Pramerica  MUTUAL FUND	Comm Investors must						d Produc	t Labeling or	n cover pag	e before c	ompleting t	this Form				А	pplicat	tion No		
DISTRIBUTOR INFOR	MATION (In	ivestors ap	pplying und	ler Direct P	Plan must m	ention "D	irect" ir	n ARN colu	mn.)											
ARN code			Sub brok	er ARN co	ode	S	ub bro	ker code	(as a <b>ll</b> ott	ed by Al	RN ho <b>i</b> de	er)		Employ	ee Uniqu	ue Ident	ificatio	n Numb	er (EUIN	1)
ARN - Bonanza	a - 0186	ARN	N -																	
ncase the Employee Uniqu	ue Identificati			box has b	een left bl	ank plea	se refe	r point 11	related	to EUIN.										
Ipfront commission shall be p					ered Distribu	itors base	d on the	investors'	assessme	nt of vari	ous facto	rs inc <b>l</b> ud	ling servi	ices rend	ered by th	ne distrib	utor.			
I AM A FIRST TIME INVEST	OR IN MUTUAL	FUNDS						OR	1/	M AN EX	ISTING IN	VESTOR I	IN MUTU	AL FUNDS	5					
1. EXISTING UNIT HO	LDER INFOR	RMATION	N																	
Folio No.								The	details ir	our rec	ords und	der the	folio nu	mber me	entioned	alongsi	de will a	apply fo	r this ap	plication
2. MODE OF HOLDING	[Please tick	K (√)	Sir	ngle	A	nyone or	Surviv	or	J	oint (Def	au <b>l</b> t Optio	n)								
3. UNIT HOLDER INFO	RMATION							Date of	Birth	ΙΙD	D N	л   м	LyLy	/   y	y   P	roof of	Date of	Birth F	Please (	/)
Mr. Ms. M/s.	.E APPLICANT	f (In case	of Minor	r, there sh	nall be no j	oint hold													Attac	
Nationality								/ PEKRN#		10.					KYO	;# [Ple (Ma	ase tick ndatory	(√)] [	Proof	Attached
Are you a citizen/tax resic NAME OF GUARDIAN ( Mr. Ms.											case of	non-in	dividual	Investor	(s)					
Nationality					Designation	n						Con	tact No.							
PAN#/ PEKRN#															KYC	# [Ple	ase tick ndatory	(V)] [	Proo	Attached
Are you a citizen/tax resid								lease spec ividual In			nandato	rily fill	UBO De	claration	ı Form.	(ina	autor y	,		
Relationship with Minor														Please		Attach	ed (M	andatory	1)	
MAILING ADDRESS O	F FIRST/SOLE	E APPLICA	ANT (Man	ndatory	to mentic	on PIN C	ODE)											,		
									++						-					
CITY						6.	TATE									PIN CODE				
Overseas Address (N	Mandatory fo	or NRI/F	il applica	ant) (P.O.	Box addi			ficient)								IIV CODE				
U U U U U U U U U U U U U U U U U U U			Парриса		DOX GOO!		J													
CITY							TATE			_					Z	IP CODE				
Telephone : Off.	F FIRST / SOLI	E APPLIC	CANT		STD Cod Res.	e						Fa	ЭX							
Mobile					En	nail ^														
^ On providing email	I-id investors s	shall rece	ive schem	ie wise an	nual repor	t or an al	bridged	summary	thereof/	account	stateme	nts/ sta	tutory a	ınd other	docume	ents by e	mail.			
1. FIRST/ SOLE APPLI	CANT OTHER	R DETAI	LS																	
4a. Status of First/ Sol	e Applicant	[Please	: tick (√)]	] Ind	lividual	Non -	Individ	lual [Pleas	e attach	mandato	ry Ultima	ate Ben	eficial O	wnershi	p (UBO)	Declarat	ion For	n]		
Resident Individual Body Corporate LL																				001
lb. Occupation Details	[Please tic	k (√)]	Servic	e F	Private Sec	tor	Publi	c Sector	Go	vernmen	t Service	, [	Studen	ıt 🗆	Professi	ional	Hou	sewife	ПВ	usiness
Retired Agricul	lture F	Proprietor:	rship	Others	;			(pleas	e specify	)										
4c. Gross Annual Inco				Below	1 Lac	1	- 5 La		5 - 1	0 Lacs		10 - 2	25 Lacs	[	>25	Lacs - 1	Crore		>10	rore
c. Net-worth (Mandato	ry for Non-In	ndividuals	is) Rs					OR			as on		D D	M	ЛУ	Υ	Υ	(Not ol	der than	1 year)
4d. Politically Exposed 4e. Non-Individual Inv			, ,,					Fore	ign Exch	ange / N	oney Ch		,		Gaming	/ Gambl	ing / Lo			
5. JOINT APPLICANT D	DETAILS IF A	anv						Mon	ey Lendi	ng / Paw	riing				None of	the abo	ve			
1. NAME OF SECOND		illy																		
Mr. Ms. M/s.  Nationality	ALLEGAN						PAN#	/ PEKRN#							love	, [Ple	ase tick	<u> </u> (⟨⟨⟩)] [	Proof	Attached
Are you a citizen/tax resi							if yes,	p <b>l</b> ease spe			mandate	orily fil	LUBO D	oclaratio	KY(	;# (Ma	ndatory	)	_ 11001	rittuorioc
a. Occupation Deta					Private			ublic Sect					Stu		Profe	ssional	Пн	ousewit	e	Business
•	•	Propri		Ot					lease spe											
b. Gross Annual Inc	come (Rs.)	Belov	w 1 Lac	1 - 5 La	cs	· 10 Lacs	1	0 - 25 Lac	s	25 Lacs	- 1 Crore	>	1 Crore	OR Net	worth Rs	S.				
