COMMON APPLICATION FORM

(To be Used / Distributed along with Scheme Information Document)

PGIM INDIA

An Application for scheme

Drawn on (Bank)

Along with Cheque / DD No. / UTR No.

Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form.

Please read the instructions before filling up the Application Form. Tick (\checkmark) whichever is applicable, strike out whichever is not required.



Application No.

Pursuant to SEBI Circular No. SEBI/HO/IMD/IMD/IDF3/P/CIR/2021/573 dated June 07, 2021 on Potential Risk Class (PRC) Matrix for debt schemes based on Interest Rate Risk and Credit Risk, PGIM India Asset Management Private Limited has positioned its debt schemes in terms of PRC matrix consisting of parameters based on maximum interest rate risk (measured by Macaulay Duration of the scheme) and maximum credit risk (measured by Credit Risk Value of the scheme). Accordingly, the debt schemes of PGIM India Mutual Fund are positioned in PRC matrix as follows:

			dit Risk Value of the scheme)	Potential R												
Credit R	Risk →	R	elatively Low		Modera	Relati	vely High									
Interest	Rate Risk ↓		(Class A)		(Class I	B)	(CI	ass C)								
Relatively Low (Class I)			A-I		B-I			C-I								
		PGIM India	Overnight Fund	PGIM India Lie PGIM India Ule PGIM India Lo PGIM India Mo PGIM India Mo	(No. of Segregated Portfolio	o 1)*	NIL									
Modera	te (Class II)		A-II	. DOIM	B-II		C-II									
			NIL	• PGIW	India Short Durat		NIL									
Relative	ely High (Class III)	PGIM India PGIM India	A-III Gilt Fund Dynamic Bond Fund		B-III India Corporate B India Banking and		C-III Nil									
Sr. No.	Name of the Schem	ne	Type of the Scheme				1									
1	PGIM India Overnight	Fund	An open ended debt scheme investing in overnight securities. A relatively low interest rate risk and relatively low credit risk scheme.													
2	PGIM India Liquid Fur	nd	An open ended liquid scheme. A relatively low interest rate risk and moderate credit risk scheme.													
3	PGIM India Ultra Shor	t Duration Fund	An open ended ultra-short t months. A relatively low int		•	•	ration of the portfolio is	between 3 months to 6								
4	PGIM India Low Durat Segregated Portfolio		·													
5	PGIM India Money Ma		An open ended debt schem													
6	PGIM India Short Dura	ation Fund	An open ended short term debt scheme investing in instruments such that the Macaulay duration of the portfolio is between 1 year to 3 years. A moderate interest rate risk and moderate credit risk scheme.													
7	PGIM India Gilt Fund		An open ended debt scheme investing in government securities across maturities. A relatively high interest rate risk and relatively low credit risk scheme. An open ended dynamic debt scheme investing across duration. A relatively high interest rate risk and relatively low credit risk scheme.													
9	PGIM India Dynamic E PGIM India Corporate		An open ended dynamic de An open ended debt schem			, ,										
	1 Olisi Iliala Gorporate	Dona i ana	credit risk scheme.	e predominantly inve-	and and	ove rated corporate bonds.	A relatively high interest	Tate 113K and moderate								
10	PGIM India Banking &	PSU Debt Fund	An open ended debt scheme Municipal Bonds. A relative				Undertakings, Public Fi	nancial Institutions and								
The schen anuary 22		tfolio which was c	reated under PGIM India Cred	dit Risk Fund. Main po	rtfolio of PGIM India	a Credit Risk Fund was mer	ged with PGIM India Low	Duration Fund w.e.f.								
I. DIST	RIBUTOR INFOR	RMATION														
ARN	code	RIA code		ARN / RIA Name		Sub broker ARN code	Sub broker code **	EUIN*								
RN -	RIA -					ARN -										
luding the s claration for vice by the distributor	service rendered by the di or "execution-only" transac employee/relationship ma //sub broker.	stributor. stion (only where EL anager/sales person	ARN holder. Upfront commission JIN box is left blank). I/We here on of the above distributor/sub but ur transactions data feed/portfor	bby confirm that the EU roker or notwithstanding	N box has been inten the advice of in-appr	ntionally left blank by me/us a ropriateness, if any, provided	s this transaction is execu by the employee/relations	ted without any interaction hip manager/sales person								
		uardian														
			PPLICATIONS THRO			(Please ✓ any one of										
	rm that I am a First ti					stor in Mutual Funds.		o Green Initiative								
	TING FOLIO NUM				The details in o	ur records under the folio numl	per	Opt-in – Physical								
. MOD	E OF HOLDING	☐ Single (OR Anyone or Survivo	or OR 🗌 Join	t (Default option)			Opt-out – Email fer instruction no. 12								
. DEM	AT ACCOUNT DE	TAILS Ki	indly fill the below details	for allotment of un	its in demat mode	•										
	Na	ational Securities De	epository Limited			Central Depository	Services (India) Limited									
epository l	Participant Name				Depository Participa	ant Name										
P ID	IN	Beneficiary	y A/c No.		Beneficiary A/c No.	,										
								>								
CKNO	WLEDGMENT SL	IP (To be filled in l	by the investor)			Application	No.									
		\				1.1										

