

# 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 (EUIIN)
ARN - 108058		ARN -		E-147299

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

Please write the Name & DOB as per Aadhaar Card

Name																Gender (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DOB) (Mandatory)	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 (please specify)							
PAN					CKYC ID No. <sup>§</sup>					Aadhaar/UIDAI Enrollment No.#						
Guardian Name (if Sole/ First applicant is a Minor) / Contact Person Name (For Non Individuals) Mr Ms M/s																
PAN					CKYC ID No. <sup>§</sup>					Aadhaar/UIDAI Enrollment No.#						
Mailing Address [P. O. Box Address is not sufficient]																
City																
Pincode	(Mandatory)				State					Country						
Phone (Off.)					Fax No.					Mobile No.	As per Aadhaar					
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"/> 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 <input type="checkbox"/> Others (please specify)																

## MODE OF HOLDING

Single OR  Anyone or Survivor OR  Joint (Default option)

# Mandatory

## SECOND APPLICANT'S DETAILS

Please write the Name as per Aadhaar Card

Name	Mr	Ms													
PAN					CKYC ID No. <sup>§</sup>					Aadhaar/UIDAI Enrollment No.#					

## THIRD APPLICANT'S DETAILS

Please write the Name as per Aadhaar Card

Name	Mr	Ms													
PAN					CKYC ID No. <sup>§</sup>					Aadhaar/UIDAI Enrollment No.#					

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

Name	Mr	Ms													
PAN					CKYC ID No. <sup>§</sup>					Aadhaar/UIDAI Enrollment No.#					

<sup>§</sup> Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit CKYC Identification Number (CIN)

# Mandatory

## 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.

KYC Details (Mandatory)		Occupation [Please tick (✓)]						
Sole / 1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>st</sup> 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 OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)
2 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>st</sup> Applicant / Guardian	<b>For Individuals [Please tick (✓)]:</b> <input type="radio"/> I am Politically Exposed Person (PEP) <sup>a</sup> <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable <b>For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer Instruction No. 4 (F)):</b> (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
2 <sup>nd</sup> Applicant	<input type="radio"/> I am Politically Exposed Person (PEP) <sup>a</sup> <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
3 <sup>rd</sup> Applicant / POA	<input type="radio"/> I am Politically Exposed Person (PEP) <sup>a</sup> <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

<sup>a</sup>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)<sup>‡</sup> 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
<input type="checkbox"/> SIP Investment (Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill and attach the SIP Auto Debit Facility Form OR <input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. From _____ To _____ Dated From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>		
<b>Second &amp; Subsequent Instalment Details:</b> (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ _____ 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 SIP Period (Please ✓): <input type="checkbox"/> Till I/We instruct to discontinue the SIP <input type="checkbox"/> No. of instalments _____ 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	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 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 Rs. 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.

**Aadhaar Update Consent:** I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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.

Signature(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 <sup>st</sup> Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / POA Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / POA Signature / Thumb Impression
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN / PEKRN / CKIN (Mandatory)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## GENERAL GUIDELINES FOR COMMON APPLICATION FORM

- a. Please read the Scheme Information Document/Key Information Memorandum of the Scheme carefully before investing.
- b. Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.
- c. Applications on behalf of minors should be made by natural guardian (i.e. father or mother) or legal guardian (court appointed) and signed by them. The name of the Guardian should be filled in the relevant space provided in the Application Form. No joint applicant/ joint holder is permitted with the minor beneficiary.
- d. In case of new individual investors, please fill 'FATCA - CRS Declaration Form'
- e. In case of new individual investors who are not KYC compliant, please fill the CKYC form issued by Central KYC Registry (CKYC) appended in the form and also available on our website.
- f. In case of new non-individual investors, please fill the KYC application form issued by KYC Registration Agency available on our website.
- g. In case of existing individual and non individual investors who are KYC compliant, please provide the KYC acknowledgement issued by the KYC Registration Agency.
- h. Please strike off sections that are not applicable.

