

SIP TRANSACTION FORM

Single / SIP Top-Up Option

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

PGIM INDIA SMART SIP



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.

2. APPLICANTS DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Sole/First Unit Holder First Name Middle Name Last Name
 Folio No. PAN* * Mandatory

3. INVESTMENT DETAILS (MANDATORY)

New SIP Registration SIP renewal Change in Bank Details (for a SIP registered earlier)

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)
 Debit Bank Name Account No.
 OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled in mandatorily)
 I do not wish to avail the SIP Insurance facility

4. SINGLE SIP DETAILS

Scheme Plan
 Option (✓) Growth OR Dividend Payout OR Dividend Reinvestment OR Dividend Sweep Dividend Frequency
 Payment Type [Please (✓)] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

1st Instalment Details
 Amt. (₹) Chq/DD No. Dated: DDMMYYYY Drawn on:

SIP Investment (Please ✓ any one) Monthly Quarterly
 SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)
 Please also fill and attach the SIP Auto Debit Facility Form OR
 SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details
 Cheque Nos. From To
 Dated From DDMMYYYY To DDMMYYYY

Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)
 Instalment Amount ₹
 SIP Date: DD (Any date of the month except 29/30/31)
 Till I/We instruct to discontinue the SIP
 Please mention Enrolment Period: From MMYYYY To MMYYYY

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

PGIM **ONE TIME MANDATE FORM** ARN-4464 E032737 (*Mandatory field)
 VIKRAM S. BAGADTHEY
 UMRN For office use Date* DDMMYYYY
 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 Qtrly H-Yrly As & When presented DEBIT 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 DDMMYYYY To DDMMYYYY
 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 where I have authorized the debit.