c. Politically Expose	. ,																ted to F	PEP	Not Ap	olicable
# Please attach Proof.	- — — -																			
ACKNOWLEDGEMENT	SLIP																			
Pramerica															Date :					
MUTUAL FUND	/ M/o																			
Received from Mr. / Ms. alongwith Cheque / DD /		ument as d	detailed ove	erleaf.										an	applicati					
																A	.кпоw <b>i</b> e	.gement	Stamp a	id Date
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5. J	OINT AP	PPLICANT DETAILS, If any (con	td)													
- 2		OF THIRD APPLICANT	1 1 1 1				1 1									
	Mr. I	Ms. M/s.		D.	AN#/ PEKRN:	и		1 11				ı	Please ti	ck ( /)]	Drog	of Attached
- 1		citizen/tax resident of any country othe	r than India? Ves				rtnı/(ies)				K		Vandato		FIU	JI Allaciicu
		e a citizen/tax resident of the USA, p						mandat	orily fill UI	BO Decla	aration For	m.				
		tion Details [Please tick (√)]		ate Sector	Public Sec			nt Servi	ce 🗌 S	Student	Pro	fession	d	Housew	ife	Business
	Retired	Agriculture Proprieto			- "	lease spec										
b.	Gross A	nnual Income (Rs.) 🗌 Below 1	Lac 1 - 5 Lacs	5 - 10 Lacs	10 - 25 La	cs -25	Lacs - 1	Crore [	>1 Cro	re <b>OR</b> N	et worth R	s				
		ly Exposed Person (PEP) Status	* **	orised signatories/ I	Promoters/	Karta/ Trus	ee/ Whole	time Di	rectors)	I am	PEP 🗌 I	am Re	ated to P	EP 🗌	Not App	licable
6. P	OWER 0	OF ATTORNEY (PoA) HOLDER D	ETAILS													
		f PoA Mr. Ms. M/s.														
	PAN#/ PEKF	RN#	than India? Yes	No (Default) if y	e tick (√)] :	•		Proof Att	ached	#	# Please att	ach Pro	ıf.			
7. B	f you are ANK DE	a citizen/tax resident of the USA, pl TAILS (MANDATORY-IF LEFT B from where the investment is m	ease fill Annexure I (Inc LANK, APPLICATION	lividuals). All Non- I WILL BE REJE	Individual CTED) (M	Investors landatory	have to m	h proo	f, in case	the pay	y-out ban	k acco	u <b>nt is di</b> ccount is	fferen	t <b>from t</b>	he bank
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IF	SC Code	e***				*** (Mar If you do	idatory for not find th	Credit vi is on you	a NEFT / RT ur cheque le	GS) (11 af, pleas	Character o e check for	ode app the sam	earing on e with you	your ch ır bank)	eque leat.	
8.11	IVESTME	ENTS & PAYMENT DETAILS TH	ne name of the first/ sole	applicant must be p	ore-printed o	on the cheq	ue. (Invest	ors appl	ying under l	Direct PI	an must me	ention "I	)irect" ag	ainst the	Scheme	name.)
	Scheme I	Name														
		Growth* Dividend Bonus	Dividend Facilit	<b>y</b> Payout	Re-Inv	estment*	Div	/idend F	requency							_ *Default
	Payn	ment Type [Please ( )]</td <td>Non-Third Party Pay</td> <td>ment 🔲 T</td> <td>hird Part</td> <td>y Paymei</td> <td>it (Please</td> <td>attach '</td> <td>Third Party</td> <td>/ Payme</td> <td>nt Declara</td> <td>tion For</td> <td>m')</td> <td></td> <td></td> <td></td>	Non-Third Party Pay	ment 🔲 T	hird Part	y Paymei	it (Please	attach '	Third Party	/ Payme	nt Declara	tion For	m')			
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		RTGS/ NEFT in figures (Rs.)				Amount			Instrume	ent No. a	s Date					
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