## sections to be completed legibly in English in Black/Dark coloured ink and in BLOCK letters.

## **COMMON APPLICATION FORM**



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Please read instruc	tions caref	ully.																						A	pp	lic	ati	on	No	).						
1. DISTRIBUTOR INFORMATION (Refer Instruction N					lo. 1)	p. 1) FOR OFFICE USE ONLY																														
Distributor Code				Sub Broker Code							Branch Serial Code Registra						r Serial No. Date/Time of Receip						pt													
ARN - 1619																																				
A. EXISTING INVESTOR'S																																				
Existing Folio Number (Existing Investors please fill Section 6 & 8 only)																																				
2B. APPLICANT'S IN	FORMATIO	N																												(	Refe	r In	stru	ctio	n No	). 2B
Name of Sole/1 <sup>st</sup> A	pplicant			Mr.		Ms.		l/s.	(Plea	ase 🗸	′)														D	ate (	of Bir	rth	D	D	М	Μ	Υ	γ	Υ	Υ
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Name of 2 <sup>nd</sup> Applic	ant			Mr.		Ms.	_ M	l/s.	(Plea	ase ✓	′)														D	ate	of Bir	rth	D	D	М	Μ	Υ	Υ	Υ	Υ
FIRST NAME						Μ	1	D	D	L	Е		N	Α	M	Е							L	Α	S	Т	T	N	Α	M	Е					
Name of 3 <sup>rd</sup> Applica	ant			Mr.		Ms.	□ м	l/s.	(Plea	ase √	<u> </u>				!										 D	ate	of Bir	rth	D	D	М	Μ	Υ	Υ	Υ	Υ
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Name of Guardian	/Contact Po	erson	_	Mr.		Ms.	M	l/s.	 F	Relat	ions	hipv	vith	MIN	OR			H													Ħ	$\exists$	П	$\exists$		
F I R	5 T	N A	M	Е						M	1	D	D	L	Е		N	Α	М	Е							L	Α	S	Т	Ħ	N	Α	M	Е	
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1st Applicant					☐ Yes ☐ No						Other Proof of Identity"							15 1101																		
2 <sup>nd</sup> Applicant											<u>ا</u> ا	/es		No																						
3 <sup>rd</sup> Applicant											<b>□</b> \	⁄es		No																						
Guardian											_	⁄es	_																							
	* Mano	latory w	ith an	attes	sted P	PAN P	roof		^	Mand	atory If Ye	for <b>₹</b> s, atta	50, ach p	000 S proof	abo	ve.								* Onl	y for	Micro	SIP.	(Plea	ase r	efer i	nstr	uctic	on no	. 3)		
Mode of Holding	☐ Sing	le OR		Any	one	or Si	urviv	or	OR		loint	(Def	ault	Opti	on)																					
Status	☐ Resi	dent Inc	dividu	ıal [		IRI/P	10 [	] (	ompa	ny/B	ody	Corp	ora	te		Trust	. [	] Pa	rtne	rship	) [	] FI	[	] B	ank		] NO	0		AOP.	/BOI		C	lub/s	ocie	ty:
	☐ Mino	or 🗆	Defe	ence	Esta	blish	men	t [	] G(	vern	men	it Boo	dy		HUF		] Ot	hers								(Pl	lease :	speci	fy)							
Occupation	☐ Priv	ate Sect	or Se	rvice	; 🗆	Pub	lic Se	ctor	/Govt	. Serv	ice	□ Bu	ısin	ess [	] Pi	rofes	sion	nal 🗀	] Ag	ricul	turis	t $\sqsubseteq$	Ret	ired		lous	ewife	e 🗆	Stu	dent		Othe	rs _(	Please	e spe	cify)
3. APPLICANT'S CO	NTACT INFO	RMATI	ON																											(	(Ref	er In	ıstru	ctio	n N	0. 4)
Correspondence A	ddress of S	ole/Firs	t Apı	plica	nt (F	P.O. E	Зох а	ddr	ess is	not	suff	icien	t)																							_
										_		_	_																			$\square$	Ш	_		
e'i																<i>C</i> 1-	1-											D.		1.	$\dashv$	_	$\vdash\vdash$	_		
Overseas Address (	Mandaton	for ND	I/FII	200	lican	v+) (I	00.0	lov -	oddra	cc ic	not	cuff	cio	n+)		Sta	ite											Ы	ncoc	je		$\square$	Ш			<u> </u>
Overseas Address (	Manuatory	TOI NK	T	Т	lican	it) (i	P.O. E	OUX C		22 12	IIUL	Sulli	cie	11L) 																	$\neg$			$\neg$		
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City			<u> </u>													Co	ount	try									P	osta	cod	le	$\dashv$	$\dashv$	$\vdash$	$\dashv$		
Contact Details	Tel. No. STI	Code					R	es.			T	T		T	i		0	ff.									Fá	ах		T	一	=	$\exists$	$\dashv$		
1 <sup>st</sup> Applicant	Mobile No	.*								+	1	Ema	il II	)*#																	$\dashv$	$\exists$	П	$\dashv$		
	Mobile No	.*									1	Ema	il II	)*				$\Box$									$\Box$				$\dashv$	$\exists$		$\exists$		
3 <sup>rd</sup> Applicant	Mobile No	.*							П		1	Ema	il II	)*																	$\exists$	$\exists$				
*Mandatory, if applying for E-PIN. To apply for E-PIN (refer section 5 in this Application Form). # Investors providing email id would mandatorily receive only E-statement of account in lieu of physical statement of account.																																				
4. BANK DETAILS (																														(	Refe	r In	stru	ctio	n No	), 5)
Mention your Core B	anking Acco	unt No.	(if ar	onlica	able)	). Ple	ase c	neck	with	vour	ban	k. if ۱	IIOL	do no	ot ha	ave t	ne s	ame.																		

