

DHFL PRAMERICA PERKS

Employer Common Application Form



Please read the Scheme Information Document / KIM of the scheme and instructions carefully.

Application No. _____

All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)

ARN Code	Sub broker ARN Code	Sub broker Code (as allotted by ARN holder)	Employee Unique Identification Number (EJIN)
ARN -	ARN -		

Incase the Employee Unique Identification Number (EJIN) box has been left blank please refer point 7 related to EJIN.

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.

2. TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. 2)

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

3. APPLICANTS INFORMATION (Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form) (Refer Instruction No. 3 & 4)

Name of Applicant (Employer) _____

PAN* _____ KYC Status^ Yes No

* Mandatory with an attested PAN proof ^ Mandatory for any amount, If Yes, attach proof

Mode of Holding Single Anyone or Survivor Joint (Default Option)

Status Partnership Trust HUF AOP Company FII's BOI
 Body Corporate Society / Club Non Profit Organisation Others _____ (Please specify)

Gross Annual Income (₹) (please ✓) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore

Net-worth (Mandatory for Non-Individuals) ₹ _____ as on DDMMYY (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

4. DETAILS OF CONTACT PERSON (Mandatory) (Refer Instruction No. 5)

Name of Contact Person Mr. Ms.

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

Tel. No. STD Code _____ Off. _____ Mobile _____

Email ID _____

CONTACT INFORMATION Correspondence Address of Applicant (P.O. Box address is not sufficient)

City _____ State _____ PIN Code (Mandatory) _____

Tel. No. STD Code _____ Off. _____ Fax _____

Email ID _____

5. BANK DETAILS (MANDATORY - IF LEFT BLANK, APPLICATION WILL BE REJECTED) (Refer Instruction No. 6)

Mention your Core Banking Account No. (if applicable). Please check with your bank, if you do not have the same.

Account No. _____ Account Type CA SB NRO NRE FCNR Others _____ (Please specify)

Name of Bank Account Holder _____ Bank Name _____

Branch _____ City _____

MICR code _____ IFSC code _____ MANDATORY

(MICR code is the 9 digit code next to the cheque no.)

(IFSC code is the 11 digit no. appearing on your cheque leaf) (Mandatory for credit via NEFT/RTGS)

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



ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____

Received from M/s. _____ an application for investment in DHFL Pramerica Mutual Fund -

Scheme Name _____ Option Growth Dividend

for ₹ (in figures) _____ vide Instrument no. _____

Bank _____ Branch _____ City _____

Acknowledgement Stamp & Date

All purchases are subject to realisation of cheque/demand draft and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

V2 - 05.10.15

6. INVESTMENT / PAYMENT DETAILS

(Refer Instruction No. 8 & 9)

Scheme Name : _____

Option: Growth* Dividend Reinvestment **Dividend Frequency** _____

Cheque / DD Amount ₹ _____ DD Charges ₹ _____ Investment Amount ₹ _____

Mode of Payment (✓) Cheque Demand Draft# Fund Transfer **Drawn on** _____ Bank Name _____

Branch & City _____ Instrument No. _____ Dated D D M M Y Y Y Y

Name of the Bank A/c holder _____

Scheme Name : _____

Option: Growth* Dividend Reinvestment **Dividend Frequency** _____

Cheque / DD Amount ₹ _____ DD Charges ₹ _____ Investment Amount ₹ _____

Mode of Payment (✓) Cheque Demand Draft# Fund Transfer **Drawn on** _____ Bank Name _____

Branch & City _____ Instrument No. _____ Dated D D M M Y Y Y Y

Name of the Bank A/c holder _____

Scheme Name : _____

Option: Growth* Dividend Reinvestment **Dividend Frequency** _____

Cheque / DD Amount ₹ _____ DD Charges ₹ _____ Investment Amount ₹ _____

Mode of Payment (✓) Cheque Demand Draft# Fund Transfer **Drawn on** _____ Bank Name _____

Branch & City _____ Instrument No. _____ Dated D D M M Y Y Y Y

Name of the Bank A/c holder _____

Scheme Name : _____

Option: Growth* Dividend Reinvestment **Dividend Frequency** _____

Cheque / DD Amount ₹ _____ DD Charges ₹ _____ Investment Amount ₹ _____

Mode of Payment (✓) Cheque Demand Draft# Fund Transfer **Drawn on** _____ Bank Name _____

Branch & City _____ Instrument No. _____ Dated D D M M Y Y Y Y

Name of the Bank A/c holder _____

Bankers Certificate is must (refer instruction no. 9) *Default

NRI / FII Investors, Please indicate source of funds for your investment (Please ✓) NRE NRO FCNR Others _____ (Please specify)

