SIP TRANSACTION FORM

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

DHFL Pramerica MUTUAL FUND

1. DISTRIBUTOR INFORMATION

ARN code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIN)
ARN-3852			E029058

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.

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. INVESTMENT DETAILS (MANDATORY)

☐ New SIP Registration ☐ SIP renewal ☐ Change in Bank Details (for a SIP registered earlier)

Scheme Plan

Option (✓) ☐ Growth **OR** ☐ Dividend Payout **OR** ☐ Dividend Reinvestment 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)**
Please also fill and attach the SIP Auto Debit Facility Form 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

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 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)			
	✕ 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 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)

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 ☒ / 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
To D D M M Y Y Y Y
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 were I have authorized the debit.

V3 - 04.03.16