SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM

DHFL Pramerica MUTUAL FUND

Please read the Scheme information Document of the respective scheme for minimum SIP instalment, minimum SIP period and aggregate amount of investment.

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIN)
ARN - 127182		ARN -		E206630

Incase 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.

2. APPLICANT INFORMATION

Application No. / Existing Folio No. _____

Name of Sole/ 1st Applicant _____

3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility)

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

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

SIP Frequency (Please ✓ any one) ☐ Monthly ☐ Quarterly

SIP Date : ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 21st ☐ 25th ☐ 28th ☐ All 7 dates

Instalment Amount (In figures) ₹

SIP Period (Please ✓ A or B)
☐ Till I/We instruct to discontinue the SIP (A)
☐ No. of Instalments (B) _____

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

* Please refer SID for default option
$ Please refer to SID / addendum thereof for schemes available for DSF

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.

☐ 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.

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/ourpayment 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 this 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)			
	✗ Sole/1st Applicant/Guardian/Authorised Signatory/POA	✗ 2nd Applicant/Guardian/Authorised Signatory/POA	✗ 3rd Applicant/Guardian/Authorised Signatory/POA

4. BANKER'S ATTESTATION (Mandatory, if an original cancelled cheque leaf of SIP mandate is not provided)

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)

DHFL Pramerica MUTUAL FUND

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 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* ☐ 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
To D D M M Y Y Y Y
OR ☐ 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.