Third party cheque / transfer will not be accepted for investment

EMPLOYEES' ALLOCATION DETAILS : As per annexure enclosed Annexure shall be submitted at a later date Refer Instruction No. 7

7. DECLARATION AND SIGNATURES (MANDATORY - APPLICATION WITHOUT SIGNATURE(S) WILL BE REJECTED) Refer Instruction No. 10

I/We have read and understood the contents of the Statement of Additional Information of DHFL Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information Memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions overleaf. I/We hereby apply to the Trustee of DHFL Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of DHFL Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I/We am authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/DHFL Pramerica Mutual Fund, I/We hereby authorise the AMC/DHFL Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that DHFL Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We have read and understood the terms and conditions of PERKS facility and shall unequivocally be bound by it. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan.

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.

SIGNATURE(S) _____ Date D D M M Y Y Y Y

Authorised Signatory

Authorised Signatory

Authorised Signatory

CHECK LIST

Sr. No.	Documents	Company	Partnership Firms	Society	Trusts
1	PAN Card	✓	✓	✓	✓
2	KYC Acknowledgement	✓	✓	✓	✓
3	Board Resolution/ Authorisation to invest through PERKS facility	✓	✓	✓	✓
4	List of Authorised Signatories with specimen signatures	✓	✓	✓	✓
5	Memorandum & Articles of Association	✓			
6	Bye Laws			✓	
7	Trust Deed				✓
8	Partnership Deed		✓		

DHFL PRAMERICA PERKS

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

GENERAL GUIDELINES

- a. Please read the Scheme Information Document/Key Information Memorandum of the Schemes carefully before investing.
- b. Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.
- c. Please strike off sections that are not applicable.

INSTRUCTIONS

1. DISTRIBUTOR INFORMATION

- a. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.
- b. Please mention 'DIRECT' in case the application is not routed through any distributor.
- c. Pursuant to SEBI circular dated September 13, 2012, mutual funds have created a unique identity number of the employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products, in addition to the AMFI Registration Number (ARN) of the distributor. This Employee Unique Identification Number is referred as "EUIIN". EUIIN aims to assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leaves the employment of the distributor or his/her sub broker. Quoting of EUIIN is mandatory in case of advisory transactions.
- d. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column " **Sub broker ARN code**" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIIN of the Sales Person (if any) in the "EUIIN" column.
- e. Investors are requested to note that EUIIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Units, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
- f. 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:

- @ ₹ 100/- per subscription of ₹ 10,000/- and above in respect of existing unitholders; and
- @ ₹ 150/- for subscription of ₹ 10,000/- and above in respect of a First Time Mutual Fund investor.

The transaction charge shall be deducted from the subscription amount and paid to the distributor; and the balance shall be invested in the Scheme. The transaction charges and the net investment amount and the number of units allotted will be clearly mentioned in the Account statement issued by the Mutual Fund.

There shall be no transaction charges on

- (i) 'Direct' investments;
- (ii) Subscription below ₹ 10,000/- and
- (iii) Switch (including STP) and redemption (including SWP) transactions.

Distributors shall be able to choose to opt out of charging the transaction charge. However, the 'opt-out' shall be at distributor level and not investor level i.e. a distributor shall not choose to charge one investor and choose not to charge another investor.

3. EMPLOYER'S INFORMATION

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

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

4. KYC/PAN DETAILS

It is mandatory to provide the Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units.

KYC compliance is compulsory for all irrespective of the amount of investment. For more details, please refer the terms and conditions.

All Non Individual applicants are required to fill & submit the Ultimate Beneficial Owner (UBO) Declaration Form (Annexure II).

Exception to UBO Declaration Form - This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is a beneficial owner of such Companies.

5. DETAILS OF CONTACT PERSON

It is mandatory to provide the name, contact number(s) and email ID of the contact person of the Employer. In case of any change in these details, please notify the AMC of the change within 7 business days.

CONTACT INFORMATION

Please furnish the full postal address of the Employer with PIN/Postal Code and complete contact details. (P.O. Box address is not sufficient).

6. BANK DETAILS

Please furnish complete Bank Account Details of the Employer. This is a mandatory requirement and application not carrying bank account details shall be rejected. Bank detail is provided in the application

form will be considered as the default Bank Mandate for remitting redemption proceeds.

Please provide your complete Core Banking Account Number, (if applicable), in your Bank Mandate in the Application Form. In case you are not aware of the Core Banking Account Number, kindly check the same with your bankers.

