

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-0018		ARN -		

Incase 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 Please ensure Name/DOB/Pin Code/Mobile/Gender mention is exact match as per Aadhaar record.

Name#																Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DOB)#	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 please specify							
PAN	CKYC ID No. ⁵				Aadhaar/UIDAI Enrollment No.#											
Guardian Name# (if Sole/ First applicant is a Minor) / Contact Person Name (For Non Individuals) Mr Ms M/s																
PAN	CKYC ID No. ⁵				Aadhaar/UIDAI Enrollment No.#											
Mailing Address [P. O. Box Address is not sufficient]																
															City	
Pincode	(Mandatory)	State											Country			
Phone (Off.)	Fax No.				Mobile No.#				As per Aadhaar							
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"/> 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)																

MODE OF HOLDING

Single OR Anyone or Survivor OR Joint (Default option)

Mandatory

SECOND APPLICANT'S DETAILS

Please write the Name exact match as per Aadhaar Record

Name#	Mr	Ms															
PAN	CKYC ID No. ⁵				Aadhaar/UIDAI Enrollment No.#												

THIRD APPLICANT'S DETAILS

Please write the Name exact match as per Aadhaar Record

Name#	Mr	Ms															
PAN	CKYC ID No. ⁵				Aadhaar/UIDAI Enrollment No.#												

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

Please write the Name exact match as per Aadhaar Record

Name#	Mr	Ms															
PAN	CKYC ID No. ⁵				Aadhaar/UIDAI Enrollment No.#												

⁵ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit CKYC Identification Number (CIN)

Mandatory

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.					

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

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

Gross Annual Income [Please tick (✓)]

Sole / 1st Applicant / Guardian	<input type="radio"/> Below 1 Lac OR Net worth (Mandatory for Non-Individuals) ₹ _____	<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)
2nd 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 ₹ _____	
3rd 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 / 1st Applicant / Guardian	<input type="radio"/> 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
2nd Applicant	<input type="radio"/> 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
3rd 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 <input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill and attach the SIP Auto Debit Facility Form OR <input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. From _____ To _____ Dated From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>		Second & Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ _____ SIP Date: <input type="text" value="DD"/> (Any date of the month except 29/30/31) <input type="checkbox"/> Till I/We instruct to discontinue the SIP 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	Mr / Ms / M/s	Depository Participant Name	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 Rs. 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/FNDR 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.

Aadhaar Update Consent: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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.

Signature(s)

<input type="text" value="1<sup>st</sup> Applicant Signature / Guardian Signature / POA Signature / Thumb Impression"/>	<input type="text" value="2<sup>nd</sup> Applicant Signature / POA Signature / Thumb Impression"/>	<input type="text" value="3<sup>rd</sup> Applicant Signature / POA Signature / Thumb Impression"/>
<input type="text" value="Name:"/>	<input type="text" value="Name:"/>	<input type="text" value="Name:"/>
<input type="text" value="PAN / PEKRN / CKIN (Mandatory)"/>	<input type="text" value="PAN / PEKRN / CKIN (Mandatory)"/>	<input type="text" value="PAN / PEKRN / CKIN (Mandatory)"/>

One Time Mandate Form

(Including SIP registration/SIP Top up facility)

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



Pramerica

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-0018		ARN -		

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.

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.

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. SIP DETAILS (MANDATORY)

New SIP Registration SIP renewal Change in OTM (for a SIP registered earlier)

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

Debit Bank Name Account No.

OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)

Scheme Plan

Option Growth OR Dividend Payout OR Dividend Reinvestment Dividend Sweep 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: DDMMYYYY Drawn on:

SIP Investment (Please any one) Monthly Quarterly

SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) OR

SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details

Cheque Nos. From To

Dated From DDMMYYYY To DDMMYYYY

Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)

Instalment Amount ₹

SIP Date: DD (Any date of the month except 29 / 30 / 31)

Till I/We instruct to discontinue the SIP

Please mention Enrolment Period: From MMYYYY To MMYYYY

SIP Top Up (Optional) - Available only for investments effected through Auto Debit.

Top Up Amount ₹ Refer Instructions

Top Up to continue till SIP amount reaches* ₹ OR

Top Up Frequency Half Yearly Yearly*

Top Up to continue till# DDMMYYYY (Please any one)

* SIP Top Up will cease once the mentioned amount is reached.

*Default option if not selected

It is the date from which SIP Top Up amount will cease

** PEKRN required for Micro investments upto Rs. 50,000 in a year

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.

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. OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT



ONE TIME MANDATE FORM

(Please read Instruction no. 4 overleaf) (*Mandatory field)

UMRN For office use Date* DDMMYYYY

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

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* Amount in words ₹ In Figures

FREQUENCY* Mthly Qtrly 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 DDMMYYYY DDMMYYYY

To DDMMYYYY DDMMYYYY

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 where I have authorized the debit.

Additional KYC Information and FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)



Pramerica

MUTUAL FUND

FIRST / SOLE APPLICANT / GUARDIAN

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	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.

SECOND APPLICANT

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason _____

THIRD 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 _____

POWER OF ATTORNEY (POA) HOLDER

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 _____

CERTIFICATION

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and the I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / Tax authorities.

SIGNATURES

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Date

Place