

# SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM

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



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)
ARN -		ARN -		

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/ 1<sup>st</sup> 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)

Please mention Enrolment Period:

\* Please refer SID for default option

Till I/We instruct to discontinue the SIP (A)

From \_\_\_\_\_

§ Please refer to SID / addendum thereof for schemes available for DSF

No. of Instalments (B) \_\_\_\_\_

To \_\_\_\_\_

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**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 has 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 inappropriateness, 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 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)	<input type="checkbox"/> Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	<input type="checkbox"/> 2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	<input type="checkbox"/> 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA
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## 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)

**DHFL Pramerica 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						
<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	I/We hereby authorize	DHFL PRAMERICA MUTUAL FUND	to debit (Please <input checked="" type="checkbox"/> ) 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*	<input type="checkbox"/> Mthly	<input type="checkbox"/> Qtly	<input type="checkbox"/> H-Yrly	<input type="checkbox"/> As & When presented	DEBIT TYPE*	<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> 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		x x Signature of first account holder		x x Signature of second account holder		x x Signature of third account holder		
From	<input type="checkbox"/> D D	<input type="checkbox"/> M M	<input type="checkbox"/> Y Y Y Y Y Y						
To	<input type="checkbox"/> D D	<input type="checkbox"/> M M	<input type="checkbox"/> Y Y 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 were I have authorized the debit.

## GENERAL GUIDELINES FOR SIP FORM

1. This form should be used only for Registration of SIP through Auto Debit (NACH/ECS/Direct Debit facility).
2. A. Applicants need to fill in this form together with the Common Application Form, for the purpose of availing the facility of Systematic Investments through Auto Debit (NACH/ECS/Direct Debit facility).
- B. Existing investors to provide cancelled cheque leaf only if the bank account details provided in the Mandate Instruction Form are different from the bank account details already registered in the folio for remitting redemption proceeds/dividend amount OR are different from the bank account from which auto debits are already happening for an SIP registered in the past.

3. Please read the terms and conditions for SIP in Key Information Memorandum.
4. Please furnish all information marked as 'MANDATORY' in the form. In the absence of any mandatory information, your application for investment would be rejected.
5. Please refer the 'INSTRUCTIONS' below. This will help you fill in the necessary details in the form correctly and completely.
6. Please tick the box provided for EUIN declaration in this section in case the ARN is mentioned in the distributor section and the EUIN is left blank.

## INSTRUCTIONS FOR SIP FORM

### 1. Distributor Information

- a. Please mention "Direct" in case the application is not routed through any distributor.
- b. 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.
- c. 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.
- d. Investors are requested to note that EUIIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP and EUIIN is not applicable for transactions such as Instalments under SIP/ STP / SWP, Dividend Reinvestments, Redemption, SWP Registration.
- e. Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- 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. Applicant Information

Please mention the Application Form number / existing folio number and furnish the name of sole/ 1st applicant as it appears in the Application Form.

3. **SIP Details** - Please furnish the following details with respect to your systematic investment:
  - a. Scheme Details - Scheme Name, Scheme Plan and Option. (If the Scheme details indicated in the Auto Debit Facility form materially vary from the Scheme details indicated in the Application Form, the Scheme details mentioned in the Application Form would be considered).
  - b. SIP Frequency – Monthly or Quarterly. Please tick the appropriate option.
  - c. SIP Dates (Monthly/Quarterly) - 1st, 7th, 10th, 15th, 21st, 25th and 28th 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.
  - d. SIP Instalment Requirement: Monthly: 10 instalments of Rs. 500/- each and in multiples of Rs. 100/- thereafter (for all applicable schemes except DPTSF). 10 instalments of Rs. 500/- each and in multiples of Rs.500/- thereafter (for DPTSF). Quarterly: 5 instalments of Rs.1000/- each and in multiples of Rs.100/- thereafter (for all applicable schemes except DPTSF). 5 instalments of Rs.1000/- each and in multiples of Rs.500/- thereafter (for DPTSF).
  - e. SIP Auto Debit Enrollment Period - Please mention the Auto Debit Enrollment commencement date and end date in the Auto Debit Form and the Mandate Instruction Form. 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.

## TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

1. 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.
2. ECS - The SIP through 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 • Bhopal • Bhubaneshwar • 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 • Kohlapur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandy • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • Patna • Pondicherry • Pune • Raichur • Rajpur • Rajkot • Ranchi • Salem • Shimla • Shimoga • Sholapur • Siliguri • Surat • Thirupur • Tirunelveli • Tirupati • Trichur • Trichy • Trivandrum • Tumkur • Udaipur • Udupi • 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.
3. 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

4. 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 (DHFLPMF) 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.
5. 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 SIPAuto Debit commencement date.
6. 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.
7. You will not hold DHFL Pramerica Mutual Fund (DHFLPMF)/ DHFL Pramerica Asset Managers Private Limited (DHFLPAMPL) (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 NACH/RBI's ECS/local holidays.
8. DHFLPMF/DHFLPAMPL (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.
9. DHFLPMF/DHFLPAMPL (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.
10. 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 only 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 Sole/1st Applicant	
<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 Sole/1st 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 4 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.			
<input checked="" type="checkbox"/>	All Bank Account Holders have signed the Form at the places marked "OO" in the same order and manner in which their signatures appear on Bank Records.			