Please attach a cancelled cheque leaf (or copy thereof) if your investment instrument is not from the same bank account mentioned in the Application form.

DHFL Pramerica Mutual Fund will endeavour to remit the redemption proceeds through electronic mode, wherever sufficient bank account details of the unitholder are available.

7. EMPLOYEES' DETAILS:

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

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

8. INVESTMENT DETAILS:-

Introduction of Direct Plan:-

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

Direct Plan is only for investors who purchase /subscribe Units in a Scheme directly with the Fund and is not available for investors who route their investments through a Distributor.

Investors may please note that the Direct Plan under the Schemes is meant for investors who understand the capital market, mutual funds and the risks associated therewith. The risks associated with the investments in the Schemes vary depending upon the investment objective, asset allocation and investment strategy of the Schemes and the investments may not be suited for all categories of investors. The AMC believes that investors investing under the Direct Plan of the Schemes are aware of the investment objective, asset allocation, investment strategy, risks associated therewith and other features of the Schemes and has taken an informed investment decision. Please note that Scheme Information Document(s), Statement of Additional Information, Key Information Memorandum or any other advertisements and its contents are for information only and do not constitute any investment advice or solicitation or offer for sale of units of the Schemes from the AMC.

Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the application form as "Scheme Name - Direct Plan" form for e.g. "DHFL Pramerica Ultra Short Term Bond Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the application form. However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.

Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.

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

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

9. PAYMENT DETAILS

Payment by Prefunded Instrument:

If the subscription is settled with pre-funded instruments such as Pay Order, Demand Draft, Banker's cheque, etc., a certificate (in original) from the issuing banker must accompany the purchase application, stating the Account holder's name and the Account number which has been debited for issue of the instrument.

Payment by RTGS, NEFT, ECS, Bank transfer, etc:

A copy of the instruction to the bank stating the account number debited must accompany the purchase application. The Employer should be the account holder to the bank account number mentioned on the transfer instruction copy.

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

Payment may be made only by Cheque or Bank Draft or Electronic Fund Transfer. Cheque/Draft should be drawn in favour of the "Scheme Name" e.g. **DHFL PRAMERICA ULTRA SHORT TERM BOND FUND** and crossed "Account Payee only".

10. DECLARATION AND SIGNATURES

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

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

"PERKS" Terms and Conditions

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

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

(ii) re-invest the balance amount in the name of the respective employees.

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

SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



EMPLOYERS SUBSCRIBING TO DHFL PRAMERICA PERKS THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH EMPLOYER'S COMMON APPLICATION FORM

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)

ARN code	Sub Broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN -	ARN -		

Incase the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 3 related to EUIIN.

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.

2. APPLICANT INFORMATION (Refer Instruction No. 2A)

Application No. / Existing Folio No. _____
Name of Applicant (Employer) _____

3. SIP DETAILS (Refer Instruction No. 3)

Scheme Name _____

Option Growth* Dividend Re-investment *Default Option Dividend Frequency _____

SIP Frequency (Please any one) Monthly Quarterly

SIP Date for (Monthly / Quarterly) 1st 7th 10th 15th 25th All 5 dates

SIP Period (Please A or B)

<input type="checkbox"/> Till I/we instruct to discontinue the SIP (A) <input type="checkbox"/> No. of Instalments (B) _____	Please mention Enrolment Period: From _____ To _____ M M Y Y Y Y M M Y Y Y Y
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Instalment Amount (In figures) ₹ _____

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.

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

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DHFL Pramerica Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/We authorize the representatives of DHFL Pramerica Mutual Fund carrying t his mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 rd Applicant/Guardian/Authorised Signatory/POA
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

4. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order)

Certified that the signature of account holder and the Details of Bank account are correct as per our records Signature verification request (To be retained by the Customer's Bank)	Signature of Authorised Official from Bank (Bank stamp and date)
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MANDATE INSTRUCTION FORM (Please read instruction no. 4 overleaf) (*Mandatory field)

UMRN _____ For office use _____ Date* D D M M Y Y Y Y

Sponsor Bank Code _____ For office use _____ Utility Code _____ For office use _____

CREATE MODIFY CANCEL

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

Bank a/c number* _____

With Bank* _____ Name of customers bank _____ IFSC* _____ MICR* _____

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

FREQUENCY* Mthly Qtly 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	D D M M Y Y Y Y	<input checked="" type="checkbox"/> Signature of first account holder	<input checked="" type="checkbox"/> Signature of second account holder	<input checked="" type="checkbox"/> Signature of third account holder
To	D D M M Y Y Y Y			
OR	<input type="checkbox"/> Until Cancelled	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.

