## **COMMON APPLICATION FORM**

(To be used / distributed with Key Information Memorandum)



Please submit separate form for each scheme. Please read the Scheme Information Document / KIM of the scheme and instructions carefully. Application No.

1. DISTRIBUTOR INFORMATION (Refer Instructi						uctio	on N	No. 1)							FOR OFFICE USE ONLY																		
Distributor Code Sub Bro				Brok	er Co	ode			Branch Serial Code						Registrar Serial No.							Date/Time of Receipt						ī					
					oner code					Dianei Jenai Code						negistial serial No.							Date Time of Receipt										
ARN -																																	
	pfront 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.  TRANSACTION CHARGES (Please -/ any one of the below)  (Refer Instruction No. 2)											\_																					
2. TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. 2)																																	
I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS  OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS																																	
3. UNITHOLDING	PTIO	V _	Dem	at Mo	de	T	Phy	ısical	Mod	le																							
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DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the (Refer Instruction No. 3) Depository Participant. Demat Account details are compulsory if demat mode is opted above)																																	
National Depository Depository Depository Participant Name Depository Deposit																																	
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Enclosures : Client Master List (CML) Transaction cum Holding Statement Delivery Instructions Slip (DIS)																																	
4. EXISTING INVESTORS (Refer Instruction No. 4A)																																	
Existing Folio No. Name of Sole / 1st Applicant (Please fill Section 8 & 10 only)																																	
5. APPLICANTS INFORMATION (Refer Instruction No. 4B)																																	
Droof of Date of Rirth																																	
Name of Sole/1st Applicant Mr. Ms. Ms. (Please ) Date of Birth D D M M Y Y Y Y (Mandatory in case of Minor) (Refer Instruction No. 4C)																																	
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Name of Guardian/Contact Person   Mr.   Ms.   M/s. Relationship with Minor   (Please V) Proof of Relationship (Mandatory in case of Minor Applicant) (Refer Instruction No. 4D)																																	
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Applicant is a Minor) * Mandatory with an attested PAN Proof If Yes, attach proof If Yes, attach proof If Yes, attach proof																																	
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Minor   Defence Establishment   Government Body   HUF   Others   (Please specify)																																	
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MUTUAL FL	ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No.																																

All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.

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Received from Mr. / Ms. / M/s.	an application for investment in Prame	rica Mutual Fund -
Scheme Name	Option Growth Dividend	
for ₹ (in figures)	vide Instrument no	
Bank	Branch City	Acknowledgement Stamp & Date
All purchases are subject to realisation of shoque/demand draft and	d furnishing of mandatory information/documents. Please retain this slip till you receive your	Account Statement

Memorandum & Articles of Association

Notorised POA (signed by investor and POA Holder)
Proof of Address (for Micro SIP Investors)

Trust Deed

Bye-laws

Partnership Deed

E-mail us at customercare@pramericamf.com

Call us (Toll free) at 1800 266 2667