

COMMON APPLICATION FORM

(To be Used / Distributed along with Scheme Information Document)

Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form.

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

Application No. _____

Pursuant to SEBI Circular No. SEBI/HO/IMD/IMD-II DOF3/P/CIR/2021/573 dated June 07, 2021 on Potential Risk Class (PRC) Matrix for debt schemes based on Interest Rate Risk and Credit Risk, PGIM India Asset Management Private Limited has positioned its debt schemes in terms of PRC matrix consisting of parameters based on maximum interest rate risk (measured by Macaulay Duration of the scheme) and maximum credit risk (measured by Credit Risk Value of the scheme). Accordingly, the debt schemes of PGIM India Mutual Fund are positioned in PRC matrix as follows:

Potential Risk Class			
Credit Risk → Interest Rate Risk ↓	Relatively Low (Class A)	Moderate (Class B)	Relatively High (Class C)
Relatively Low (Class I)	A-I • PGIM India Overnight Fund	B-I • PGIM India Liquid Fund • PGIM India Ultra Short Duration Fund • PGIM India Low Duration Fund (No. of Segregated Portfolio)* • PGIM India Money Market Fund	C-I NIL
Moderate (Class II)	A-II NIL	B-II • PGIM India Short Duration Fund	C-II NIL
Relatively High (Class III)	A-III • PGIM India Gilt Fund • PGIM India Dynamic Bond Fund	B-III • PGIM India Corporate Bond Fund • PGIM India Banking and PSU Debt Fund	C-III Nil

Sr. No.	Name of the Scheme	Type of the Scheme
1	PGIM India Overnight Fund	An open ended debt scheme investing in overnight securities. A relatively low interest rate risk and relatively low credit risk scheme.
2	PGIM India Liquid Fund	An open ended liquid scheme. A relatively low interest rate risk and moderate credit risk scheme.
3	PGIM India Ultra Short Duration Fund	An open ended ultra-short term debt scheme investing in instruments such that the Macaulay duration of the portfolio is between 3 months to 6 months. A relatively low interest rate risk and moderate credit risk scheme.
4	PGIM India Low Duration Fund (No. of Segregated Portfolio)*	An open ended low duration debt scheme investing in instruments such that the Macaulay duration of the portfolio is between 6 months to 12 months. A relatively low interest rate risk and moderate credit risk scheme.
5	PGIM India Money Market Fund	An open ended debt scheme investing in money market instruments. A relatively low interest rate risk and moderate credit risk scheme.
6	PGIM India Short Duration Fund	An open ended short term debt scheme investing in instruments such that the Macaulay duration of the portfolio is between 1 year to 3 years. A moderate interest rate risk and moderate credit risk scheme.
7	PGIM India Gilt Fund	An open ended debt scheme investing in government securities across maturities. A relatively high interest rate risk and relatively low credit risk scheme.
8	PGIM India Dynamic Bond Fund	An open ended dynamic debt scheme investing across duration. A relatively high interest rate risk and relatively low credit risk scheme.
9	PGIM India Corporate Bond Fund	An open ended debt scheme predominantly investing in AA+ and above rated corporate bonds. A relatively high interest rate risk and moderate credit risk scheme.
10	PGIM India Banking & PSU Debt Fund	An open ended debt scheme predominantly investing in Debt instruments of banks, Public Sector Undertakings, Public Financial Institutions and Municipal Bonds. A relatively high interest rate risk and moderate credit risk scheme.

*The scheme has 1 segregated portfolio which was created under PGIM India Credit Risk Fund. Main portfolio of PGIM India Credit Risk Fund was merged with PGIM India Low Duration Fund w.e.f. January 22, 2022

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN -	RIA -		ARN -		

*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) (refer instruction no. 2)

I confirm that I am a First time investor in Mutual Funds. OR I confirm that I am an existing investor in Mutual Funds.

Go Green Initiative

Opt-in – Physical

Opt-out – Email

Refer instruction no. 12

3. EXISTING FOLIO NUMBER

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

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.			

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																			

6. SOLE / FIRST APPLICANT'S DETAILS

Mandatory

Name# _____ Gender# (please ✓) Male Female

Date of Birth/Incorporation#

D	D	M	M	Y	Y	Y	Y
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 Proof of DOB of Minor enclosed (please ✓) Passport Birth Certificate Other _____ please specify

PAN# _____ CKYC / KIN _____

Legal Entity Identification* _____ **Applicable for Non-Individuals only*

Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name) # _____

PAN# _____ CKYC / KIN _____ Natural Guardian Legal Guardian\$

Mailing Address [P. O. Box Address is not sufficient] _____

_____ City _____

Pincode _____ (Mandatory) State _____ Country _____

Phone (Off.) _____ Fax No. _____ Phone (Res) _____

If we confirm, below contact details are of (Pls select (✓) any) Primary holder ^Family (Specify relationship) _____

Mobile No.# _____ Email ID# _____

^"Family" for this purpose shall mean self, spouse, dependent children and dependent parents. \$ Enclose supporting documents

Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address) _____

_____ City _____

State _____ Country _____ Zip Code# _____

All fields are Mandatory

Status: (Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP
 Minor through guardian Company Fils PIO Body Corporate Society/Club Sole Proprietorship
 Non Profit Organisation Financial Institution NBFC Others _____ (please specify)

Occupation: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form

(i) Foreign Exchange / Money Changer Services Yes No ^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of
 (ii) Gaming / Gambling / Lottery / Casino Services Yes No States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations,
 (iii) Money Lending / Pawning Yes No important political party officials, etc.

