



## 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    |  |  |  |  |  |  |  |
| <b>Status:</b><br>(Mandatory, please ✓)  | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Others _____ (please specify)  |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>Occupation:</b>   | <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<br><input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____   |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>Gross Annual Income:</b>  | <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  |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>For Individuals [Please ✓]:</b>   | <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   |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)</b> | (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No <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.<br>(ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(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    |  |  |  |  |  |  |  |
| <b>Status:</b><br>(Mandatory, please ✓)  | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Others _____ (please specify)  |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>Occupation:</b>   | <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<br><input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____   |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>Gross Annual Income:</b>  | <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  |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>For Individuals [Please ✓]:</b>   | <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   |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |
| <b>For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)</b> | (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No <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.<br>(ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(iii) Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |   |              |   |   |   |  |  |             |  |  |  |  |  |  |  |

## 7. INVESTMENT &amp; 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 \_\_\_\_\_

**8. BANK ACCOUNT DETAILS FOR PAYOUT (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 cheque copy or Bank Branch. |  |  |  |  |  |  |  |  |  |  |

**9. FATCA AND CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification) (For Non - Individual separate form to be submitted)**

The below information is required for all applicant(s)/ guardian

Address Type:  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below

| Category   | First Applicant (including Minor)   | Second Applicant/ Guardian  | Third Applicant   |
|--|---|---|---|
| Place/ City of Birth   |   |   |   |
| Country of Birth   |   |   |   |
| Country of Tax Residency#  |   |   |   |
| Tax Payer Ref. ID No <sup>A</sup>  |   |   |   |
| Identification Type [TIN or other, please specify]                           |   |   |   |
| Country of Tax Residency 2   |   |   |   |
| Tax Payer Ref. ID No. 2  |   |   |   |
| Identification Type [TIN or other, please specify]                           |   |   |   |
| Country of Tax Residency 3   |   |   |   |
| Tax Payer Ref. ID No. 3  |   |   |   |
| Identification Type [TIN or other, please specify]                           |   |   |   |
| If TIN is not available, Please tick the reason A, B or C (as defined below) | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |

#To also include USA, where the individual is a citizen/ green card holder of USA. <sup>A</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

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. (Section this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C: Other, please state the reason therefore \_\_\_\_\_

For Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form available on our website www.pgimindiamf.com

**ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMP SUM / SIP****ONE TIME MANDATE FORM**

ARN-4464

E032737

(\*Mandatory field)

VIKRAM S. BAGADTHEY

UMRN

For office use

Date\*

Sponsor Bank Code

CITI000PIGW

Utility Code

CITI 00002000000037

CREATE MODIFY CANCEL 

I/We hereby authorize

PGIM INDIA 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  Qly  H-Yrly  As & When presentedDEBIT 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 | <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| To   | <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| OR   | <input type="checkbox"/> Until Cancelled |                      |                      |                      |                      |                      |                      |

x x Signature of first account holder

x x Signature of second account holder

x x 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 were I have authorized the debit.

**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<br>(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 <sup>st</sup> Applicant Signature / Guardian Signature | 2 <sup>nd</sup> Applicant Signature | 3 <sup>rd</sup> Applicant Signature | POA Signature |
|--|-------------------------------------|-------------------------------------|---------------|

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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.
- PGIMIMF 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.