

# 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.



**PGIM**  
India Mutual Fund

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -	RIA -		ARN -		
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.					
2. UNIT HOLDER DETAILS (Mandatory)					
Name of Unitholder: <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>					
Folio No. <input type="text"/> PAN <input type="text"/> Note: <sup>1</sup> Please mention Guardian pan if the 1st holder is below 18 years of age.					
3. SIP DETAILS - New SIP Registration <span style="float: right;">(*Mandatory field)</span>					
Investment Details <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					
In case of multiple schemes, cheque should be drawn in favour of "PGIM India Mutual Fund - Common Collection A/c"					
Scheme / Plan	Growth	IDCW <sup>1</sup> Payout	IDCW Reinvestment	Amount	SIP Date <input type="text"/> (Any date of the month & quarter)
PGIM INDIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> Minimum Rs. 1000	SIP Period From <input type="text"/> DD/MM/YYYY To* <input type="text"/> DD/MM/YYYY Maximum duration of 30 years
PGIM INDIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> Minimum Rs. 1000	
PGIM INDIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> Minimum Rs. 1000	
<b>TOTAL<sup>2</sup></b>					₹ <input type="text"/>
Initial Investment Details Amt. (₹) <input type="text"/> Cheque No. <input type="text"/> Dated: <input type="text"/> Drawn on: <input type="text"/>					
Note: <sup>1</sup> IDCW option not available for FOF schemes. <sup>2</sup> If Multiple SIP option is opted then the investment amount should match with the total SIP amount. <sup>3</sup> For New SIP registration if you are using the existing OTM mandate please provide the details in the space provided below.					
<input type="checkbox"/> SIP renewal <input type="checkbox"/> Change in OTM (For SIP registered earlier - OTM to be filled in mandatorily)					
PGIM INDIA <input type="text"/> Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/> Amount ₹ <input type="text"/>					
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SIP Date <input type="text"/> SIP Period: From <input type="text"/> DD/MM/YYYY To <input type="text"/> DD/MM/YYYY Maximum duration of 30 years.					
<input type="checkbox"/> <sup>3</sup> OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)* <input type="text"/>					
Debit Bank Name <input type="text"/> Account No. <input type="text"/>					
<input type="checkbox"/> OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled in mandatorily) Note: *Existing Mandate should be valid for the enrolled period.					
4. SIP TOP-UP					
Top Up Amount ₹ <input type="text"/> Top Up Frequency (✓) <input type="checkbox"/> Half Yearly* <input type="checkbox"/> Yearly					
<input type="checkbox"/> Top Up to continue till# <input type="text"/> DD/MM/YYYY maximum duration of 30 years (Please ✓ any 1) OR <input type="checkbox"/> Top Up to continue till SIP amount reaches^ ₹ <input type="text"/>					
* Default option if not selected. # It is the date from which SIP Top Up amount will cease. ^ SIP Top Up will cease once the mentioned amount is reached.					
<b>DECLARATION &amp; SIGNATURE(S)</b> : 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) <input checked="" type="checkbox"/> (Applicants must sign as per Common Application Form)		<input checked="" type="checkbox"/> Sole/1st Applicant/Guardian/Authorised Signatory/POA		<input checked="" type="checkbox"/> 2nd Applicant/Guardian/Authorised Signatory/POA	
		<input checked="" type="checkbox"/> 3rd Applicant/Guardian/Authorised Signatory/POA			



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

(\*Mandatory field)

UMRN <input type="text"/>	For office use <input type="text"/>	Date* <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/>
Sponsor Bank Code <input type="text"/> CITI000PIGW	Utility Code <input type="text"/> CITI 00002000000037	
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize <input type="text"/> PGIM INDIA MUTUAL FUND	to debit (Please ✓) <input type="text"/> SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY <input type="checkbox"/>	Bank a/c number* <input type="text"/>	
CANCEL <input type="checkbox"/>		
With Bank* <input type="text"/>	Name of customers bank <input type="text"/>	IFSC* <input type="text"/> MICR* <input type="text"/>
an amount of Rupees* <input type="text"/>	Amount in words <input type="text"/>	₹ <input type="text"/> In Figures <input type="text"/>
FREQUENCY* <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> As & When presented	DEBIT TYPE* <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference - 1 <input type="text"/>	Application no. / Folio number <input type="text"/>	Phone No <input type="text"/>
Reference - 2 <input type="text"/>		Email ID <input type="text"/>

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 <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/>	<input checked="" type="checkbox"/> Signature of first account holder	<input checked="" type="checkbox"/> Signature of second account holder	<input checked="" type="checkbox"/> Signature of third account holder
To <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/>	Name of first account holder* <input type="text"/>	Name of second account holder* <input type="text"/>	Name of third account holder* <input type="text"/>
OR <input checked="" type="checkbox"/> Until Cancelled			

- 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