One Time Mandate Form

(Including SIP registration/SIP Top up facility)
Investors must read the Key Information Memorandum and the instructions before completing this Form.



1. DISTRIBU	TOR INFORMAT	TION							
ARN code	RIA o	code		ARN /	RIA Name		Sub broker ARN co	ode Sub broker code **	EUIN*
ARN-53321	L RIA -						ARN -		E054731
	e Unique Identification N		•	-	•		**As allotted by		nique Identification Number
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor. 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.									
Please if the EUIN space is left blank: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.									
2. APPLICANTS DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)									
Sole/First Unit Ho				Middl	le Name		Last Na	me Folio No	
3. SIP DETAILS (MANDATORY)									
New SIP Registration SIP renewal Change in OTM (for a SIP registered earlier)									
OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)									
Debit Bank Name Account No. Account No. OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)									
Scheme Plan									
Option (✓) Growth* OR Dividend Payout OR Dividend Reinvestment Dividend Sweep Dividend Frequency Payment Type [Please (✓)] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')									
, ,, ,			arty Payment			•		ent Declaration Form)	
1st Instalment Deta			Chq/DD No		Dated: DDM	M Y Y Y Y	Drawn on:		
SIP Investment (Please ✓ any one)									nt instalment amounts
OR						SIP Date:		Any date of the month except 29 /	30 / 31)
	POST-DATED CHEQU			talment che	eque Details	□ Till I/M/o	instruct to discontinue	the SIP	-
Cheque Nos. From To Dated From DDMMYYYY To DDMMYYYYY						☐ Till I/We instruct to discontinue the SIP Please mention			
Dated I	From DDM1	MYYYY	То	DDMN	M Y Y Y Y	Enrolment P		<u>M M Y Y Y Y</u> To	MMYYYY
SIP Top Up (0	Optional) - Available o	only for inv	estments effected	l through A	luto Debit.				
Top Up Amount ₹ Refer Instructions Top Up Frequency ☐ Half Yearly* ☐ Yearly									
Top Up to continue till SIP amount reaches [^] ₹ OR Top Up to continue till# □ □ □ M M Y Y Y Y Y (Please ✓ any one)									
^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top Up amount will cease									
**PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,000 in a year. **PEKRN required for Micro investments upto Rs. 50,0									
SIGNATURE(S) (Applicants must signas per Common Application Form)	n		norised Signatory/PO	A sc	2 nd Applicant/Gua		d Signatory/POA	★ 3 rd Applicant/Guardian/Autho	rised Signatory/POA
4. OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT									
PGIM ONE TIME MANDATE FORM (*Mandatory field)									
	UMRN			For of	lice use			Date* D D M M	YYYY
	Sponsor Bank Cod	de	CITI00	00PIGW		Ut	ility Code	CITI 0000200000	0037
CREATE V	I/We hereby author	rize	PGIM IN	DIA MUT	UAL FUND		to debit (Please ✓	SB / CA / CC / SB-NRE	/ SB-NRO / Other
MODIFY X CANCEL X	Bank a/c number*						, -		
		ne of o	etomore her	ık	IFE	*C*	<u> </u>	MICD*	
With Bank* Name of customers bank IFSC* MICR* MICR* an amount of Rupees* Amount in words ₹ In Figures									
an amount of Ki FREQUENCY*		Qtly [Dunt in V	words Vhen presented	4	DEBIT TYPE* •		igures Maximum Amount
Reference - 1	Z many Z		ation no. / Fo		<u> </u>		Phone No	Z i nouvillount	inaximum / imount
Reference - 2		1-1-1-10					Email ID		
	of mandata processing =	harace by th	o hank whom I are a	uthorizina t	a dahit mu assa::t	as nor latest -		n hank	
PERIOD*	of mandate processing c	marges by th	e parin wrioin i am a	aumonzing to	o debit my account	as per ratest so	medule of charges of the	s varif.	
From D D	M M Y Y	YY	xx Signatu	re of first a	ccount holder	xx Signat	ure of second accour	nt holder xx Signature of	third account holder
To D D OR X Unti	M M Y Y	YY	A1	E1	ná la ni si v	h1-	£	deat No. 277	
OR A Unit	I Cancelled		Name of	first accou	nt noider*	Name o	f second account hol	ger 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.