

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.



PGIM
India Mutual Fund

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 →	Relatively Low (Class A)	Moderate (Class B)	Relatively High (Class C)
Interest Rate Risk ↓			
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 1)* • 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 1)*	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.



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

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN - 64917	RIA -		ARN -		E434563

*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. EXISTING FOLIO NUMBER	GO GREEN INITIATIVE
Folio No. <input type="text"/> The details in our records under the folio number mentioned alongside will apply for this application.	<input type="checkbox"/> Opt-in – Physical <input type="checkbox"/> Opt-out – Email Refer instruction no. 12

3. MODE OF HOLDING (Please) Single OR Anyone or Survivor OR Joint (Default option)

4. 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.	

5. SOLE / FIRST APPLICANT'S DETAILS

Mr Ms Mrs M/S (Please)

Name Gender (Please) Male Female

Date of Birth/Incorporation 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) Refer instruction no. 6

PAN CKYC / KIN Natural Guardian Legal Guardian^s ^s Enclose supporting documents

Mailing Address (as per KYC records)

Pincode State City

Country

I/ we confirm, below contact details are of (Please select () any) Primary holder ^Family Specify relationship

Mobile No. Email ID

^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.

Phone (Off) Fax No. Phone (Res)

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

Pincode State City

Country

ADDITIONAL KYC DETAILS

Tax 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

Non-Profit Organization (NPO):

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013) Yes No

If yes, please quote Registration No. of Darpan portal of Niti Aayog Enclosed relevant documentary proof evidencing the above definition.

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

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 (Not older than 1 year)

For Individuals [Please]: I am Politically Exposed Person (PEP)^a 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 (ii) Gaming / Gambling / Lottery / Casino Services Yes No (iii) Money Lending / Pawning Yes No

^a 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.

FATCA DETAILS		^ Refer Instructions page no. 9 (FATCA & CRS Instructions)
FATCA Declaration No.	Are you a Tax Resident of any Country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FATCA & CRS Details: For Individuals (Mandatory). Non Individual - investors should mandatory fill separate FATCA/CRS Detail Form		
The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<i>*Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.</i>		
Country of tax resident	1.	2.
Tax Payer Ref ID No.	1.	2.
Identification Type	1.	2.
In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.		
Country of Birth:	City of Birth:	Country of Nationality:
If TIN is not available, Please ✓ the reason A, B or C (as defined below): Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		

SECOND APPLICANT'S DETAILS		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs (Please ✓) Name _____		
PAN _____	CKYC / KIN _____	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
I/we confirm, below contact details are of (Please select (✓) any) <input type="checkbox"/> Primary holder <input type="checkbox"/> ^Family _____ Specify relationship _____		
Mobile No. _____	Email ID _____	
^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.		
Phone (Off) _____	Phone (Res) _____	

ADDITIONAL KYC DETAILS		
Tax Status: (Please ✓)		
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Company <input type="checkbox"/> Fils <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Financial Institution <input type="checkbox"/> NBFC <input type="checkbox"/> Others _____ please specify _____		
Occupation:		
<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 <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ please specify _____		
Gross Annual Income:		
<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 OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DDMMYYYY (Not older than 1 year)		
For Individuals [Please ✓]: <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 ^ 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.		

FATCA DETAILS		^ Refer Instructions page no. 9 (FATCA & CRS Instructions)
FATCA Declaration No.	Are you a Tax Resident of any Country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FATCA & CRS Details: For Individuals (Mandatory). Non Individual - investors should mandatory fill separate FATCA/CRS Detail Form		
The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<i>*Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.</i>		
Country of tax resident	1.	2.
Tax Payer Ref ID No.	1.	2.
Identification Type	1.	2.
In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.		
Country of Birth:	City of Birth:	Country of Nationality:
If TIN is not available, Please ✓ the reason A, B or C (as defined below): Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		

THIRD APPLICANT'S DETAILS		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs (Please ✓) Name _____		
PAN _____	CKYC / KIN _____	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
# I/we confirm, below contact details are of (Please select (✓) any) <input type="checkbox"/> Primary holder <input type="checkbox"/> ^Family _____ Specify relationship _____		
Mobile No. _____	Email ID _____	
^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.		
Phone (Off) _____	Phone (Res) _____	

ADDITIONAL KYC DETAILS		
Tax Status: (Please ✓)		
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Company <input type="checkbox"/> Fils <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Financial Institution <input type="checkbox"/> NBFC <input type="checkbox"/> Others _____ please specify _____		
Occupation:		
<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 <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ please specify _____		
Gross Annual Income:		
<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 OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DDMMYYYY (Not older than 1 year)		
For Individuals [Please ✓]: <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 ^ 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.		

