAI Enrollment No.#					
^{\$} Individual client who has registered			(CKYCR) has to f	ill the 14 digit CKY							# Mand	datory
FIRST APPLICANT'S B	ANK ACC	OUNT DETAILS	(Mandatory) (F	lease attach copy	of cancelled	d cheque)						
Name of the Bank						Branch						
Account No.				Ac	count Type	Savings	Current 🗌 N		Others			
Bank Address												
Pincode	St	ate				City						
MICR Code (9 digits)			*IFSC Co	de for NEFT / F	RTGS				*This is an 11 D kindly obtain it fi	igit Number om your B	, ank Brar	nch.

	(Mandatory)	Occ	upation [Plea	se tick ((✓)]					
Sole / 1 st Applicant / Guardian	 O Private Sector Serv O Housewife 	rice O Public Sector Serv O Student	ice O Gove O Fore:	ernment Servio		Business Others (Please specify		O Professional	O Agriculturist	O Retired
2 nd Applicant	O Private Sector Serv	rice O Public Sector Serv	ice O Gove	ernment Servio	ice O	Business	,	O Professional	O Agriculturist	O Retired
3 rd Applicant / POA	O Housewife O Private Sector Serv	O Student rice O Public Sector Serv	ice O Gove	ex Dealer ernment Servio		Others (Please specify Business		O Professional	O Agriculturist	O Retired
3 Applicant / POA	O Housewife	O Student	○ Fore:	x Dealer	0	Others (Please specify	')			
Gross Annual	Income [Please	e tick (✓)]	l i							
Sole / 1 st Applicant / Guardian) 1-5 Lacs O 5-10 Lacs C	10-25 Lacs () >25	Lacs-1 crore	O >1 crore				(Not older than	1.voar)
2 nd Applicant		ory for Non-Individuals)₹ 0 1-5 Lacs ○ 5-10 Lacs ○	10-25 Lacs () >25	Lacs-1 crore	O >1 crore OR!	Net worth₹		as on DDMMYY		i year)
3 rd Applicant / POA	○ Below1Lac ○) 1-5 Lacs 🔿 5-10 Lacs 🔿	10-25 Lacs () >25	Lacs-1 crore	O >1 crore OR I	Net worth₹				
Others [Please	e tick (√)]									
Sole / 1 [#] Applicant /		se tick (\checkmark)]: \bigcirc I am Political Please tick (\checkmark)] (Please attac				Politically Exposed Pers		O Not applicable		
Guardian		/Money Changer Services –	O YES O NO;	(ii) Gaming / G	Gambling / Lottery /	Casino Services – O		(iii) Money Lending / Pawni	ng- O YES O NO	
2 nd Applicant 3 rd Applicant / POA	 I am Politically Exp I am Politically Exp 	()	-	,	Exposed Person (I	,		Not applicable Not applicable		
			-	,		,	vernment/judicial/m		of state owned corporations	, important political party officials, etc.
INVESTMENT	& PAYMENT	DETAILS The name	of the first/ sole app	licant must l	be pre-printed o	n the cheque. (Inves	stors applying u	under Direct Plan must n	nention "Direct" agai	nst the Scheme name.)
	DHFL PRAMERICA									idend *Default Option
Dividend Facility	Payout Re	e-Investment Divider	nd Sweep Facility (D	SF)\$	Dividend Frequ	uency:				
	DHFL PRAMERICA							se refer to SID / addend	dum thereof for sche	mes available for DSF)
Mode of Investme			rst investment chequ		/ !	Sum with SIP				
Payment Typ Amount of Cl	e [Please ✓] heque / DD / Payme	Non-Third Party	DD Charges, if a		, ,	eque/ DD		nent Declaration Form') e / DD / Payment	Drawn on	Bank / Branch
	GS/ NEFT in figures			,,,,,,,, .		nount		nent No. & Date		Bank / Branon
	nt (Please ✓any on HAUTO DEBIT (EC	e) Monthly S/Direct Debit/NACH)	Quarterly		Second & Sub Instalment Am		t Details: (All su	ibsequent instalment amo	ounts should be same	e as the first instalment.)