## INSTRUCTIONS FOR COMMON APPLICATION FORM

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

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

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

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

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

Distributors shall be able to choose to opt out of charging the transaction charge. However, the 'opt-out' shall be at distributor level and not investor level i.e. a distributor shall not charge one investor and choose not to charge another investor.
- 3. UNIT HOLDING OPTION (Demat / Non - Demat Mode)**
  - a. Investors can hold units in demat / non-demat mode. In case demat account details are not provided or details of DP ID / BO ID, provided are incorrect or demat account is not activated or not in active status, the units would be allotted in non-demat mode.
  - b. Statement of Accounts would be sent to Investors who are allotted units in non-demat mode.
  - c. Units held in dematerialized form are freely transferable with effect from October 01, 2011, except units held in Equity link savings Scheme during the lock-in period.
- 4. (A) EXISTING INVESTORS OF DHFL PRAMERICA MUTUAL FUND (DHFLPMF)**

If you are an existing investor please fill your existing folio number and fill FATCA and CRS Details and Demat Account Details only.

**(B) APPLICANT'S INFORMATION**

  - a. Please furnish names of all applicants. The name of the Sole /First Applicant should be mentioned in the same manner in which it appears in the Income Tax PAN card. Please note the following:
    - In case the applicant is a Non-Individual investor, the Contact Person's name should be stated in the space provided (Name of Guardian / Contact Person)
    - In case the applicant is a minor, the Guardian's name should be stated in the space provided (Name of Guardian / Contact Person). It is mandatory to provide the minor's date of birth in the space provided.
    - In case the application is being made on behalf of a minor, he / she shall be the Sole Holder/Beneficiary. There shall be no joint account with a minor unitholder.
  - b. If there is more than one applicant but the mode of holding is not specified, the same would be treated as Joint.
  - c. Please indicate the tax status of the sole/1 applicant at the time of investment. The abbreviations used in this section are :  
NRI: Non-Resident Indian Individual, PIO: Person of Indian Origin, FIL: Foreign Institutional Investor, NGO: Non Government Organization, AOP: Association of Persons, BOI: Body of Individuals, HUF : Hindu Undivided Family.

**(C)** In case of a minor, it is mandatory to submit photocopy of any one of the following towards proof of date of birth at the time of initial investment :

  - Birth certificate of minor, or
  - School leaving certificate / Mark sheet issued by Higher Secondary Board of respective states, ICSE , CBSE etc, containing the minor's date of birth, or
  - Passport of minor

**(D)** In case of minor applicants, Guardian in the Folio should either be a natural guardian (i.e father or mother) or a court appointed legal guardian. In both the cases, it is mandatory to submit a document evidencing the relationship (in case of a natural guardian, if the same is not available as part of the documents submitted as per 4 (C) above) between the minor and the Guardian.

**(E) 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.
- I. 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.
- II. 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.dhflpramericaamf.com](http://www.dhflpramericaamf.com).
- III. Aadhaar Number**

**It is mandatory for all individual investors (including guardians, joint holders, and power of attorney holders) to provide their Aadhaar Number. Please note Aadhaar is not mandatory for Minor. If the Name given in the application does not match the name as appearing on the Aadhaar card, authentication, application may be liable to get rejected/or further transactions may be liable to get rejected.**  
**For non individual investors Aadhaar details of the authorised signatory is mandatory. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations.**  
**Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.**
- IV. MICRO INVESTMENT**

With effect from October 30, 2012, where the aggregate of the lump sum investment (fresh purchase & additional purchase) and Micro SIP installments by an investor in a financial year i.e April to March does not exceed Rs. 50,000/- it shall be exempt from the requirement of PAN. However, requirements of Know Your Customer (KYC) shall be mandatory. Accordingly, investors seeking the above exemption for PAN still need to submit the KYC Acknowledgement, irrespective of the amount of investment. This exemption will be available only to Micro investment made by the individuals being Indian citizens (including NRIs, Joint holders, minors acting through guardian and sole proprietors). PIOs, HUFs, QFIs and other categories of investors will not be eligible for this exemption.
- 5. CONTACT INFORMATION**
  - a. Please furnish the full postal address of the Sole/ First Applicant with PIN/Postal Code and complete contact details. (P.O. Box address is not sufficient).
  - b. Please note that all communication i.e. Account statement, Annual Report, News Letters will be sent via e-mail, if the e-mail id of the investor is provided in the application form. The Account statement will be encrypted with a password before sending the same to the registered email id. Should the unitholder face any difficulty in accessing/opening the Account Statements/documents sent via email, the unitholder may call/write to the AMC/Registrar and ask for a physical copy.
- 6. BANK DETAILS**
  - a. Please furnish complete Bank Account Details of the Sole/First Applicant. This is a mandatory requirement and applications not carrying bank account details shall be rejected. Bank details provided in the application form will be considered as the default Bank Mandate for remitting redemption proceeds/dividend amount.
  - b. 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.
  - c. Please attach a original cancelled cheque leaf if your investment instrument is not from the same bank account mentioned in the Application form.
  - d. DHFL Pramerica Mutual Fund will endeavour to remit the Redemption and Dividend proceeds through electronic mode, wherever sufficient bank account details of the unit holder are available.
- 7. INVESTMENT/PAYMENT DETAILS**

