SIP TRANSACTION FORM

Single / Multiple SIP Option





Please read the instruc	ctions before filling up the Applic	cation Form. Tick (🗸) whichever is applicable, strike	e out whiche	ver is not required.	•••	ala mutuai i ana		
1. DISTRIBUTOR	INFORMATION							
ARN code	RIA code	ARN / RIA Name		Sub broker ARN code	Sub broker code	EUIN*		
ARN -106392	RIA -	BLUECHIP STOCKS	,	ARN -		E-107715		
Upfront commission sha "execution-only" transact the employee/relationshi	Il be paid directly by the investor to tion (only where EUIN box is left blai ip manager/sales person of the above mentioning BIA code I/Mo authorized	the AMFI registered Distributors based on the investors' a nk). I/We hereby confirm that the EUIN box has been intenve distributor/sub broker or notwithstanding the advice of the properties and the properties held the properties of the properties	ssessment of tionally left bl n-appropriate	various factors including the ank by me/us as this transact ness, if any, provided by the	service rendered by the distinction is executed without any employee/relationship manage/s) managed by you with	stributor. Declaration for interaction or advice by ager/sales person of the		
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)								
Folio No. Note: 1 Please mention Guardian pan if the 1st holder is below 18 years of age. 3. SIP DETAILS - New SIP Registration (*Mandatory field)								
Investment Details Monthly 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 IDCW Amount SIP Date DD (Any date of the month								
Payout Reinvestment PGIM INDIA SIP Period SIP Period								
				₹Minimum Rs. 1				
PGIM INDIA				₹ Minimum Rs. 1		DD/MM/YYYY DD/MM/YYYY		
FOINI INDIA			TOTAL ²	₹ Minimum Rs. 1		ration of 30 years		
Initial Investment Details Amt. (₹) Cheque No Dated: Drawn on:								
Note: 1 IDCW option not available for FOF schemes. 2 If Multiple SIP option is opted then the investment amount should match with the total SIP amount. 3 For New SIP registration if you are using the existing OTM								
mandate please provide the details in the space provided below. SIP renewal Change in OTM (For SIP registered earlier - OTM to be filled in mandatorily)								
SIP renewal Change in OTM (For SIP registered earlier - OTM to be filled in mandatorily) PGIM INDIA Scheme Plan Option Amount ₹								
Frequency: Monthly Quarterly SIP Date DD SIP Period: From DD/MM/YYYY To DD/MM/YYYY Maximum duration of 30 years.								
OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)*								
Debit Bank Name Account No Account No.								
	date to be registered in the fo	lio. (If selected, OTM to be filled in mandatorily)		Note: *Existing N	andate should be valid fo	or the enrolled period.		
4. SIP TOP-UP								
Top Up Amount ₹								
□ Top Up to continue till* □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
DECLARATION & SIGNATURE(S): 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 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 also inform								
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 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								
from or 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 merus. 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)								
(Applicants must sign as pe Common Application Form	er Sole/1st Applicant/Guardian/A	uthorised Signatory/POA 2nd Applicant/Guardian/	Authorised Si	gnatory/POA 3rd Ag	oplicant/Guardian/Authorise	ed Signatory/POA		
ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMPSUM / SIP (*Mandatory field)								
PGI India Mutua	1/1	E MANDATE FORM FOR NACH / ECS	/ AUTO L	DEBIT / LUMPSUM /	SIP	(*Mandatory field)		
muia mutua	UMRN	Før dffide use		Date	* D D M M	YYYY		
	Sponsor Bank Code	CITI000PIGW	Utility	Code	CITI 000020000000	37		
CREATE ✓	I/We hereby authorize	PGIM INDIA MUTUAL FUND	to	debit (Please ✓) SB	/ CA / CC / SB-NRE /	SB-NRO / Other		
MODIFY X CANCEL X	Bank a/c number*			, , , _				
0/ 1/0 == [omers bank IFSC*			MICD*			
		an amount of Rupees* Amount in words ₹ In Figures FEECULENICY* ▼ Mthly ▼ Othy ▼ H Voly ▼ As & When presented DEPLITYPE* ▼ Fixed Amount ▼ Maximum Amount						
				DEDIT TVDE* V Civ		avimum Amount		
FREQUENCY*	X Mthly X Qtly	X H-Yrly ✓ As & When presented				aximum Amount		
FREQUENCY* Reference - 1	X Mthly X Qtly			Phone No		aximum Amount		
FREQUENCY* Reference - 1 Reference - 2	Mthly X Qtly Applica	▼ H-Yrly		Phone No Email ID		aximum Amount		
FREQUENCY* Reference - 1 Reference - 2 I agree for the debit of	Mthly X Qtly Applica	X H-Yrly ✓ As & When presented		Phone No Email ID		aximum Amount		
FREQUENCY* Reference - 1 Reference - 2 I agree for the debit of the de	Mthly X Qtly Applica	▼ H-Yrly		Phone No Email ID		aximum Amount		
FREQUENCY* Reference - 1 Reference - 2 I agree for the debit of PERIOD* From	Mthly X Qtty Applica of mandate processing charges by the processing	As & When presented tion no. / Folio number The bank whom I am authorizing to debit my account as pe	r latest sched	Phone No Email ID	ed Amount 📝 Ma			
FREQUENCY* Reference - 1 Reference - 2 I agree for the debit of PERIOD* From	Mthly X Qtly Applica	As & When presented tion no. / Folio number The bank whom I am authorizing to debit my account as pe	r latest sched	Phone No Email ID ule of charges of the bank.	ed Amount 📝 Ma	ird 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 bankwere I have authorized the debit. Mandate "From" and "To" date should be only for 30 years