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.



	DIA and	A DAI	ADN / DIA Nome		Cub broker ADN code	Cub broker ende **	EUIN*	
ARN code	RIA code	ANN	ARN / RIA Name		Sub broker ARN code	Sub broker code **	-	
RIA -					ARN -		E165274	
In case the Employee Unique Identification Number (EUIN) box has been left blank please refer point 3 related to EUIN. **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 vif the EUIN space is left blank: I/We hereby confirm that the EUIN 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 Hold	der First Name	Mic	Idle Name		Last Name	Folio No.		
3. SIP DETAI	LS (MANDATORY)							
	SIP Registration	□ SI	P renewal		Change in OTM (for a SIP registered earlie	r)	
					ondinge in or in (ior a on registerea carne	"/	
	ndate is already registered in t	the folio. Please fill, Unique	Mandate (UMRN)		Account No.			
Debit Bank Name OTM Debit Man	ndate to be registered in the fo	blio. (If selected, Section 4 to	be filled in manda	atorily)	Account No.			
Scheme		,		,, 		Plan		
Dption (✓) ☐ Growth* OR ☐ Dividend Payout OR ☐ Dividend Reinvestment ☐ Dividend Sweep ☐ Dividend Frequency ☐ Divi								
Payment Type [Please (🗸)] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')								
1st Instalment Detai	ls Amt. (₹)	Chq/DD No	Dated: DDM	MYYYY	Drawn on:			
☐ SIP Investment (Please ✓ any one) ☐ Monthly ☐ Quarterly Second and Subsequent Instalment Details: (All subsequent instalment amounts								
SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) should be same as the first instalment.) Instalment Amount ₹								
OR SIP Date: D D (Any date of the month except 29 / 30 / 31)								
SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details								
Cheque Nos. From					Till I/We instruct to discontinue the SIP Please mention			
Dated F	rom DDMMYYYY	ToDDM	MYYYY	Enrolment F	Period: FromM	<u> Түүүү</u> То	MMYYYY	
SIP Top Up (O	ptional) - Available only for inv	vestments effected through	Auto Debit.					
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# □ □ M M Y Y Y Y Y (Please ✓ any one)								
^ SIP Top Up will cease once the mentioned amount is reached. *It is the date from which SIP Top Up amount will cease *Default option if not selected *PEKRN required for Micro investments upto Rs. 50,000 in a year								
· · · · · · · · · · · · · · · · · · ·								
ECLARATION & 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 irough participation in Auto Debit. If the transaction his 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 so 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								
ommissions (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 ne/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. pplicable 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								
pplicable to Micro	Investors (Delete if not applicate sexceeding ₹ 50,000 in a year.	cable): I/We hereby declare	that I/We do not h	ave any exist	ing Micro Investments which	h together with the curren	application will result in	
	J,							
SIGNATURE(S) (Applicants must sign								
as per Common								
Application Form)	Form) 🗶 Sole/1 st Applicant/Guardian/Authorised Signatory/POA 💃 2 nd Applicant/Guardian/Authorised Signatory/POA 💃 3 nd Applicant/Guardian/Authorised Signatory/POA						sed Signatory/POA	
A OTH DEDIT MANDATE FORM FOR NACH / FOR / AUTO DEDIT								
4. OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT								
PGIM India Mutual Fun	Mutual Fund			JRIVI		ata* D D M M	(*Mandatory field)	
			office use	1		ate* D D M M	1 1 1 1	
CREATE ✓ .	Sponsor Bank Code	CITI000PIGV		Ui	ility Code	CITI 00002000000	0037	
MODIFY X	/We hereby authorize	PGIM INDIA MU	ITUAL FUND		to debit (Please ✓)	SB / CA / CC / SB-NRE	/ SB-NRO / Other	
	Bank a/c number*							
With Bank*	Name of cu	ustomers bank	IFS	SC*		MICR*		
an amount of Rupees* Amount in words ₹ In Figures								
FREQUENCY* X Mthly X Qtly X H-Yrly As & When presented DEBIT TYPE* X Fixed Amount								
Reference - 1	-1 Application no. / Folio number Phone No							
Reference - 2 Email ID								
I agree for the debit of PERIOD*	f mandate processing charges by the	he bank whom I am authorizing	to debit my account	as per latest s	chedule of charges of the ban	k.		
From D D	MMYYYY	x x Signature of first	account holder	y y Signal	ure of second account ho	lder VV Signature of	third account holder	
To D D	M M Y Y Y Y	AA Olymature or ill'st	account HOIGE	~ ~ Olyllal	are or second account no	A Digitature Of	ama account noidel	
OR X Until	Cancelled	Name of first acco	unt 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.

