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 → **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 Money Market Fund (No. of Segregated Portfolio)*	**C-I** NIL
Moderate (Class II)	**A-II** NIL	**B-II** NIL	**C-II** NIL
Relatively High (Class III)	**A-III** • PGIM India Gilt Fund • PGIM India Dynamic Bond Fund • PGIM India CRISIL IBX Gilt Index - Apr 2028 Fund	**B-III** • PGIM India Corporate Bond 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 Money Market Fund (No. of Segregated Portfolio 1)*	An open ended debt scheme investing in money market instruments. A relatively low interest rate risk and moderate credit risk scheme.
5	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.
6	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.
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 CRISIL IBX Gilt Index - Apr 2028 Fund	An open-ended Target Maturity Index Fund investing in constituents of the CRISIL-IBX Gilt Index - April 2028. A relatively high interest rate risk and relatively low credit risk

* 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 which was further merged with PGIM India Money Market Fund w.e.f. September 30, 2023.)

CAF_V1.1 February 2024

PGIM India Mutual Fund

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

COMMON APPLICATION FORM

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

PGIM India Mutual Fund

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN - 307640	RIA -		ARN -		E584535

*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

2. EXISTING FOLIO NUMBER

Folio No. ☐ The details in our records under the folio number mentioned alongside will apply for this application.

GO GREEN INITIATIVE

☐ Opt-in – Physical
☐ Opt-out – Email
Refer instruction no. 11

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.		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 D D M M Y Y Y Y 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. 5

PAN ______ CKYC / KIN ______ ☐ Natural Guardian ☐ Legal Guardian$ $ Enclose supporting documents

Mailing Address (as per KYC records) ______

City ______

Pincode ______ State ______ 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)

City ______

Pincode ______ State ______ Country ______

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ Minor through guardian ☐ Company
☐ FIIs ☐ 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 D D M M Y Y Y Y (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 (ii) Gaming / Gambling / Lottery / Casino Services ☐ Yes ☐ No (iii) Money Lending / Pawning ☐ 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 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

SECOND APPLICANT'S DETAILS

☐ Mr ☐ Ms ☐ Mrs (Please ✓) Name

PAN CKYC / KIN Gender (Please ✓) ☐ Male ☐ Female

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) Phone (Res)

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ Minor through guardian ☐ Company
☐ FIIs ☐ 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 (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.

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

THIRD APPLICANT'S DETAILS

☐ Mr ☐ Ms ☐ Mrs (Please ✓) Name

PAN CKYC / KIN Gender (Please ✓) ☐ Male ☐ Female

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) Phone (Res)

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ Minor through guardian ☐ Company
☐ FIIs ☐ 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 (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.

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 ______	☐ Regular ☐ Direct	☐	☐	☐	₹ ______
PGIM INDIA ______	☐ Regular ☐ Direct	☐	☐	☐	₹ ______
PGIM INDIA ______	☐ Regular ☐ Direct	☐	☐	☐	₹ ______
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. SIP INVESTMENT DETAILS

Refer Instruction no. 7

Scheme / Plan		Growth	IDCW^ Payout	IDCW Reinvestment	Amount
PGIM INDIA ______	☐ Regular ☐ Direct	☐	☐	☐	₹ ______
PGIM INDIA ______	☐ Regular ☐ Direct	☐	☐	☐	₹ ______
PGIM INDIA ______	☐ Regular ☐ Direct	☐	☐	☐	₹ ______
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: D D (Any date of the month & quarter) No. of Instalment ______
Start Date M M Y Y Y Y End Date* M M Y Y Y Y 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 D D M M Y Y Y Y From To D D M M Y Y Y Y
Note: *Existing Mandate should be valid for the enrolled period.

9. 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 D D M M Y Y Y Y Drawn on Bank / Branch ______
UMRN No. ______ (If existing OTM) **UTR** ______ dated D D M M Y Y Y Y

10. 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# DD/MM/YYYY 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.

11. 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 D D M M Y Y Y Y

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 unitholder(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.

12. 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 theTrustee 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 applicablelaws 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 fulfiling 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)

1st Applicant / Guardian / POA Signature	2nd Applicant / POA Signature	3rd Applicant / POA Signature

Date D D M M Y Y Y Y Place ______

PGIM
India Mutual Fund

ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMPSUM / SIP

(*Mandatory field)

UMRN For office use Date* D D M M Y Y Y Y

CREATE ✓ MODIFY X CANCEL X

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* X Mthly X Qtly X H-Yrly ✓ As & When presented DEBIT TYPE* X 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 D D M M Y Y Y Y
To D D M M Y Y Y Y
OR X 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 were I have authorized the debit.
- Mandate "From" and "To" date should be only for 30 years

GENERAL GUIDELINES FOR COMMON APPLICATION FORM

a. Please read the Scheme Information Document/Key Information Memorandum of the Scheme carefully before investing.

b. Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.

c. The application form should be completed in ENGLISH and in BLOCK LETTERS.

d. All cheques, demand drafts and pay orders should be crossed "Account Payee only" and made in favour of "Scheme Name A/c First Investor Name" or "Scheme Name A/c Permanent Account No.".

e. If the Scheme name on the application form and on the payment instrument are different, the application may be processed and units allotted at applicable NAV of the scheme mentioned in the application / transaction slip duly signed by investor(s).

f. Any over-writing / changes made while filling the form must be authenticated by canceling the original entry, re-entering correct details and ensuring that all applicants counter-sign against each correction.

g. Investors must write the application form number / folio number on the reverse of the cheque / demand draft.

h. FATCA Declaration: Individual investors, please fill in FATCA / CRS annexure and attach along with Application form. Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form available on our website

i. In case of new individual investors who are not CKYC compliant, please fill the CKYC form issued by Central KYC Registry (CKYC) appended in the form and also available on our website.

j. In case of existing individual and non individual investors who are KYC compliant, please provide the KYC acknowledgement issued by the KYC Registration Agency.

k. Please strike off sections that are not applicable.

INSTRUCTIONS FOR COMMON APPLICATION FORM

1. DISTRIBUTOR INFORMATION

a. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based onthe investors'assessmentofvarious factors including the service renderedbythe distributor.

b. Please mention 'DIRECT' in case the application is not routed through any distributor.

c. Pursuant to SEBI circular dated September 13, 2012, mutual funds have created a unique identity number of the employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products, in addition to the AMFI Registration Number (ARN) of the distributor. This Employee Unique Identification Number is referred as "EUIN". EUIN aims to assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leaves the employment of the distributor or his/her sub broker. 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 and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / IDCW Reinvestments, Redemption, SWP Registration.

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.

h. **TRANSACTION CHARGES**

In accordance with SEBI Circular No. IMD/ DF/13/ 2011 dated August 22, 2011read with circular no. CIR/ IMD/ DF/ 21/ 2012 dated September 13, 2012 , the AMC/ Fund shall deduct a Transaction Charge on per purchase / subscription of Rs. 10,000/- and above, as may be received from new investors (an investor who invests for the first time in any mutual fund schemes) and existing investors. Investors are requested to note that no transaction charges shall be deducted from the investment amount for transactions / applications received from the distributor (i.e. in Regular Plan) and full subscription amount will be invested in the Scheme.

2. EXISTING INVESTORS OF PGIM INDIA MUTUAL FUND (PGIMIMF)

If you are an existing investor please fill your existing folio number, so the unit will alloted in the same folio. If it left blank, then new folio number will be generate.

3. MODE OF HOLDING

Please select mode of holding, if option left blank then default option of jointly will be considered.

4. UNIT HOLDING OPTION (Demat / Non - Demat Mode)

a. Investors can hold units in demat / non-demat mode. In case demat account details are not provided or details of DP ID / BO ID, provided are incorrect or demat account is not activated or not in active status, the units would be allotted in non-demat mode.

b. Statement of Accounts would be sent to Investors who are allotted units in non-demat mode.

c. Units held in dematerialiazed form are freely transferable with effect from October 01, 2011, except units held in Equity link savings Scheme during the lock-in period.

5. APPLICANT'S INFORMATION

a. Please furnish names of all applicants. The name of the Sole /First Applicant should be mentioned in the same manner in which it appears in the Income Tax PAN card. Please note the following:

- In case the applicant is a Non-Individual investor, the Contact Person's name should be stated in the space provided (Name of Guardian / Contact Person)
- In case the applicant is a minor, the Guardian's name should be stated in the space provided (Name of Guardian / Contact Person). It is mandatory to provide the minor's date of birth in the space provided.
- In case the application is being made on behalf of a minor, he / she shall be the Sole Holder/ Beneficiary. There shall be no joint account with a minor unitholder.

b. As per recent guidelines, Primary holders are required to provide their Email Address and Mobile number for ease of communications and to prevent fraudulent transactions.

c. If there is more than one applicant but the mode of holding is not specified, the same would be reated as Joint.

d. Please indicate the tax status of the sole/1 applicant at the time of investment. The abbreviations used in this section are :

NRI: Non-Resident Indian Individual, PIO: Person of Indian Origin, FII: Foreign Institutional Investor, NGO: Non Government Organization, AOP: Association of Persons, BOI: Body of Individuals, HUF : Hindu Undivided Family.

e. Where the investment is on behalf of a Minor by the Guardian:

- The Minor shall be the first and sole holder in the account.
- No Joint holders are allowed. In case an investor provides joint holder details, these shall be ignored.

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.

1. 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.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. 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.
5. 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.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. 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.
12. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
13. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
14. 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.
15. For period selection investor has option to mention end date.
16. The validity of the mandates can be only for a maximum duration of 30 years or below from the Start Date.