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.

DHFL 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 (EUIN)
83753		ARN -		E069272

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

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 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.

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: D D M M Y Y Y Y	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 D D M M Y Y Y Y To D D M M Y Y Y Y

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 M M Y Y Y Y To M M Y Y Y Y

☐ **SIP Top Up (Optional) - Available only for investments effected through Auto Debit.**

Top Up Amount ₹ Refer Instructions

Top Up to continue till SIP amount reaches^ ₹ OR

Top Up Frequency ☐ Half Yearly ☐ Yearly*

Top Up to continue till# D D M M Y Y Y Y (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached.

*Default option if not selected

It is the date from which SIP Top Up amount will cease

** 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 his 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/1st Applicant/Guardian/Authorised Signatory/POA	2nd Applicant/Guardian/Authorised Signatory/POA	3rd Applicant/Guardian/Authorised Signatory/POA

4. OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT

DHFL Pramerica MUTUAL FUND

ONE TIME MANDATE 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 CITI000PIGW Utility Code CITI 00002000000037

CREATE ✓ / MODIFY X / CANCEL X

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* X Mthly X Qtly X H-Yrly ✓ As & When presented DEBIT TYPE* X 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

To D D M M Y Y Y Y

OR X Until Cancelled

xx Signature of first account holder xx Signature of second account holder xx 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 were I have authorized the debit.