FATCA DETAILS

^ Refer Instructions page no. 9 (FATCA & CRS Instructions)

FATCA Declaration No. _____ Are you a Tax Resident of any Country other than India? Yes No

FATCA & CRS Details: For Individuals (Mandatory). Non Individual - investors should mandatory fill separate FATCA/CRS Detail Form

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

*Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.

Country of tax resident	1. _____	2. _____	3. _____
Tax Payer Ref ID No.	1. _____	2. _____	3. _____
Identification Type	1. _____	2. _____	3. _____

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

Country of Birth: _____ City of Birth: _____ Country of Nationality: _____

If TIN is not available, Please the reason A, B or C (as defined below): Reason A B C

6. BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof, incase the payout Bank account is different from the source Bank account.)

Bank Name _____ Branch _____
 Bank A/c No. _____ Account Type (Please Savings Current NRE NRO Others (please specify) _____
 Bank Address _____

 City _____
 Pincode _____ State _____ Country _____
 IFSC (11 digits)* _____ MICR (9 digits) _____ *This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

7. INVESTMENT DETAILS

Mode of Investment Lumpsum Lumpsum with SIP Standalone SIP SIP (First installment through cheque) Micro Investment

In case of single scheme the cheque should be drawn in favor of scheme name and for multiple schemes, cheque should be drawn in favor of "PGIM India Mutual Fund - Common Collection A/c"

Scheme / Plan	Growth	IDCW^	Payout	IDCW Reinvestment	Amount
PGIM INDIA _____ <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA _____ <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA _____ <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
Note: * If Multiple option is opted then the investment amount should match with the total amount.					TOTAL+ ₹ _____

(For Plans & Sub-options please see key scheme features). Allow maximum 3 schemes in one application.

^IDCW option is not available for FOF Schemes.

8. PAYMENT DETAILS

Payment Type (Please Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)
 Investment Amount _____ A DD Charges (if applicable) _____ B Total Amount _____ A+B
Mode of Payment Cheque Demand Draft Electronic Fund Transfer Existing OTM
 Cheque/DD Number _____ Date Drawn on Bank / Branch _____
UMRN No. _____ (If existing OTM) **UTR** _____ dated

9. TRANSFER OF IDCW

Transfer of IDCW** (TIDCW)[§] to **PGIM INDIA**
[§]Please refer to SID / addendum thereof for schemes available for Transfer of IDCW
 IDCW transfer plan is not available in schemes PGIM India Flexi cap fund, PGIM India Mid cap opportunities fund, PGIM India ELLS tax saver fund, PGIM India Dynamic Bond.



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

(*Mandatory field)

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 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
 To
 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.
 • Mandate "From" and "To" date should be only for 30 years

10. SIP INVESTMENT

Scheme / Plan	Growth	IDCW ⁺	Payout	IDCW Reinvestment	Amount
PGIM INDIA <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
Note: ⁺ If Multiple option is opted then the investment amount should match with the total amount.					TOTAL⁺ ₹ _____

Monthly SIP Amount (figure) _____ (words) _____

SIP Frequency (Please ✓ any one) Monthly Quarterly SIP Date: / / (Any date of the month & quarter) No. of Instalment _____

Start Date / / End Date* / / Maximum duration of 30 years.

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)* _____

SIP THROUGH AUTO DEBIT (OTM) (Please also fill and attach the SIP OTM Form available on page no. 5)

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 / / / / /

Note: *Existing Mandate should be valid for the enrolled period.

11. SIP TOP-UP

SIP Top Up (Optional) - Available only for investments effected through OTM.

Top Up Amount ₹ _____ Top Up Frequency (✓) Half Yearly* Yearly

Top Up to continue till# / / / maximum duration of 30 years (Please ✓ any 1) OR Top Up to continue till SIP amount reaches* ₹ _____

[^] 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.

12. NOMINATION DETAILS (To be filled in by individuals singly or jointly, Mandatory only for Investors who opt to hold units in Non-Demat Form)

Nominee Name Date of Birth / / / / /

Address _____ Relationship with applicant _____ Nominee (%) _____

Name of Guardian (in case nominee is a minor)

Declare that I / We do not wish to appoint a nominee for our investments in the above folio. I / We understand that in the event of death of all unit holder(s) in the folio, the legal heirs for the unit holders would need to submit all requisite documents for transmitting the units in favour of the legal heir based on applicable legal / regulatory requirements at the stage of initiation of the transmission request.

If you wish to appoint multiple nominees, please use the multiple nomination form available or visit our website to update nomination.

13. 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/FNCR 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 / / / / /

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 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.
- The validity of the mandates can be only for a maximum duration of 30 years or below from the Start Date.