Please also fi	ll and attach the SIP	Auto Debit Facility Form					7th	10th 15th 2	1st 25th	28th All 7 dates
Cheque Nos. Fron		IEQUE Second & subsequ	ent Instalment chequ	le Details	SIP Date (Please \checkmark): 1st 7th 10th 15th 21st 25th 28th All 7 dates SIP Period (Please \checkmark): Till I/We instruct to discontinue the SIP No. of instalments					
Dated Fron	DDMM			Y		n Enrolment Period		ММҮҮҮҮ	To	ММҮҮҮҮ
DEMATACC		LS tional Securities Deposito	ry Limited				Cen	tral Depository Services	(India) Limited	
Depository Partici		/ Ms / M/s	y Liniileu			Depository Partici		Mr / Ms / M/s		
DP ID No.		Beneficiary A/c N	0.			Target ID No.		WI / WIS / W/S		
ΝΟΜΙΝΑΤΙΟ		- h- filed in h- individu		h. Manalat	ann an lu fan li		te held			
		o be filled in by individu							of my/our dooth J/M/	
payment and settler	nents made to such N	I/We do hereby nominate Nominee(s) and Signature	of the Nominee(s) ac	knowledging	g receipt thereof	f, shall be a valid disc	charge by the A	MC/Mutual Fund/Trustee	es.	
	d Address of miness(s)	PAN	Date of Birth	(to be		Iress of Guardian ase the nominee is	minor)	Signature of Guardian / Nominee	be shared	by which the units will by each nominee regate to 100%)
Non	ninee 1									
Non										
INON	ninee 2									
	ninee 2 ninee 3									
	ninee 3	NATURES								
	ninee 3	VATURES I/We have read and underston sued from time to time and the titons, rules and regulations o	d the contents of the S Instructions. I/We, here t the relevant Scheme(Statement of >by apply to th s). I/We have	Additional Informa eTrustee of DHFL neither received	ation of DHFL Prameric Pramerica MutualFun nor been induced by a	ca Mutual Fund a Ind for allotment of iny rebate or gifts	and the Scheme Information units of the respective Sche , directly or indirectly in me	n Document(s)/Key Info eme(s) of DHFL Pramer king this investment. I/	prmation memorandum of the ica Mutual Fund, as indicated We declare that I am/We are
	ninee 3	VATURES We have read and underston sued from time to time and the ititons, rules and regulations of ount invested in the Scheme is atutory Authority. The ARN hol on recommended to melus. In	d the contents of the S Instructions. I/We, here if the relevant Scheme(it hrough legitimate sou fer has disclosed to me declare that the info	Statement of <i>i</i> aby apply to the s). IWe have rces only and /us all the con rmation given	Additional Informa eTrustee of DHFL neither received nmissions (in the f in this anolication	ation of DHFL Prameric Pramerica MutualFun nor been induced by a the purpose of contra form of trail commission	ca Mutual Fund d d for allotment of ny rebate or gifts vention or evasio tete and truly stat	and the Scheme Information units of the respective Sche s, directly or indirectly in ma of any Act, Regulation, Ru de), payable to him for the d	n Document(s)/Key Info me(s) of DHFL Pramer king this investment, U e, Notification. Direction different competing Sche wort fufflim the KYC pro-	prmation memorandum of the ica Mutual Fund, as indicated We declare that I am/We are so rany other applicablelaws smes of various Mutual Funds cess to the satisfaction of the
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DHFL Pramerica Asset Managers Private Limited (erstwhile Pramerica Asset Managers Private Limited) Nirlon House, 2nd floor, Dr. Annie Besant Road, Worli, Mumbai – 400030 Tel. +91-22-61593000 Fax +91-22-61593100 www.dhflpramericamf.com CIN : U74900MH2008FTC187029