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

  - Direct Plan is only for investors who purchase/subscribe Units in a Scheme directly with the Fund and is not available for investors who route their investments through a Distributor.
  - Investors may please note that the Direct Plan under the Schemes is meant for investors who understand the capital market, mutual funds and the risks associated therewith. The risks associated with the investments in the Schemes vary depending upon the investment objective, asset allocation and investment strategy of the Schemes and the investments may not be suited for all categories of investors. The AMC believes that investors investing under the Direct Plan of the Schemes are aware of the investment objective, asset allocation, investment strategy, risks associated therewith and other features of the Schemes and has taken an informed investment decision. Please note that Scheme Information Document(s), Statement of Additional Information, Key Information Memorandum or any other advertisements and its contents are for information only and do not constitute any investment advice or solicitation or offer for sale of units of the Schemes from the AMC.
  - All Options/Sub-Options offered under the Schemes (hereinafter referred as "Regular Plan") will also be available for subscription under the Direct Plan. Thus, from the Effective Date, there shall be 2 Plans available for subscription under the Schemes viz., Regular Plan and Direct Plan.
  - Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the application form as "Scheme Name – Direct Plan" form for e.g. "DHFL Pramerica Midcap Opportunities Fund Direct Plan". Investors should also indicate "Direct" in the ARN column of the application form. However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.
  - Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
  - Please indicate the Option/Plan under which you wish to invest. Also indicate your choice of dividend payout or re-investment. If any of the information is left blank, the default option will be applicable.
  - Investment cheque is not mandatory if investor wish to start a SIP.
  - Please not investor needs to fill the Common Application Form and SIP Investment Form.

## INSTRUCTIONS FOR COMMON APPLICATION FORM (Contd.)

- Payment may be made only by Cheque or Bank Draft or Electronic Fund Transfer. Cheque/Draft should be drawn in favour of the "Scheme name", e.g. "DHFL Pramerica Midcap Opportunities Fund" and crossed "Account Payee only".
- Please tick and fill in the appropriate section based on the Type of Investment i.e. LUMPSUM or SIP or Micro investment. Please fill an Auto Debit form in case of investment through SIP - Auto Debit Facility. Please note that third party payments shall not be accepted.
- Third Party Payment" shall mean payment made through an instrument issued from an account other than that of the beneficiary investor. In case of payment instruments issued from a joint bank account, the first named applicant/investor must be one of the joint holders of the bank account from which the payment instrument is issued. Related person/s means such persons as may be specified by the AMC from time to time. **Exceptions:** The AMC/ Registrar of DHFL PMF will accept subscriptions to schemes of DHFL PMF accompanied by Third-Party Payment Instruments only in the following exceptional cases:
  1. Payment by Parents/Grandparents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- (each regular purchase or per SIP installment);
  2. Payment by employer on behalf of employee under Systematic Investment Plan (SIP) facility through payroll deductions;
  3. Custodian on behalf of an FII or a ClientThe investors making an application under the above mentioned exceptional cases are required to comply with the following, without which their applications for subscriptions for units will be rejected / not processed.
  - Mandatory KYC compliance of the investor and the person making the payment, in order to determine the identity of the investor and the person issuing the payment instrument.
  - Submit a separate, prescribed, 'Third Party Payment Declaration Form' from the beneficiary applicant/s (guardian in case of minor) and the person making the payment i.e., the Third Party, giving details of the bank account from which the payment is made and the relationship of the Third Party with the beneficiary. (The declaration form is available at [www.dhflpramerica.com](http://www.dhflpramerica.com))
  - Submit a cancelled cheque leaf or copy of bank statement / pass book page mentioning bank account number, account holders' name and address or such other document as the AMC may require for verifying the source of funds to ascertain that funds have been remitted from the drawer's account only.

