

# TRANSACTION FORM

Please read instructions carefully. Please strike off any sections that not relevant or not applicable.



**PGIM**  
India Mutual Fund

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIIN*
ARN-4464	RIA-	VIKRAM S. BAGADTHEY	ARN -		EO32737
*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 EUIIN box is left blank). I/We hereby confirm that the EUIIN 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. UNIT HOLDER 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)					
Existing Folio No. <input type="text"/>					
NAME OF UNITHOLDER <input type="text"/>					
3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)					
Scheme Name _____ *Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend					
*Dividend Facility (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep <sup>5</sup> *Dividend Frequency _____					
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer <input type="checkbox"/> OTM <sup>6</sup> Source of Funds (For NRI / FIIS Investor) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) _____					
Amount ₹ <input type="text"/> (in words) <input type="text"/>					
DD Charges ₹ <input type="text"/> Cheque / DD No. <input type="text"/> Dated <input type="text"/>					
Drawn on Bank/OTM Bank _____ Branch & City _____					
Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form. *For Default option, please refer SID. <sup>5</sup> Please refer SID / Addendum thereof for schemes available for DSF. <sup>6</sup> One Time Mandate					
4. SWITCH REQUEST (Refer Section 4 under instructions)					
From Scheme _____ To Scheme _____					
Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend *Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend					
Dividend Facility (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep <sup>5</sup> *Dividend Facility (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep					
Dividend Frequency _____ *Dividend Frequency _____					
Amount ₹ <input type="text"/> (in words) <input type="text"/>					
OR No. of Units <input type="text"/> OR <input type="checkbox"/> All units (Please <input checked="" type="checkbox"/> )					
*For Default option, please refer SID. <sup>5</sup> Please refer SID / Addendum thereof for schemes available for DSF					
5. REDEMPTION REQUEST (Refer Section 5 under instructions)					
Scheme _____ Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend					
Amount ₹ <input type="text"/> (in words) <input type="text"/>					
OR No. of Units <input type="text"/> OR <input type="checkbox"/> All Units (Please <input checked="" type="checkbox"/> )					
Bank Name _____ Other than default bank registered in folio _____					
A/c No. <input type="text"/>					
Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please mention bank name and account number.					
6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal) (Refer Section 6, 6a under instructions)					
Scheme _____ Plan _____ Option (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend					
Dividend Frequency _____ Withdrawal Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					
Withdrawal Instalment ₹ _____ Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates					
No. of Instalments _____ Withdrawal From <input type="text"/> to <input type="text"/>					
7. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 days before the 1st due date for transfer) (Refer Section 6, 6b under instructions)					
<input type="checkbox"/> Daily (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					
Transfer Installment Amount ₹ _____ Start Date <input type="text"/>					
<input type="checkbox"/> 30 days (for PGIM India Long Term Equity Fund only) <input type="checkbox"/> 60 days (for all Equity Schemes)					
OR End Date <input type="text"/>					
Daily STP: Source Scheme: PGIM India Insta Cash Fund Target Scheme: All Open Ended Equity Funds					
STP Dates (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates					
Transfer Instalment Amount ₹ _____					
No. of Instalments _____					
Start Date <input type="text"/> End Date <input type="text"/>					
In case of any discrepancy between no. of investments and start-end date, period as per start-end date would be considered.					
From Scheme _____ To Scheme _____					
Plan _____ Plan _____					
Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend *Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout					
<input type="checkbox"/> Dividend Sweep (DSF) <sup>5</sup> To PGIM India _____					
Dividend Frequency _____					
*For Default option, please refer SID. ( <sup>5</sup> Please refer to SID / Addendum thereof for schemes available for Dividend Sweep Facility)					
8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 7 under instructions)					
I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of PGIM India Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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 is being recommended to me/us.					
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.					
<input type="checkbox"/> Please <input checked="" type="checkbox"/> if the EUIIN space is left blank : I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.					
SIGNATURE(S)					
1st Unitholder/Guardian/Authorised Signatory/POA		2nd Unitholder/Guardian/Authorised Signatory/POA		3rd Unitholder/Guardian/Authorised Signatory/POA	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
D D M M Y Y Y Y					