	<b>*</b>
	Pramerica
VIL XII	Framerica
	BAUTUAL FUND

(MICR code is the 9 digit code next to the cheque no.)

Account No.

Bank Name Branch

MICR code

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor) **Application No.** 

City

Providence of Community Control Control				
Received from Mr. / Ms. / M/s.	an appli	cation for investment in Pramerica M		
Scheme Name	Option	☐ Growth ☐ Dividend		
for ₹ (in figures)	vide Instrument no			
Bank	Branch	City		Acknowledgement Stamp & Date
All purchases are subject to realisation of cheque/demand draft and furnishing of r	Acknowledgement Stamp & Date			

(IFSC code is the 11 digit no. appearing on your cheque leaf) (Mandatory for credit via NEFT/RTGS)

IFSC code

Mandatory to submit a cancelled cheque leaf of the

Account Type ☐ CA ☐ SB ☐ NRO ☐ NRE ☐ FCNR ☐ Others

5. ELECTRONIC PERSONAL IDENTIFICATION NUMBER (E-I	<b>PIN)</b> (Please ✓ )				(Refer Instruction No. 6)									
□ I would like to apply for E-PIN. An E-PIN will allow you to access your account/transact through electronic channels, subject to the Terms & Conditions for the facility as made available by the AMC from time to time.														
6. INVESTMENT/ PAYMENT DETAILS					(Refer Instruction No. 7)									
(A) SCHEME DETAILS														
Scheme Name	Option	Dividend Facility			idend Frequency # (Please ✓ any one )									
Dlagga specify the Scheme Name	Growth*	☐ Payout	☐ Daily*		Monthly									
ricase specify the seneme name	□ Dividend	☐ Re-investment*	#Dividend Renivest Dividen	intent facility is available on a Daily/ Weekly/ Forth nd Payout facility is available at Forthightly & Mon	thly frequency.									
	* Default Option													
(B) INVESTMENT DETAILS  Lumpsum Investment:		□ SID Investment	bit Facility Form											
Lumpsum investment.		SIP Investment: (Monthly)												
I. Cheque / DD Amount ₹		Instalment Amt. (		SIP Period —	Total Amount (c) (AvD)									
		₹ Min ₹ 500	☐ Till I instru discontinu											
II. DD Charges _₹		I. First SIP Instali			(1-1111 ( 3000)									
į.			Mode of Payment (Please ✓) ☐ Cheque ☐ Demand Draft											
III. Investment Amount  ₹ (I + II)														
Made of Brown and ( A El Change El Bornard Burft E	7 5 d T 6			Dated D D	M M Y Y Y									
Mode of Payment (✓) ☐ Cheque ☐ Demand Draft ☐	] Fund Transfer	Drawn on		Name of the Bank										
Instrument No Dated D D M M	Y Y Y Y	Branch & City												
		II. Second and Si	ıbsequent Instalment	t Details:	_									
Drawn on Name of the Bank		SIP Period From	D D M M Y	Y Y Y TO D D M M Y	V V V									
Branch & City		!												
Manch & City		SIP Date (Please v		☐ 7th ☐ 10th ☐ 15th ☐ 2	5th ☐ All 5 dates									
NRI / FII Investors, Please indicate source of funds for your	r investment (Ple	ase√) □NRE	□ NRO □ FCNR	Others (Please sp	ecify)									
The details of the cheque provided above pertain to my/ou	ur own bank acc		Ye <b>∑</b>	Nd□	(Mandatory to ✓)									
If No, my relationship with the bank account holder is		(pls specify)		. (Application Form without this in	formation may be rejected)									
7. NOMINATION DETAILS					(Refer Instruction No. 8)									
I/We do hereby nominate the undermentioned Nominee(s)					rstand that all payments and									
settlements made to such Nominee(s) and Signature of the N	lominee(s) ackno	owledging receipt ther	eof, shall be a valid disch	narge by the AMC/Mutual Fund/Trustees.										
