SIP_V1.1 March 2024

SIP TRANSACTION FORM

Single / Multiple SIP Option
Please read the instructions before filling up the Application Form. Tick () whichever is applicable, strike out whichever is not required.



4 DISTRIBUTOR	NECOMATION	. , , , , , , , , , , , , , , , , , , ,	•	
1. DISTRIBUTOR ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code EUIN*
ARN - 1678	RIA -	7 aut 7 to 7	ARN -	E 087722
"execution-only" transact	tion (only where EUIN box is left	to the AMFI registered Distributors based on the investo olank). I/We hereby confirm that the EUIN box has been i bove distributor/sub broker or notwithstanding the advice orize you to share my/our transactions data feed/portfolio	ntentionally left blank by me/us as this transac	tion is executed without any interaction or advice b
2. UNIT HOLDER	R DETAILS (Mandatory)			(# Mandatory field
Name of Unitholde (Name as per PAN Holde			Last Name	DOB#[
Father's name:		Mo	ther's name:	
Folio No.				f the 1st holder is below 18 years of age, PAN copy mandato
	New SIP Registration	Investment Details: Monthly	<u>`</u>	(* Mandatory field
In case of multiple	schemes, cheque should Scheme / Plan	be drawn in favour of "PGIM India Mutual Growth IDCM		1 10 10 11
	Ochemie / Flan		ut Reinvestment	SIP Date DD (Any date of the mon & quarter)
PGIM INDIA			Minimum Rs. 1	SIP Period
			₹ Minimum Rs.	From DD/MM/YYYY
PGIM INDIA			₹ Minimum Rs.	To* DD/MM/YYYY
			TOTAL ² ₹	Maximum duration of 40 years
Initial Investment	Details Amt. (₹)	Cheque No	Dated:	Drawn on:
	available for FOF schemes, ² If M the details in the space provided t	ultiple SIP option is opted then the investment amount shoelow.	ould match with the total SIP amount, ³ For N	ew SIP registration if you are using the existing OT
SIP renewal	Change in OTM (F	or SIP registered earlier - OTM to be filled in man	datorily)	
PGIM INDIA		eme Plan	Option Amount ₹	
Frequency: Mo	· — ·		MM/YYYY To DD/MM/Y	Maximum duration of 40 years
	, ,	ed in the folio. Please fill, Unique Mandate (U		
Debit Bank Name		6 W	Account No. [
<u> </u>	idate to be registered in the	folio. (If selected, OTM to be filled in mandatorily)	Note: *Existing N	Mandate should be valid for the enrolled period
4. SIP TOP-UP				
Top Up Amount ₹				☐ Half Yearly* ☐ Yearly
Top Up to contir		maximum duration of 40 years (Please ✓ any 1)		
* Default option if no		e from which SIP Top Up amount will cease. re that the particulars given above are correct and expre	^ SIP Top Up will cease once the mention	
participation in Auto De	ebit. If the transaction his delaye	ed or not effected at all for reasons of incomplete or in	correct information. I/We would not hold the	e user institution responsible. I/We will also infor
form of trail commission	n or any Other mode), payable to	e have read and agreed to the terms and conditions me on him for different competing Schemes of various Mutua	al Funds from amongst which the Scheme is	recommended to me/us. For investors investing
		ot recommended or advised me/us regarding the suita t have any existing Micro Investments which together v		
SIGNATURE (S) (Applicants must sign as p	×	×	×	
(Applicants must sign as p Common Application Forn	er Sole/1st Applicant/Guardia	n/Authorised Signatory/POA 2nd Applicant/Guard	ian/Authorised Signatory/POA 3rd A	pplicant/Guardian/Authorised Signatory/POA
				/ 010
PGI	TAT	ME MANDATE FORM FOR NACH / EC	CS / AUTO DEBIT / LUMPSUM	/ SIP (*Mandatory field)
India Mutu	al Fund UMRN	For diffige us	e Dat	e* D D M M Y Y Y Y
CREATE ✓	Sponsor Bank Code	CITI000PIGW		CITI 00002000000037
MODIFYX	I/We hereby authorize	PGIM INDIA MUTUAL FUND	to debit (Please 🗸) Si	B / CA / CC / SB-NRE / SB-NRO / Other
CANCELX	Bank a/c number*			
With Bank*	Name of cu	stomers bank IFSC	*	MICR*
an amount of R		Amount in words		₹ In Figures
FREQUENCY*	X Mthly X Qtly	X H-Yrly ✓ As & When presented	DEBIT TYPE* 🕱 Fi:	xed Amount ✓ Maximum Amount
Reference - 1	_ , _ ,	cation no. / Folio number	Phone No	waximum Amount
	Арріі	cation no. / Folio number		
Reference - 2			Email ID	
Maximum perio	d of validity of this manda	by the bank whom I am authorizing to debit my account a ate	s per latest schedule of charges of the bank.	
is 40 years only				
,	•			
PERIOD*		X X Signature of first account holder	X X Signature of second account holds	er XX Signature of third account holder
	M M Y Y Y	xx Signature of first account holder	x x Signature of second account holds	er xx Signature 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.

 Maximum period of validity of this mandate is 40 years only.