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

- a. Payment by Cheque: An investor at the time of his/her purchase must provide the details of pay-in bank account (i.e. account from which a subscription payment is made) and pay-out bank account (i.e. account into which redemption/dividend proceeds are to be paid). Identification of third party cheques by the AMC / Registrars will be on the basis of either matching of pay-in bank account details with registered/pay-out bank account details or by matching the bank account number/name/signature of the first named investor with the name/account number/signature available on the cheque. If the name/bank account number is not pre-printed on the cheque and signature on the cheque does not match with signature on the application, then the first named applicant/investor should submit any one of the following documents:
  - (i) a copy# of the bank passbook or a statement of bank account having the name and address of the account holder and account number;
  - (ii) a letter\* (in original) from the bank on the bank's letterhead certifying that the investor maintains an account with the bank, alongwith information like bank account number, bank branch, account type, the MICR code of the branch & IFSC Code (where available).\*In respect of (ii) above, it should be certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number. Investors should note that where the bank account numbers have changed on account of the implementation of core banking system at their banks, any related communication from the bank towards a change in bank account number should accompany the application form for subscription of units.
- b. Payment by Prefunded Instrument:
  - (i) If the subscription is settled with pre-funded instruments such as Pay Order, Demand Draft, Banker's cheque, etc., a certificate (in original) from the Issuing banker must accompany the purchase application, stating the Account holder's name and the Account number which has been debited for issue of the instrument. The account number mentioned in the Certificate should be a registered bank account or the first named unitholder should be one of the account holders to the bank account debited for issue of such instruments.
  - (ii) A pre-funded instrument issued against cash shall not be accepted, except in case of payment made by Parents/Grandparents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/-. This also should be accompanied by a certificate from the banker giving name, address and PAN of the person who has procured the payment instrument. The Certificate(s) mentioned in (i) and (ii) above should be duly certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number.
- c. Payment by RTGS, NEFT, ECS, Bank transfer, etc:

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

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

### I. LUMPSUM INVESTMENT

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

### II. INVESTMENT UNDER SIP

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

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

- If the SIP period is not specified by the investor then the SIP enrolment will be deemed to be for perpetuity and processed accordingly. The SIP facility will be available on the following dates in a Month or Quarter as chosen by the investor : 1st, 7th, 10th, 15th, 21st, 25th and 28th of every Month or Quarter. If any of the said dates happen to be a holiday / non-transaction day, then the SIP transaction will be processed on the next business day.
- b. SIP Mode – Auto Debit (ECS/Direct Debit/NACH) OR Post-Dated Cheques
- c. For SIP application, the first investment cheque is optional. However, an original cancelled cheque is mandatory to verify the SIP bank details.
- d. The first installment (in case investor wishes to make the first investment with the SIP application form) you may pay either through Auto Debit (ECS/Direct Debit/NACH) or by Post Dated Cheques. If you wish to opt for payments through Auto Debit, please indicate your preference for SIP through Auto Debit (ECS/Direct Debit/NACH) in the box provided for the purpose and fill in the attached AUTO DEBIT FACILITY FORM. If you wish to pay for your future SIPs through Post Dated Cheques (PDC), you should not fill in the AUTO DEBIT FACILITY FORM. Please mention the second and subsequent Instalment cheque details in the space provided for the purpose.
- e. The first instalment cheque should be dated with the date of submission of the Application Form. Please note the following:
  - For SIPs through PDCs, the first SIP cheque needs to be from the same bank account as the PDC's for your future SIP Instalments.
  - The Second SIP Instalment has to be at least 20 days in case direct debit and 30 days in case of ECS after the date of the first SIP Instalment.
  - The first Instalment cheque and the subsequent Instalments (either through PDCs or Auto Debit) should be for the same amount.
- f. Please note that the Cheque should be made favoring the scheme name. (For e.g. "DHFL Pramerica Midcap Opportunities Fund").
- g. In case of SIP through Auto Debit, the Auto Debit Authorisation needs to be filled in and signed by the BankAccount holders in the same order and manner in which the Bank account is held by them.
- h. In case of any mismatch between the 'No. of instalment' and the 'SIP period', the SIP period will be considered as per the Auto Debit Facility Form.
- i. In case of any discrepancy between the Application Form and the Auto Debit Facility Form, the SIP details provided in the latter will be considered for investment.

