

PGIM India Perks Employee Common Application Form



(To be used / distributed with Key Information Memorandum)

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form.

Application No. _____

Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN-4464	RIA -	VIKRAM S BAGADTHEY	ARN -		E032737

*Employee Unique Identification Number. **As allotted by ARN holder. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Declaration for "execution-only" transaction (only where EUIN box is left blank). I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

Signature of 1st Applicant / Guardian	Signature of 2nd Applicant	Signature of 3rd Applicant
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2. 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.

3. EXISTING FOLIO NUMBER

_____ The details in our records under the folio number mentioned alongside will apply for this application.

Go Green Initiative

Opt-in – Physical
 Opt-out – Email
Refer instruction no. 12

4. MODE OF HOLDING Single OR Anyone or Survivor OR Joint (Default option)

5. DEMAT ACCOUNT DETAILS

Kindly fill the below details for allotment of units in demat mode

National Securities Depository Limited			Central Depository Services (India) Limited		
Depository Participant Name			Depository Participant Name		
DP ID	IN	Beneficiary A/c No.	Beneficiary A/c No.		

6. SOLE / FIRST APPLICANT'S DETAILS

Mandatory

Name#																Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
Employee ID																
PAN#						CKYC / KIN										
Mailing Address [P. O. Box Address is not sufficient]																
City																
Pincode	(Mandatory)	State					Country									
Phone (Off.)						Fax No.						Phone (Res)				
# I/we confirm, below contact details are of (Pls select (✓) any) <input type="checkbox"/> Primary holder <input type="checkbox"/> ^Family (Specify relationship) _____																
Mobile No.#						Email ID#										
^^Family" for this purpose shall mean self, spouse, dependent children and dependent parents																
Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)																
State						Country						Zip Code#				
Status: (Mandatory, please ✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Others _____ (please specify)																
Occupation: <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____																
Gross Annual Income: <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore																
For Individuals [Please ✓]: <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable																
For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)																
(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No ^ 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,																
(ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No important political party officials, etc.																
(iii) Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No																

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No. _____

Name																PAN					
An Application for scheme	PGIM INDIA																				
Along with Cheque / DD No. / UTR No.						Dated	D	D	M	M	Y	Y	Y	Y							
Drawn on (Bank)						Amount ₹															
Signature, Stamp & Date																					

SECOND APPLICANT'S DETAILS

Mandatory

Name#																Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth#	D	D	M	M	Y	Y	Y	Y										
PAN#											CKYC / KIN							
Pincode	(Mandatory)		Phone (Off.)					Mobile No.#										
Phone (Res)											Email ID							
Status: (Mandatory, please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Others _____ (please specify)																	
Occupation:	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____																	
Gross Annual Income:	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore																	
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For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)	(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No ^ 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. (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No																	

THIRD APPLICANT'S DETAILS

Mandatory

Name#																Gender# (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth#	D	D	M	M	Y	Y	Y	Y										
PAN#											CKYC / KIN							
Pincode	(Mandatory)		Phone (Off.)					Mobile No.#										
Phone (Res)											Email ID							
Status: (Mandatory, please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Others _____ (please specify)																	
Occupation:	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____																	
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7. 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.)Mode of Investment Lump Sum Only SIP Only (First investment cheque is optional) Lump Sum with SIPScheme Name **PGIM INDIA** _____ Plan: Regular DirectOption Growth* Dividend *Default Option Dividend Facility Re-Investment Dividend Frequency: _____**Lumpsum Investment**

Payment Type [Please ✓]	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)	
Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	Cheque / DD / Payment Instrument No. & Date	Drawn on Bank / Branch

OR

SIP Investment Please refer instruction 13 — Smart SIP

Monthly SIP Amount (figure) _____ (words) _____

SIP Frequency (Please ✓ any one) Monthly Quarterly SIP Date: [D][D] (Any date of the month except 29/30/31) No. of Instalment _____Start Date [M][M][Y][Y] End Date [M][M][Y][Y] OR If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099). SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill and attach the SIP OTM Form SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. From _____ To _____

If Start Date is not mentioned, next applicable SIP cycle date would be applied for processing. Cheque Dates From _____ To _____

10. 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.

Nominee Details	Nominee 1	Nominee 2	Nominee 3
Name			
Address			
PAN			
Date of Birth			
Relationship			
Proportion (%)*			
Name and Address of Guardian (to be furnished in case the nominee is minor)			
Signature of Guardian / Nominee			

*(%) by which the units will be shared by each nominee (% to aggregate to 100%)

11. 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 PGIM India 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 PGIM India Mutual Fund for allotment of units of the respective Scheme(s) of PGIM India 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/PGIM India Mutual Fund, I/We hereby authorise the AMC/PGIM India 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 PGIM India Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify PGIM India Asset Management 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 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/FCNR 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.

Signature(s)

1 st Applicant Signature / Guardian Signature	2 nd Applicant Signature	3 rd Applicant Signature	POA Signature
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Date

D	D	M	M	Y	Y	Y	Y
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Place

INSTRUCTIONS FOR ONE TIME MANDATE FORM

One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided in the form.

This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.

- To avail this facility the investors of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of PGIM India Mutual Fund.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by PGIM India Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- PGIMIFM may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investors.
- For period selection investor has option to mention end date or select until cancelled, please note that if both the option are selected then the mandate would be rejected.