All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.

GENERAL GUIDELINES

- This form should be used only by Employers for Registration of SIP through Auto Debit (NACH/ECS/Direct Debit) facility in DHFL Pramerica Perks.
- Please read the Scheme Information Document(s) carefully before investing.
- Please furnish all information marked as 'MANDATORY' in the form. In the absence of any mandatory information, your application for investment would be rejected.
- Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely.
- Completed forms may be submitted to the nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy.

INSTRUCTIONS

- DISTRIBUTOR INFORMATION**
 - Please mention 'DIRECT' in case the application is not routed through any distributor.
 - 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 "EJUN". EJUN 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 EJUN 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 EJUN of the sales Person (if any) in the "EJUN" column.
 - Investors are requested to note that EJUN is applicable for transactions such as purchases, switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EJUN 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 EJUN 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, EJUN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN- 14112-13 dated July 13, 2012.
 - EMPLOYER'S DETAILS:**
 - Please mention the PERKS Application Form Number/ PERKS folio number and furnish the name of the Employer.
 - 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 Ultra Short Term Bond Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the form. However, in case Distributor code is mentioned in the form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
 - 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.
 - The aggregate investment via SIP in PERKS must be Rs 300,000 prior to vesting.
 - Please furnish/indicate the below mentioned details with respect to your systematic investment
 - Scheme/Plan/Option. Investments in PERKS can be done under the Growth & Dividend Reinvestment Option only.
 - SIP Instalment Amount
 - SIP Frequency - Monthly or Quarterly. Please tick the appropriate option.
 - SIP Dates (Monthly/Quarterly) - 1st 7th, 10th, 15th and 25th of every month or quarter. You also have a choice to have SIP instalments on all 5 dates by ticking the appropriate box provided for all 5 dates.
 - SIP Auto Debit Enrollment period - Please mention the Auto Debit Enrollment commencement date and end date. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, DHFL Pramerica offers you two ways to invest if you know how long you wish to invest for, specify the From Date and To Date. Alternatively, you can choose the open option -where you specify only the From Date- and can discontinue your SIP by writing to us.
 - Your preferred SIP payment Mode Auto Debit (NACH/ECS/Direct Debit).
- INSTRUCTIONS TO FILL THE MANDATE INSTRUCTION FORM:**
 - Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
 - UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund.
 - Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant Information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
 - Please indicate the Bank Account Type.
 - It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence of this information, your SIP Application would be rejected.
 - Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
 - Please indicate Frequency & Debit Type
 - Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
 - For the convenience of our investors, the following fields have been pre-populated on the Mandate:
 - Action - 'Create'
 - Name of the Company - 'DHFL Pramerica Mutual Fund'
 - The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the Bank Account is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "xx" in the same order and manner in which their signatures appear on bank records.

TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

- SIP Auto Debit is available through NACH, ECS or Direct Debit Facility. By opting for this facility you agree to abide by the terms and conditions of NACH Facility of National Payment Corporation of India (NPCI), ECS facility of Reserve Bank of India (RBI), Direct Debit Facility of the Banks as applicable at the time of investment and as may be modified or amended from time to time.
- ECS**
The SIP ECS Facility is offered only to investors having Bank Accounts in select cities listed below:
 - Agra • Ahmedabad • Allahabad • Amritsar • Anand • Asansol • Aurangabad • Bangalore • Bardhaman • Baroda • Belgaum • Bhavnagar • Bhillwara • Bhopal • Bhubaneswar • Bijapur • Bikaner • Calicut • Chandigarh • Chennai • Cochin • Coimbatore • Cuttack • Dargeeling • Davangere • Dehradun • Delhi • Dhanbad • Durgapur • Erode • Gadag • Gangtok • Goa • Gorakhpur • Gulbarga • Guwahati • Gwalior • Haldia • Hubli • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jamnagar • Jamshedpur • Jodhpur • Kakinada • Kanpur • Kolhapur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandva • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • Patna • Pondicherry • Pune • Raichur • Raipur • Rajkot • Ranchi • Salem • Shimla • Shimoga • Sholapur • Silihuri • Surat • Thirupur • Tirunelveli • Tirupati • Trichur • Trichy • Trivandrum • Tumkur • Udaipur • Udipi • Varanasi • Vijaywada • Vizag • Hasan • Imphal • Shillong

The cities listed above may be modified/ removed at any time purely at the discretion of DHFL Pramerica Mutual Fund without assigning any reason or prior notice.