### NRI investors

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

### Repatriation basis

- NRIs and PIOs may pay their subscription amounts by way of Indian Rupee drafts purchased abroad, cheques drawn on Non-Resident External (NRE) Accounts or Indian Rupee drafts payable at par at any of the centres where the AMC has a designated ISC and purchased out of funds held in NRE Accounts / FCNR Accounts. FIIs may pay their subscription amounts either by way of inward remittance through normal banking channels or out of funds held in Foreign Currency Accounts or Non Resident Rupee Accounts maintained with a designated branch of an authorised dealer with the approval of RBI.
- In case Indian Rupee drafts are purchased abroad or from FCNR/NRE accounts, an account debit certificate from the bank issuing the draft confirming the debit shall also be submitted with the application form. NRIs shall also be required to furnish such other documents as may be necessary and as requested by the AMC/Mutual Fund/Registrar, in connection with the investment in the schemes.

### Non-Repatriation basis

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

### 8. NOMINATION DETAILS

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

- The nomination may be made only by individuals applying for/holding units on their own behalf, singly or jointly.
- Non-individuals including society, trust, body corporate, partnership firm, Karta of HUF, holder of POA or a parent/guardian applying on behalf of a minor beneficiary cannot nominate.
- A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided in the application. Nomination can also be in favour of the Central Government, State Government, and a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- A Non-Resident Indian can be a Nominee subject to the exchange control regulations in force, from time to time.
- Transfer of units in favour of a Nominee shall be valid discharge by the AMC/Mutual Fund against the legal heir.
- The cancellation of nomination can be made only by the individual(s) who hold units on their own behalf singly or jointly and who made the original nomination. On cancellation of the nomination, the nomination shall stand rescinded and the AMC shall not be under any obligation to transfer the units in favour of the Nominee.
- In the event of the unit holders not indicating the percentage of allocation/share for each of the nominees, the AMC shall settle the claim equally amongst all the nominees • It is recommended for the nominee/Guardian (in case the nominee is a minor) to provide the signature in the space provided. In case you do not wish to nominate, kindly indicate by ticking in the space provided.

### 9. DECLARATION AND SIGNATURES

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

# One Time Mandate Form

(Including SIP registration/SIP Top up facility)

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



Pramerica

MUTUAL FUND

## 1. DISTRIBUTOR INFORMATION

ARN code	RIA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUN)
ARN - 108058		ARN -		E- 147299

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

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

Please  if the EUN space is left blank: I/We hereby confirm that the EUN 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.

## 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)

Sole/First Unit Holder                      First Name                      Middle Name                      Last Name                      Folio No.                     

## 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 Reference Number (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 Payout OR  Dividend Reinvestment  Dividend Sweep 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) 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 (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 MMYYYY To MMYYYY

SIP Top Up (Optional) - Available only for investments effected through Auto Debit.  
Top Up Amount ₹ Refer Instructions Top Up Frequency  Half Yearly  Yearly\*  
Top Up to continue till SIP amount reaches^ ₹                      OR Top Up to continue till# [DDMMYY|YY|YY] (Please  any one)

^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top Up amount will cease  
\*Default option if not selected \*\* PEKRN required for Micro investments upto Rs. 50,000 in a year

**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. Applicable to Micro Investors (Delete if not applicable): 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.

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** (Please read Instruction no. 4 overleaf) (\*Mandatory field)

UMRN                      For office use                      Date\* DDMMYYYY

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

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

MODIFY  Bank a/c number\*                     

CANCEL  With Bank\*                      Name of customers bank                      IFSC\*                      MICR\*                     

an amount of Rupees\*                      SIP instalment amount in words                      ₹                      In Figures                     

FREQUENCY\*  Mthly  Qtrly  H-Yrly  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 DDMMYYYY To DDMMYYYY 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

- This form should only be used by existing investors for the following:
  - Registering One Time Mandate/ Systematic Investments/ Lump sum/ NACH under existing folios through Auto Debit/ Post Dated Cheques
  - Renewal of SIP investments.
  - Change in Bank details for Auto Debit for existing SIPs.
- Please read the Scheme Information Document(s) carefully before investing.
- Please countersign in accordance with your mode of holding against any corrections that you make in this Form.
- 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.
- 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.
- Please 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.
- Completed forms may be submitted to the nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy.

## INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

- Distributor Information**
  - In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
  - Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
  - Quoting of EUIN is mandatory in case of advisory transactions.
  - 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.
  - Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
  - 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.
  - 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-14/12-13 dated July 13, 2012.
- APPLICANT'S DETAILS:**
  - Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2.
  - Please provide us with CKYC form for you to comply with the revised KYC requirements. For more details, please visit our website <http://www.dhflpramericamf.com> and download the CKYC form.**
- SIP DETAILS:**
  - 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 Midcap Opportunities Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction 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.
  - Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
  - Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
  - The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
    - Minimum amount per instalment
    - Minimum number of instalments
    - Aggregate investment via SIP
  - Please furnish/indicate the below mentioned details with respect to your systematic investment
    - Scheme/Plan/Option and Dividend Frequency, where applicable.
    - SIP Instalment Amount
    - SIP Frequency** - Monthly or Quarterly. Please tick the appropriate option.
    - SIP Dates (Monthly/Quarterly)** - 1st, 7th, 10th, 15th, 21st, 25th and 28th of every month or quarter. You also have a choice to have SIP instalments on all 7 dates by ticking the appropriate box provided for all 7 dates.
    - Your preferred SIP Payment Mode Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
    - If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
  - Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).
- SIP TOP UP INSTRUCTIONS (Optional):**

This sections is to be filled only if the investor wish to increase the SIP amount on half yearly/ yearly basis by pre-decided incremented amount.

  - SIP Top-Up Facility: Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
    - The minimum amount of increase under SIP Fixed Amount Top-Up facility should be Monthly: Rs. 500/- and in multiples of Rs. 100/- thereof. Quarterly: Rs. 1000/- and in multiples of Rs. 100/- thereof.
    - SIP Top-Up frequency in case of investors availing Monthly SIP facility will be half yearly and yearly and for availing Quarterly SIP facility, the frequency will be yearly. In case the SIP Top-Up frequency is not indicated under Monthly SIP, it will be considered as yearly.
  - Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme h. Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
  - Payments made by Cash/Money Order/Postal Order, Non- MICR cheque, outstation cheques are not accepted.
  - For detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website [www.dhflpramericamf.com](http://www.dhflpramericamf.com) and also refer to scheme related documents.

## ONE TIME MANDATE INSTRUCTIONS FOR NACH / AUTO DEBIT

- One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided in the form.

This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.

To avail this facility the investors of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DHFL Pramerica Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- DHFL PMF may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investors.

For more information visit us at  
[www.dhflpramericamf.com](http://www.dhflpramericamf.com)

E-mail us at  
[customercare@dhflpramericamf.in](mailto:customercare@dhflpramericamf.in)

Call us (Toll free) at  
1800 266 2667

# Additional KYC Information and FATCA & CRS

## Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)



Pramerica

MUTUAL FUND

### FIRST / SOLE APPLICANT / GUARDIAN

Name  PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth <input type="text"/>	Country of Birth <input type="text"/>
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

\* Please specify reason \_\_\_\_\_

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C : others; please state the reason threof.

### SECOND APPLICANT

Name  PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth <input type="text"/>	Country of Birth <input type="text"/>
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

\* Please specify reason \_\_\_\_\_

**THIRD APPLICANT**

Name  PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth <input type="text"/>	Country of Birth <input type="text"/>
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No

**If 'No' Please proceed of the signature of declaration**

**If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries**

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

\* Please specify reason \_\_\_\_\_

**POWER OF ATTORNEY (POA) HOLDER**

Name  PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth <input type="text"/>	Country of Birth <input type="text"/>
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No

**If 'No' Please proceed of the signature of declaration**

**If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries**

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

\* Please specify reason \_\_\_\_\_

**CERTIFICATION**

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and the I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / Tax authorities.

**SIGNATURES**

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Date  Place

# Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information

(Only for Non Individuals)



Pramerica

MUTUAL FUND

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"/> OR Direct reporting NFE <sup>6</sup> <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> Note: 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 or <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



## PART C FATCA Instructions & Definitions

### 1. Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of
  - (i) The three financial years preceding the year in which determination is made; or
  - (ii) The period during which the entity has been in existence, whichever is less.
- Investment entity is any entity:
  - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
    - (ii) Individual and collective portfolio management; or
    - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
  - or
  - The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made;
- or
- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

#### • FI not required to apply for GIIN:

##### A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

### 2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

#### Types of NFEs that are regarded as excluded NFE are:

##### a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

##### b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

### c. Active NFE: (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> <li>• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</p> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none"> <li>(i) an Investor Protection Fund referred to in clause (23EA);</li> <li>(ii) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</li> <li>(iii) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</li> </ul>

### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) Passive NFE

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (ii) an investment entity defined in clause (b) of these instructions
- (iii) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