SECOND APPLICANT'S DETAILS

Mandatory

Name# _____ Gender# (please ✓) Male Female

Date of Birth#

D	D	M	M	Y	Y	Y	Y
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 Proof of DOB (please ✓) Passport Birth Certificate Other _____ please specify

PAN# _____ CKYC / KIN _____

Pincode _____ (Mandatory) Phone (Off.) _____ Mobile No.# _____

Phone (Res) _____ Email ID _____

Status: (Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP
 Minor through guardian Company Fils PIO Body Corporate Society/Club Sole Proprietorship
 Non Profit Organisation Financial Institution NBFC Others _____ (please specify)

Occupation: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

^ 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.

All fields are Mandatory

THIRD APPLICANT'S DETAILS

Mandatory

Name# _____ Gender# (please ✓) Male Female

Date of Birth#

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 Proof of DOB (please ✓) Passport Birth Certificate Other _____ (please specify)

PAN# _____ CKYC / KIN _____

Pincode _____ (Mandatory) Phone (Off.) _____ Mobile No.# _____

Phone (Res) _____ Email ID _____

Status: (Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP
 Minor through guardian Company FIs PIO Body Corporate Society/Club Sole Proprietorship
 Non Profit Organisation Financial Institution NBFC Others _____ (please specify)

Occupation: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on

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 (Not older than 1 year)

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)[^] I am Related to Politically Exposed Person (RPEP) Not applicable
[^] 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.

All fields are Mandatory

7. INVESTMENT & PAYMENT DETAILS The name of the first/ sole applicant must be pre-printed on the cheque.

Mode of Investment Lump Sum Only SIP Only (First investment cheque is optional) Lump Sum with SIP Micro Investment

Scheme Name **PGIM INDIA** Plan _____ Option Growth* IDCW** *Default Option
 IDCW** Facility Payout of IDCW** Re-Investment of IDCW** (**Refer instruction no. 7) IDCW** Frequency[§]: _____ *Default Facility

Transfer of IDCW** (TIDCW)[§] to **PGIM INDIA** ([§]Please refer to SID / addendum thereof for schemes available for Transfer of IDCW and IDCW Frequency)

Lumpsum Investment

Payment Type [Please ✓] 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

SIP Investment

Monthly SIP Amount (figure) _____ (words) _____

SIP Frequency (Please ✓ any one) Monthly Quarterly SIP Date:

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 (Any date of the month except 29/30/31) No. of Instalment _____

Start Date

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 End Date

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 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/ Auto Debit Facility 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 _____

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

PGIM **ONE TIME MANDATE FORM** (*Mandatory field)

UMRN

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 For office use

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 Date*

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Sponsor Bank Code

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 CITI000PIGW Utility Code

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 CITI 00002000000037

CREATE MODIFY CANCEL I/We hereby authorize

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 PGIM INDIA MUTUAL FUND to debit (Please ✓)

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 SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number*

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With Bank* _____ Name of customers bank _____ IFSC*

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 MICR*

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an amount of Rupees*

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 Amount in words _____ ₹ In Figures _____

FREQUENCY* Mthly Qtly H-Yrly As & When presented DEBIT TYPE* Fixed Amount Maximum Amount

Reference - 1

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 Application no. / Folio number Phone No

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Reference - 2

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 Email ID

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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

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 To

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 OR 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.

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 ^A			
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. ^AIn 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.pgimindiafm.com

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 by the investor in the OTM mandate.

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 as 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.
- PGIM India MF 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.

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 Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **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

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One Time Mandate Form

(Including SIP registration/SIP Top up facility)

Investors must read the Key Information Memorandum and the instructions before completing this Form.



1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIIN*
ARN -	RIA -		ARN -		

In case the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 3 related to EUIIN. **As allotted by ARN holder *Employee Unique Identification Number
 Upfront 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.
 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.

Please check 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.

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.

3. SIP DETAILS (MANDATORY)

New SIP Registration SIP renewal Change in OTM (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, Section 4 to be filled in mandatorily)

Scheme _____ Plan _____

Option (✓) Growth* OR Payout of IDCW** OR Reinvestment of IDCW** Transfer of IDCW** IDCW** Frequency _____

Payment Type [Please (✓)] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form') (**Refer Instruction No. 2)

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) 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 MYYYYY _____ To MYYYYY _____

SIP Top Up (Optional) - Available only for investments effected through Auto Debit.
 Top Up Amount ₹ Refer Instructions _____ Top Up Frequency Half Yearly* Yearly
 Top Up to continue till SIP amount reaches^ ₹ _____ OR Top Up to continue till# DDMMYYYY (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached.

*Default option if not selected

It is the date from which SIP Top Up amount will cease

** PEKRN required for Micro investments upto Rs. 50,000 in a year

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that 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 different competing Schemes of various Mutual Funds from amongst which the Scheme is 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. Applicable to Micro Investors (Delete if not applicable): I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

SIGNATURE(S)
 (Applicants must sign as per Common Application Form)

Sole/1st Applicant/Guardian/Authorised Signatory/POA 2nd Applicant/Guardian/Authorised Signatory/POA 3rd Applicant/Guardian/Authorised Signatory/POA

4. OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT

PGIM India Mutual Fund ONE TIME MANDATE FORM (*Mandatory field)

UMRN _____ For office use _____ Date* DDMMYYYY _____

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

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 Qlty 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 _____
 OR 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.