

COMMON APPLICATION FORM

(To be used / distributed with Key Information Memorandum)



MUTUAL FUND

Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form.

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

Application No.

DISTRIBUTOR INFORMATION

ARN code	RIA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN-77875		ARN -		E027739

In case the EUIIN box has been left blank, please refer the point related to EUIIN 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.

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.

EXISTING FOLIO NUMBER

The details in our records under the folio number mentioned alongside will apply for this application.

SOLE / FIRST APPLICANT'S DETAILS

Name	Mr Ms M/s																	
Date of Birth (DOB) (Mandatory for Minor)	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓)	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Other <i>please specify</i>						
PAN									CKYC ID No. ^s									KYC <input type="checkbox"/> Proof attached
Guardian Name (if Sole/ First applicant is a Minor) / Contact Person Name (For Non Individuals)	Mr Ms M/s																	
PAN									CKYC ID No. ^s									KYC <input type="checkbox"/> Proof attached
Mailing Address [P. O. Box Address is not sufficient]																		
Pincode	(Mandatory)								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									Zip Code
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"/> FIs <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 <i>(please specify)</i>																		

MODE OF HOLDING

Single OR Anyone or Survivor OR Joint (Default option)

SECOND APPLICANT'S DETAILS

Name	Mr Ms																	
PAN									CKYC ID No. ^s									KYC <input type="checkbox"/> Proof attached

THIRD APPLICANT'S DETAILS

Name	Mr Ms																	
PAN									CKYC ID No. ^s									KYC <input type="checkbox"/> Proof attached

POWER OF ATTORNEY (POA) HOLDER DETAILS (If investment is being made by a Constituted Attorney)

Name	Mr Ms																	
PAN									CKYC ID No. ^s									KYC <input type="checkbox"/> Proof attached

^s Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit CKYC Identification Number (CIN)

FIRST APPLICANT'S BANK ACCOUNT DETAILS (Mandatory) (Please attach copy of cancelled cheque)

Name of the Bank									Branch									
Account No.									Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others								
Bank Address																		
Pincode									State									City
MICR Code (9 digits)									*IFSC Code for NEFT / RTGS									*This is an 11 Digit Number, kindly obtain it from your Bank Branch.

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.

An Application for scheme	DHFL PRAMERICA						
Along with Cheque / DD No. / UTR No.							
Drawn on (Bank)							
Dated	D	D	M	M	Y	Y	Y
Amount ₹							

Signature, Stamp & Date

KYC Details (Mandatory) Occupation [Please tick (✓)]

Sole / 1 st Applicant / Guardian	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
2 nd Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
3 rd Applicant / POA	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			

Gross Annual Income [Please tick (✓)]

Sole / 1 st Applicant / Guardian	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore	as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)
2 nd Applicant	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore	OR Net worth ₹ _____
3 rd Applicant / POA	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore	OR Net worth ₹ _____

Others [Please tick (✓)]

Sole / 1 st Applicant / Guardian	For Individuals [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) [*] <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer Instruction No. 4 (F): (i) Foreign Exchange / Money Changer Services - <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services - <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning - <input type="radio"/> YES <input type="radio"/> NO
2 nd Applicant	<input type="radio"/> I am Politically Exposed Person (PEP) [*] <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
3 rd Applicant / POA	<input type="radio"/> I am Politically Exposed Person (PEP) [*] <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

^{*} PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/Judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

INVESTMENT & PAYMENT DETAILS The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

§ Scheme Name **DHFL PRAMERICA** _____ Option Growth* Dividend *Default Option

Dividend Facility Payout Re-Investment Dividend Sweep Facility (DSF)[§] Dividend Frequency: _____

§ To Scheme **DHFL PRAMERICA** _____ (§ Please refer to SID / addendum thereof for schemes available for DSF)

Mode of Investment Lump Sum Only SIP Only (First investment cheque is optional) Lump Sum with SIP Micro Investment

Payment Type [Please ✓]	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	DD Charges, if any	Net Cheque/ DD Amount
		Cheque / DD / Payment Instrument No. & Date
		Drawn on Bank / Branch
<input type="checkbox"/> SIP Investment (Please any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Second & Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)	
<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill and attach the SIP Auto Debit Facility Form OR	Instalment Amount ₹ _____	
<input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details	SIP Date (Please ✓): <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates	
Cheque Nos. From _____ To _____	SIP Period (Please ✓): <input type="checkbox"/> Till I/We instruct to discontinue the SIP <input type="checkbox"/> No. of instalments _____	
Dated From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>	Please mention Enrolment Period: From <input type="text" value="MMYYYY"/> To <input type="text" value="MMYYYY"/>	

DEMAT ACCOUNT DETAILS

National Securities Depository Limited	Central Depository Services (India) Limited
Depository Participant Name <input type="text" value="Mr / Ms / M/s"/>	Depository Participant Name <input type="text" value="Mr / Ms / M/s"/>
DP ID No. _____	Beneficiary A/c No. _____
Target ID No. _____	

NOMINATION DETAILS (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form)

I/We do not wish to nominate OR I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of the Nominee(s)	PAN	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

DECLARATION AND SIGNATURES

I / We hereby confirm and declare as under :- I/We have read and understood the contents of the Statement of Additional Information of DHFL Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of DHFL Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of DHFL Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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 the different competing schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/DHFL Pramerica Mutual Fund, I/We hereby authorise the AMC/DHFL Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that DHFL Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify DHFL Pramerica Asset Managers Private Limited (erstwhile Pramerica Asset Managers Private Limited) immediately in the event the information in the self-certification changes. 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: 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. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/CNR Account(s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees (the Authorised Parties) or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

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.

Please ✓ I/We would not like to register for INVEST NOW to transact online as per the terms & conditions for this facility. By providing Email Id, I/We agree to receive the IPIN for INVEST NOW registration on the same.

1 st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression
2 nd Applicant Signature / POA Signature / Thumb Impression
3 rd Applicant Signature / POA Signature / Thumb Impression



**Additional KYC Information and FATCA & CRS
Annexure for Individual Accounts**
(Including Sole Proprietor) (Refer to instructions)



FIRST / SOLE APPLICANT / GUARDIAN

Name PAN
OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason _____

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.
Reason B : No TIN required. (Select this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)
Reason C : others; please state the reason threof.

Occupation Details Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others (please specify) _____

Gross Annual Income Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR
Net-worth (Mandatory for Non-Individuals) ₹ _____ as on (Not older than 1 year)

Politically Exposed Person (PEP) Status* PEP Related to PEP Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

SECOND APPLICANT

Name PAN
OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason _____

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.
Reason B : No TIN required. (Select this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)
Reason C : others; please state the reason threof.

Occupation Details Service Private Sector Public Sector Government Service Student Professional Housewife Business
 Retired Agriculture Proprietorship Others (please specify) _____

Gross Annual Income Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR
Net-worth (Mandatory for Non-Individuals) ₹ _____ as on (Not older than 1 year)

Politically Exposed Person (PEP) Status* PEP Related to PEP Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



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-77875		ARN -		E027739

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)

Please mention Enrolment Period:

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

From To

No. of Instalments (B) _____

M M Y Y Y Y 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 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 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/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)	1 st Applicant/Guardian/Authorised Signatory/POA	2 nd Applicant/Guardian/Authorised Signatory/POA	3 rd 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 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 _____ 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 _____ x x Signature of first account holder x x Signature of second account holder x x Signature of third account holder
To D D M M Y Y Y Y _____
OR 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 where I have authorized the debit.