GENERAL GUIDELINES

- 1. This form should only be used by existing investors for the following:
- Registering One Time Mandate/ Systematic Investments/ Lump sum/ NACH under existing folios through Auto Debit/ Post Dated Cheques
- b) Renewal of SIP investments
- c) Change in Bank details for Auto Debit for existing SIPs.
- 2. Please read the Scheme Information Document(s) carefully before investing.
- Please countersign in accordance with your mode of holding against any corrections that you make in this Form
- PERMANENT ACCOUNT NUMBER (PAN): It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account

Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement.

5. KNOW YOUR CUSTOMER (KYC)

KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.

- Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely.
 In the absence of any necessary information, your application would be rejected.
- Completed forms may be submitted to the nearest Investor Service Center of PGIM India Mutual Fund or Karvy.

INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

1. Distributor Information

- In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
- b) Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
- Quoting of EUIN is mandatory in case of advisory transactions.
- d) Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- e) Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor
- f) Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
- g) Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ARN-14/12-13 dated July 13, 2012.

2. APPLICANT'S DETAILS:

- a) Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2.
- b) Please provide us with CKYC form for you to comply with the revised KYC requirements. For more details, please visit our website http://www.pgimindiamf.com and download the CKYC form

3. SIP DETAILS:

- a) Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name - Direct Plan" for e.g. "PGIM India Midcap Opportunities Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
- b) Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- c) Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.

- d) The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
 - Minimum amount per instalment
 - · Minimum number of instalments
 - Aggregate investment via SIP
- e) Please furnish/indicate the below mentioned details with respect to your systematic investment
 - i) Scheme/Plan/Option and Dividend Frequency, where applicable.
 - ii) SIP Instalment Amount
 - iii) SIP Frequency Monthly or Quarterly. Please tick the appropriate option.
 - iv) SIP Dates (Monthly/Quarterly) All dates available of the month except 29/30/31.
 - v) Your preferred SIP Payment Mode Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
 - If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
- f) Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).

SIP TOP UP INSTRUCTIONS (Optional):

This sections is to be filled only if the investor wish to increase the SIP amount on half yearly/ yearly basis by pre-decided incremented amount.

- SIP Top-Up Facility: Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
- The minimum amount of increase under SIP Fixed Amount Top-Up facility should be Monthly SIP: Rs. 500/- and in multiples of Rs.100/- thereof.
 Quarterly SIP: Rs. 1000/- and in multiples of Rs. 100/- thereof.
- SIP Top-Up frequency in case of investors availing Monthly SIP facility will be half yearly and yearly
 and for availing Quarterly SIP facility, the frequency will be yearly. In case the SIP Top-Up frequency
 is not indicated under Monthly SIP, it will be considered as half yearly.
- b. Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme h. Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- c Payments made by Cash/Money Order/Postal Order, Non- MICR cheque, outstation cheques are not accepted.
- for detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website www.pgimindiamf.com and also refer to scheme related documents.

ONE TIME MANDATE INSTRUCTIONS FOR NACH / AUTO DEBIT

- 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 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
- 4. 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.
- 6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 7. Utility Code of the Service Provider will be mentioned by PGIM India Mutual Fund
- 8. 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.
- 11. 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.
- 2. 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.
- 14. 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.