Name & Address of Nominee(s)	Date of Birt	h Name	& Address of the Gua	rdian Signature of Guardian	Proportion(%) (should aggregate to 100%)									
		(To be furnish	ed in case the Nomin	ee is a Minor)	Default : Equal proportion									
1.														
2.														
3.														
8. DECLARATION AND SIGNATURES (MANDATORY - API	PLICATION WITH	IOUT SIGNATURE(S) I	VILL BE REJECTED)		(Refer Instruction No. 9)									
We have read and understood the terms and contents of the Scheme Information Document(s) of the respective Scheme(s) and the Statement of Additional Information of Pramerica Mutual Fund. (Ne hereby apply to the Trustee of Pramerica Mutual Fund for the allotment of units of the Scheme(s) of 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 understood the details of the Scheme(s) and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this nevestment. The ARN holder (AMFI registered distributor) has disclosed to me/us all the commissions (in the form of trail commissions or any other mode), payable to him/her/them for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that I/We am are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and does not involve and is not designated for the purpose of any contravention or evasion of any Act, Rules, Regulations, votifications or Directions issued by any regulatory authority in India. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not ulfilling the KYC process to the satisfaction of the AMC/Pramerica Mutual Fund, I/We hereby authorise the AMC/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.  **RPPLICABLE FOR NRIS:** I/We confirm that I am /We are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted the funds for investment in the Scheme from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I														
approved banking channels or from funds in my/our NRE/FCN	vic Account.				T == 1 == 1 == 1 == 1									
SIGNATURE(S) (ALL APPLICANTS must sign here)				Date D D	M M Y Y Y Y									
Sole/1st Applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> A	oplicant/Guardian/Au	thorised Signatory/POA	A 3 <sup>rd</sup> Applicant/Guardian/Autl	horised Signatory/POA									
If the investment is being made by a Constituted Attorne		•												
Name POA Holder for 1st Applicant														
PAN PAN		. SATISTICE TO		TOTALISIDE!										
FAN														
KYC Status* ☐ Yes ☐ No		☐ Yes	□ No	☐ Yes	□ No									
* (if Yes, attach proof)														
CHECK LIST (Please submit the following documents with your application (wh company/Secretary/Authorised signatory/Notary Public.)	nere applicable). All do	ocuments should be original/1	rue copies Certified by a Direct	tor/ Trustee/										
Documents		oc. Partnership	Investment Trusts	NRI FOI MOTE IMOTHIC										
PAN Card (not required for Micro SIP)	✓ ✓	Firms 1	through POA	www.pramei	icamr.com									
KYC Acknowledgement (If application for ₹ 50,000 or above)	<b>√</b> ✓	<b>V V</b>	V V	E-mail	us at									
Resolution/ Authorisation to invest List of authorised signatories with specimen signatures	✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	customercare@pr										
Memorandum & Articles of Association	1			customercare@pr	amendamicum									

Trust Deed

Partnership Deed

Notorised POA (signed by investor and POA Holder)

> Call us (Toll free) at 1800 266 2667