

# 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 -106392	RIA -	BLUECHIP STOCKS	ARN -		E-107715	
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: _____ First Name _____ Middle Name _____ Last Name _____						
Folio No. _____ PAN' _____ 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" value="DD"/> (Any date of the month & quarter)
PGIM INDIA _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ Minimum Rs. 1000	SIP Period From <input type="text" value="DD/MM/YYYY"/> To* <input type="text" value="DD/MM/YYYY"/> Maximum duration of 30 years
PGIM INDIA _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ Minimum Rs. 1000	
PGIM INDIA _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ Minimum Rs. 1000	
<b>TOTAL<sup>2</sup></b>					₹ _____	
Initial Investment Details		Amt. (₹) _____ Cheque No. _____ Dated: _____ Drawn on: _____				
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 _____ Scheme _____ Plan _____ Option _____		Amount ₹ _____				
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SIP Date <input type="text" value="DD"/> SIP Period: From <input type="text" value="DD/MM/YYYY"/> To <input type="text" value="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)* _____						
Debit Bank Name _____		Account No. _____				
<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 ₹ _____		Top Up Frequency (✓) <input type="checkbox"/> Half Yearly* <input type="checkbox"/> Yearly				
<input type="checkbox"/> Top Up to continue till# <input type="text" value="DD/MM/YYYY"/> maximum duration of 30 years (Please ✓ any 1) OR		<input type="checkbox"/> Top Up to continue till SIP amount reaches^ ₹ _____				
* 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. <b>For investors investing in Direct Plan:</b> I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. <b>Applicable to Micro Investors (Delete if not applicable):</b> 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)		x _____ Sole/1st Applicant/Guardian/Authorised Signatory/POA		x _____ 2nd Applicant/Guardian/Authorised Signatory/POA		
		x _____ 3rd Applicant/Guardian/Authorised Signatory/POA				



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

(\*Mandatory field)

UMRN \_\_\_\_\_ For office use \_\_\_\_\_ Date\*

Sponsor Bank Code  Utility Code

CREATE  I/We hereby authorize  to debit (Please ✓)

MODIFY

CANCEL  Bank a/c number\* \_\_\_\_\_

With Bank\* \_\_\_\_\_ Name of customers bank \_\_\_\_\_ IFSC\* \_\_\_\_\_ MICR\* \_\_\_\_\_

an amount of Rupees\* \_\_\_\_\_ Amount in words \_\_\_\_\_ ₹ \_\_\_\_\_ In Figures \_\_\_\_\_

FREQUENCY\*  Mthly  Qtly  H-Yrly  As & When presented DEBIT TYPE\*  Fixed Amount  Maximum Amount

Reference - 1  Phone No \_\_\_\_\_

Reference - 2 \_\_\_\_\_ Email ID \_\_\_\_\_

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

To

OR  Until Cancelled



x x \_\_\_\_\_ Signature of first account holder x x \_\_\_\_\_ Signature of second account holder x x \_\_\_\_\_ Signature of third account holder

\_\_\_\_\_ Name of first account holder\* \_\_\_\_\_ Name of second account holder\* \_\_\_\_\_ 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.
- Mandate "From" and "To" date should be only for 30 years