Applications for SIP ECS Facility would be accepted only if the Bank Branch in the locations listed above in point 2 participates in local MICR/ECS Clearing.
- Direct Debit**
Applications for SIP Direct Debit would be accepted for the following banks where the Core Banking Account number is provided.
Direct Debit banks with Core Banking Account Number Length
 - Bank of Baroda - 14 digits, Bank of India - 15 digits, Union Bank of India - 15 digits, IDBI Bank - 13 to 16 digits, IndusInd Bank - 13 to 16 digits, Kotak Mahindra Bank - 15 digits, Citibank - 10 digits, State Bank of India - 11 digits starting with 1,2,3, 5 and 6, Punjab National Bank - 16 digits, Axis Bank - 15 digits, United Bank of India - 13, State Bank of Patiala - 11, Corporation Bank - Not fixed but should accompany with copy of the bank passbook
- In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. DHFL Pramerica Mutual Fund (DHFL PMF) and its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
- While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is at least of 15 days for NACH & Direct Debit setup & 21 days for ECS setup and indicate the correct SIP Auto Debit commencement date.
- For cancellation of the Auto Debit (NACH/ECS/Direct Debit) Facility, you need to give a notice 21 days in advance to the AMC or its Registrars.
- You will not hold DHFL Pramerica Mutual Fund (DHFL PMF)/ DHFL Pramerica Asset Managers Private Limited (DHFL PAMPL) (erstwhile Pramerica Asset Managers Private Limited) /Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of RBI'S NACH/ECS/local holidays.
- DHFL PMF/DHFL PAMPL (erstwhile Pramerica Asset Managers Private Limited) reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
- DHFL PMF/DHFL PAMPL (erstwhile Pramerica Asset Managers Private Limited) /Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage, etc. incurred /suffered by you as a result of use of this facility.
- As per the RBI circular DPSS (CO) EPPD No. 191/04.01.01/2009-2010, SIP- ECS instructions from January 01, 2010, has to be forwarded on IV with the Core Banking system (CBS) Account Numbers. In order to enable smooth processing of the debits from your bank account towards purchase of SIP units, we request you to mention the CBS account number, wherever applicable.

AUTO DEBIT FACILITY FORM- CHECKLIST

<input checked="" type="checkbox"/>	Applicant's Information	<input type="checkbox"/> Application Form No.	<input type="checkbox"/> Name of Applicant / Employer
<input checked="" type="checkbox"/>	Scheme Details	<input type="checkbox"/> Scheme	<input type="checkbox"/> Option <input type="checkbox"/> Dividend Facility <input type="checkbox"/> Dividend Frequency (if applicable)
<input checked="" type="checkbox"/>	SIP Details	<input type="checkbox"/> SIP Instalment Amount	<input type="checkbox"/> Preferred SIP Date <input type="checkbox"/> SIP Auto Debit Period
<input checked="" type="checkbox"/>	Bank Account Details	<input type="checkbox"/> Name of Bank A/C Holder	<input type="checkbox"/> Bank A/C No. (CBS A/C, wherever applicable)
<input checked="" type="checkbox"/>	MICR code	<input type="checkbox"/> Cancelled Cheque leaf/Copy of Cheque leaf is attached.	
<input checked="" type="checkbox"/>	Banker's attestation in Section 5 where the payment for first instalment is through a Demand Draft or Pay Order.		
<input checked="" type="checkbox"/>	Third Party Declaration Form, in case of third party payment.		
<input checked="" type="checkbox"/>	Banker's certificate in case of first instalment through a Demand draft.		

ANNEXURE II

Declaration for 'Ultimate Beneficial Ownership' [UBO]

Mandatory for non-individual investors (company / trust / society / partnership firm etc.)



This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is a beneficial owner of such Companies

A. Applicant Details

Applicant Name	Mr	Ms																												
PAN																														

B. Category (tick applicable category)

- Unlisted Company
- Partnership Firm
- Limited Liability Partnership
- Unincorporated association / body of individuals
- Public Charitable Trust
- Religious Trust
- Private Trust / Trust created by a Will
- Others _____ [please specify]

C. Details of Ultimate Beneficial Owners

Name of Beneficial Owner <small>(Natural Persons / Listed company with non controlling interest)</small>	PAN (for Residents/NRIs) ID Proof (Foreign / PAN Exempt Individuals)	Country / Countries of Tax Residency	Ownership %age and Nature of Ownership

I/We hereby acknowledge and confirm that the information provided in this Annexure is/are 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.

Authorized Signatories
[with Company/Trust/Firm/Body Corporate seal]

Instructions :-

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ('UBO').
The Ultimate Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, 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.
In case of a Trust, the settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership is considered as the UBO.
The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.