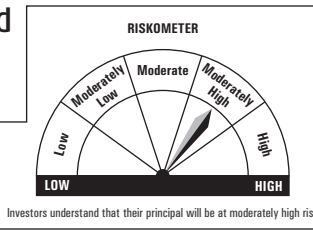


# Application Form - DHFL Pramerica Tax Savings Fund

(An Open Ended Equity Linked Savings Scheme with a lock-in period of 3 years)

NFO Dates: October 19, 2015 to December 4, 2015

Scheme re-opens on December 14, 2015



**Contact: Save Tax Get Rich**  
**+91 94 8300 8300**  
 Application No. \_\_\_\_\_

**This product is suitable for investors who are seeking\***

- Long-term capital appreciation.
- To generate long-term capital appreciation by predominantly investing in equity & equity related instruments and to enable eligible investors to avail deduction from total income, as permitted under the Income Tax Act, 1961 as amended from time to time.
- Degree of risk - **MODERATELY HIGH**.

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

**NOTE: IF YOU ARE A CITIZEN/TAX RESIDENT OF THE USA, PLEASE FILL ANNEXURE I (INDIVIDUALS).**

**ALL NON-INDIVIDUAL INVESTORS HAVE TO MANDATORILY FILL UBO DECLARATION FORM (ANNEXURE II).**

**1. DISTRIBUTOR INFORMATION (only empanelled Distributors / Brokers will be permitted to distribute Units of DHFL Pramerica Mutual Fund)**

ARN	<b>74461</b>	Sub broker ARN		Sub broker code (as allotted by ARN holder)		EUIN	<b>E 063566</b>
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Incase the EUIN box has been left blank, please refer the point related to EUIN 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.

**2. 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.

**3. EXISTING FOLIO NUMBER** \_\_\_\_\_ The details in our records under the folio number mentioned alongside will apply for this application.

**4. SOLE / FIRST APPLICANT'S DETAILS**

Name	Mr Ms M/s																		
Date of Birth (DOB)	D D M M Y Y Y Y	<input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓) (Please refer instruction 4 (c))																	
PAN		KYC	<input type="checkbox"/> Proof attached	Nationality		Place of Birth	(Mandatory)												
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) if yes, please specify country/(ies) _____ (Please refer note at the top.)																			
Guardian Name (if Sole/ First applicant is a Minor)	Mr Ms M/s																		
PAN		KYC	<input type="checkbox"/> Proof attached	Nationality		Place of Birth	(Mandatory)												
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) if yes, please specify country/(ies) _____ (Please refer note at the top.)																			
Address [P. O. Box Address is not sufficient] (Mailing Address)																			
															City				
Pincode	(Mandatory)	State											Country						
Phone (Off.)											Fax No.						Mobile No.		
Phone (Res)											Email ID								
Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)																			
State											Country								
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)																			
Occupation of the Applicant (Mandatory, please ✓) <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)																			
Gross Annual Income (₹) (please ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR Net-worth (Mandatory for Non-Individuals) ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)																			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																			
Non-Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above																			

**5. MODE OF HOLDING**  Single OR  Anyone or Survivor OR  Joint (Default option)

**6. SECOND APPLICANT'S DETAILS**

Name	Mr Ms																
PAN		KYC	<input type="checkbox"/> Proof attached	Nationality		Place of Birth	(Mandatory)										
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) if yes, please specify country/(ies) _____ (Please refer note at the top.)																	
Occupation of the Applicant (Mandatory, please ✓) <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)																	
Gross Annual Income (₹) (please ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR Net Worth (₹) _____																	
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																	

**7. THIRD APPLICANT'S DETAILS**

Name	Mr Ms																
PAN		KYC	<input type="checkbox"/> Proof attached	Nationality		Place of Birth	(Mandatory)										
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) if yes, please specify country/(ies) _____ (Please refer note at the top.)																	
Occupation of the Applicant (Mandatory, please ✓) <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)																	
Gross Annual Income (₹) (please ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR Net Worth (₹) _____																	
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																	

**ACKNOWLEDGMENT SLIP (To be filled in by the investor)** Application No. \_\_\_\_\_

An Application for scheme	DHFL Pramerica Tax Savings Fund														
alongwith Cheque / DD No. / UTR No.											Dated	D D M M Y Y Y Y			
Drawn on (Bank)											Amount ₹				
															Signature, Stamp & Date



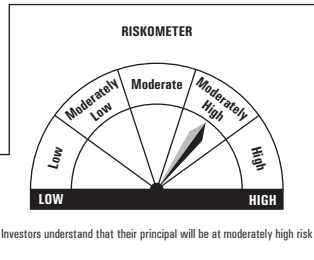
**SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM**

**DHFL Pramerica Tax Savings Fund**

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 • Long-term capital appreciation.  
 • To generate long-term capital appreciation by predominantly investing in equity & equity related instruments and to enable eligible investors to avail deduction from total income, as permitted under the Income Tax Act, 1961 as amended from time to time. • Degree of risk - **MODERATELY HIGH**.  
 \*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

**1. DISTRIBUTOR INFORMATION**

ARN code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN - <b>74461</b>	ARN -		<b>E 063566</b>

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**

Application No. / Existing Folio No. \_\_\_\_\_  
 Name of Sole/ 1<sup>st</sup> Applicant \_\_\_\_\_

**3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility in select cities only)**

Scheme Name **DHFL PRAMERICA TAX SAVINGS FUND** Plan  REGULAR  DIRECT Option  Growth\*  Dividend \* Default Option

Dividend Facility  Payout\*

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

SIP Frequency (Please ✓ any one)  Monthly  Quarterly

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 \_\_\_\_\_ To \_\_\_\_\_  
 M M Y Y Y Y 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 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 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 <sup>rd</sup> 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 of Authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customer's Bank)



**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 \_\_\_\_\_ 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.

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