#### (iii) Passive income

The term passive income includes income by way of:

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE

**PART C FATCA Instructions & Definitions (Contd.,)**

- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

**(iv) Controlling persons**

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical persons, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

**(A) Controlling Person Type:**

Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent
14	Unknown

**(v) Specified U.S. person - A U.S. person other than the following:**

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

**(vi) Owner documented FFI**

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non-participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

**(vii) Direct reporting NFE**

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

**(viii) Exemption code for U.S. persons**

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax-exempt trust under a section 403(b) plan or section 457(g) plan

## 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  New

Type\*  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		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others - Country _____ Country Code <input type="text"/>		
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> 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)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

### 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

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\***

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

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

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

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

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID   
Mobile  -  Tel. (Off)  -  Tel. (Res)  -

**5. FATCA/CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)  
Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166  
Tax Identification Number or equivalent (If issued by jurisdiction)\*   
Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166  
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

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)   
Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Name\* Prefix  First Name  Middle Name  Last Name   
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person\* (Please see instruction (H) 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  -  -   
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date  -  -   
 E- Aadhaar Card   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number

**7. Remarks** (If any)

**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:  -  -  Place:

[Signature / Thumb Impression]  
Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by** (Refer Instruction I)

Date  -  -   
Emp. Name   
Emp. Code   
Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by** (Refer Instruction J)

Date  -  -   
Emp. Name   
Emp. Code   
Emp. Designation

[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch

[Institution Stamp]

**Institution Details**

Name   
Code   
Emp. Branch

[Institution Stamp]

**General Instructions:**

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update/change of KYC details.
3. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.

**A. Clarification / Guidelines on filling 'Identity Details' section**

1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

**B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India**

1. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

**C. Clarification / Guidelines on filling 'Proof of Identity [PoI]' section, if PAN Card copy is not enclosed/For PAN exempt Investors**

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
3. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

**D. Clarification / Guidelines on filling 'Proof of Address [PoA]' section**

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

**E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section**

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, Please fill 'Annexure A1'
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

**F. Clarification / Guidelines on filling 'Contact details' section**

1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

**G. Clarification / Guidelines on filling 'Related Person details' section**

1. Provide KYC number of related person if available.

**H. Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section**

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

**I. List of people authorized to attest the documents after verification with the originals:**

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

**J. List of people authorized to perform In Person Verification (IPV):**

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

**K. PAN Exempt Investor Category**

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

## List of Two-Digit state / U.T Codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 Two-Digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

# AADHAAR UPDATION FORM



Pramerica

MUTUAL FUND

Name of the First/Sole Applicant:

Existing Folio No(s):

Fill the section (I) in case of Individual Investors else fill section (II) for Non-Individual investors.

## I. INDIVIDUAL INVESTORS - Aadhaar / UIDAI Enrolment No.

Investors:  1st Applicant / Unitholder  2nd Applicant / Unitholder  3rd Applicant / Unitholder

POAs/  
Guardian:  1st Applicant / Unitholder  2nd Applicant / Unitholder  3rd Applicant / Unitholder

## II. NON INDIVIDUAL INVESTORS / POA (Institution)

Please attach the latest Board Resolution and provide the details of Authorised List of Signatories accordingly in below table.

Sr. No.	Name of Authorised Signatory	PAN	Aadhaar / UIDAI Enrollment No.	Signature of the Authorized Signatory
1.		<input type="text"/>		
2.		<input type="text"/>		
3.		<input type="text"/>		
4.		<input type="text"/>		
5.		<input type="text"/>		
6.		<input type="text"/>		
7.		<input type="text"/>		
8.		<input type="text"/>		
9.		<input type="text"/>		
10.		<input type="text"/>		

Kindly use another form in case of more than 10 signatories

**Aadhaar Updation Consent:** I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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

Name:

PAN / PEKRN / CKIN: (Mandatory)

\*Company Seal if applicable

### Instructions to fill Aadhaar Updation Form:

- This form should be used by Individual investors for updation of Aadhaar in existing folios and for Non-Individuals to update the Authorised List of Signatories details of Aadhaar at the time of account opening or for updating the details in existing folio.
- The non-individual investors will be required to provide the Aadhaar number / proof of enrolment and PAN of authorized signatories in this form, duly signed by the Authorized Official.
- The details of the Authorised List of Signatories has to be as per the latest Board Resolution as approved by the Board.