

# 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 (EUN)
ARN - 54854		ARN -		

Incase the Employee Unique Identification Number (EUN) box has been left blank please refer point 3 related to EUN.

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)

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

☐ No. of Instalments (B) \_\_\_\_\_

Please mention Enrolment Period:

From \_\_\_\_\_ To \_\_\_\_\_

\* 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 EUN space is left blank: I/We hereby confirm that the EUN 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)			
	<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 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\*

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          
To          
OR ☐ Until Cancelled

x x Signature of first account holder

x x Signature of second account holder

x x 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 where I have authorized the debit.

## GENERAL GUIDELINES FOR SIP FORM

- This form should be used only for Registration of SIP through Auto Debit (NACH/ECS/Direct Debit facility).
- 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.
  - Existing investors to provide cancelled cheque leaf only if the bank account details provided in 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.
- Please read the terms and conditions for SIP in Key Information Memorandum.
- Please furnish all information marked as 'MANDATORY' in the form. In the absence of any mandatory information, your application for investment would be rejected.
- Please refer the 'INSTRUCTIONS' below. This will help you fill in the necessary details in the form correctly and completely.
- 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

- Distributor Information
    - Please mention "Direct" in case the application is not routed through any distributor.
    - 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 "EUIN". EUIN 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 EUIN is mandatory in case of advisory transactions.
    - 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 EUIN of the Sales Person (if any) in the "EUIN" column.
    - Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP, Dividend Reinvestments, Redemption, SWP Registration.
    - Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
    - Investors are requested to note that EUIN 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, EUIN 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.
  - 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.
  - SIP Details - Please furnish the following details with respect to your systematic investment:
    - 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).
    - SIP Frequency - Monthly or Quarterly. Please tick the appropriate option.
    - 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.
    - 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).
    - 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. Alternatively, you can choose the open option-where you specify only the From Date and select the option 'Until Cancelled' in the Mandate Instruction Form - and can discontinue your SIP by writing to us.

Please note if the SIP Dates, SIP Instalment Amount and the SIP Auto Debit Period indicated in the Auto Debit Registration Form materially vary from the SIP Dates, SIP Instalment Amount and the SIP Auto Debit Period indicated in the Application Form, the details contained in the Auto Debit Registration Form would be considered for enrolment.
  - Declaration and Signature: This section needs to be signed by the applicants at the places marked "O" in the same order and manner in which they have signed the Application Form.
  - Please provide a cancelled cheque leaf of the bank account from which the Auto Debit is to be effected or the Banker's attestation (in Section 4 of the Auto Debit Registration Form). This would help us cross-verify your bank details appearing in the cheque with the bank details furnished in this form and let you know of discrepancies, if any, for early corrective action.
  - The SIP enrolment will be discontinued if (a) 3 consecutive SIP instalments in case of monthly & quarterly frequency are not honoured. b) the Bank Account (for standing instruction) is closed and request for change in bank account (for Standing Instruction) is not submitted at least 30 days before the next SIP Auto Debit instalment due date or if written request for cancellation is submitted by you at least 21 days before the due date.
- ### 4. Instructions to fill the Mandate Instruction Form:
- Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
  - UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund.
  - Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant Information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
  - Please indicate the Bank Account Type
  - It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence of this information, your SIPApplication would be rejected.
  - Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
  - Please indicate Frequency & Debit Type
  - Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
  - For the convenience of our investors, the following fields have been pre-populated on the Mandate : Action - 'Create' Name of the Company - 'DHFL Pramerica Mutual Fund'
  - The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the Bank Account is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "xx" in the same order and manner in which their signatures appear on bank records.

## TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

- 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.
- 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
- 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.
- While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is 30 days for ECS setup and indicate the correct SIPAuto Debit commencement date.
- For cancellation of the Auto Debit (NACH/ECS/Direct Debit) Facility, you need to give a notice 30 days in advance to the AMC or its Registrars.
- 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.
- 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.
- 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.
- 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

✓ Applicant's Information	<input type="checkbox"/> Application Form No.	<input type="checkbox"/> Name of Sole/1st Applicant
✓ Scheme Details	<input type="checkbox"/> Scheme	<input type="checkbox"/> Option
✓ SIP Details	<input type="checkbox"/> SIP Instalment Amount	<input type="checkbox"/> Preferred SIP Date
✓ Bank Account Details	<input type="checkbox"/> Name of Sole/1st Bank A/c Holder	<input type="checkbox"/> Dividend Facility
✓ MICR code	<input type="checkbox"/> Cancelled Cheque leaf/Copy of Cheque leaf is attached.	<input type="checkbox"/> Dividend Frequency (if applicable)
✓ Third Party Declaration Form, in case of third party payment.	<input type="checkbox"/> SIP Auto Debit Period	<input type="checkbox"/> Bank A/c No. (CBS A/c, wherever applicable)
✓ 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.		