

SIP Pause Form

(For investment through ECS/NACH / Direct Debit)
(Please fill the form in block letter, all fields are mandatory.)

Folio No.		Date	D D M M Y Y Y Y	
Sole/First Applicant's Name	Mr./Ms./M/s			
Second Applicant's Name	Mr./Ms./M/s			
Third Applicant's Name	Mr./Ms./M/s			
Scheme Name: PGIM India				
Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment ☐ Dividend Sweep				
SIP Frequency* Please tick (✓) ☐ Monthly ☐ Quarterly SIP Pause Period: ☐ 1 Month ☐ 2 Months ☐ 3 Months				
SIP Amount:	Bank Name:			
A/c No.:	(* For SIP Frequency, refer instruction no. 2)			
MULTIPLE SIP DETAILS				
Scheme / Plan / Option	Frequency*	Pause Period	SIP Amount	Bank Details
	☐ Monthly	☐ 1 Month		Bank Name
	☐ Quarterly	☐ 2 Months		A/c No.
		☐ 3 Months		
	☐ Monthly	☐ 1 Month		Bank Name
	☐ Quarterly	☐ 2 Months		A/c No.
		☐ 3 Months		
	☐ Monthly	☐ 1 Month		Bank Name
	☐ Quarterly	☐ 2 Months		A/c No.
		☐ 3 Months		
DECLARATION:				
I/We hereby apply to PGIM India Mutual Fund for SIP Pause as per the details mentioned above and agreed to abide by terms and conditions and provisions of the Scheme Information Document as mentioned from time to time.				
Signature of Sole / First Unitholder	Signature of Second Unitholder	Signature of Third Unitholder		
(To be signed by Unitholders as per holding pattern)				

Folio No:**Scheme Name:****Plan:****Option:****SIP Amount:** ₹ **SIP Frequency:** ☐ Monthly ☐ Quarterly**SIP Pause Period:** ☐ 1 Month ☐ 2 Months ☐ 3 Months Please tick (✓) any one ☐ Single SIP ☐ Multiple SIP**Acknowledgment Stamp**