

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
 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 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

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: Reason A B C ^ Refer Instructions page no. 9 (FATCA & CRS Instructions)

SECOND APPLICANT'S DETAILS

Mr Ms Mrs M/S (Please ✓) # Mandatory field

Name# (As per PAN/ITD records) _____ Gender (Please ✓) Male Female

Father's Name _____
 Mother's Name _____

PAN# (PAN copy mandatory) _____ DOB# | D | D | M | M | Y | Y | Y | Y | CKYC / KIN _____

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
 Fils 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 Instruction no. 8 (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: Reason A B C [^] Refer Instructions page no. 9 (FATCA & CRS Instructions)
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

Refer instruction no 7 (Investment details)

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

The cheque should be drawn in favor of "PGIM INDIA MULTICAP FUND"

Scheme	Plan	Growth	IDCW Payout	IDCW Reinvestment	IDCW Transfer*	Amount
PGIM INDIA MULTICAP FUND	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(For Plans & Sub-options please see key scheme features).

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 40 years or below from the Start Date.

8. SIP INVESTMENT

(Refer instruction 7)

I/We Would like to invest to meet My/Our financial goals - Child's Education Child's Marriage Wealth Creation
 Retirement Planning Dream Home Dream Vacation

To Scheme	Plan	Growth	IDCW Payout	IDCW Reinvestment	IDCW Transfer*	Amount
PGIM INDIA MULTICAP FUND	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 40 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. 3)
 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.

10. PAYMENT DETAILS

Payment Type [Please ✓] Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)
 Investment Amount DD Charges (if applicable) Total Amount
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

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 40 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 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 on page number 10 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/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)

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

Place _____