Dated

Amount ₹

PAN

6. SOLE / FIRST APPLICANT'S DETAILS	[#] Mandatory												
Name#	Gender# (please ✓) ☐ Male ☐ Female												
Date of Birth/Incorporation# □ □ □ M M Y Y Y Y □ Proof of DOB of Minor enclosed (please ✓) □ Passport □ Birth Certificate □ Otherplease specify													
PAN# CKYC / KIN													
Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name) #													
PAN# CKYC / KIN	Natural Guardian Legal Guardian\$												
Mailing Address [P. O. Box Address is not sufficient]													
City													
Pincode (Mandatory) State Country													
Phone (Off.) Fax No. Phone (Res)													
# I/ we confirm, below contact details are of (Pls select (🗸) any) 🗆 Primary holder 🗀 ^Family (Specify relationship)													
Mobile No.# Email ID#													
^"Family" for this purpose shall mean self, spouse, dependent children and dependent parents. \$ Enclose supporting documents													
Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)													
City													
State Country Country	Zip Code#												
Status: Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust (Please ✓) Minor through quardian Company Fils PIO Body Corporat	HUF AOP												
, , Millor fillough guardian Company Fils Filo Body Corporat	e Society/Club Sole Proprietorship (please specify)												
Non Profit Organisation Financial Institution NBFC Others Occupation: Private Sector Service Public Sector Service Government Service Business Professional Housewife Student Forex Dealer Others (Please specify) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 cred	Agriculturist Retired												
□ Housewife □ Student □ Forex Dealer □ Others (Please specify) □													
Gross Annual	ore >1 crore 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 ^ PEP are defined as individuals who are or have been entrusted with prominent public	functions in a foreign country or a Heads of												
(ii) Gaming / Gambling / Lottery / Casino Services Yes No States or of Governments, senior politicians, senior Government/judicial/ military office													
SECOND APPLICANT'S DETAILS	# Mandatory												
Name#	Gender# (please ✓) ☐ Male ☐ Female												
Date of Birth# □ □ □ M M Y Y Y Y □ Proof of DOB (please ✓) □ Passport □ Birth Ce	ertificate Other please specify												
PAN# CKYC / KIN													
Pincode (Mandalory) Phone (Off.) Mobile No.#													
Phone (Res) Email ID													
Status: □ Resident Individual □ NRI-Repatriation □ NRI-Non Repatriation □ Partnership □ Trust (Please ✓) □ Minor through guardian □ Company □ FIIs □ PIO □ Body Corporat	HUF AOP e Society/Club Sole Proprietorship												
☐ Non Profit Organisation ☐ Financial Institution ☐ NBFC ☐ Others	(please specify)												
Non Profit Organisation Financial Institution NBFC Others	Agriculturist Retired												
Housewife	ore												
Income: OR Net worth (Mandatory for Non-Individuals) ₹ as on □□□□	M M Y Y Y Y (Not older than 1 year)												
For Individuals [Please \checkmark]:	or politicione, conior Coucernantification and												
^ 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, seni officers, senior executives of state owned corporations, important political party officials, etc.	or politicians, senior Government/Judicial/ military												

THIRD APPLICA	ANT'S DETAILS			# Mandato
Name#				Gender# (please ✓) ☐ Male ☐ Fem
Date of Birth#	D D M M Y Y	Y Y	of of DOB (please ✓) ☐ Passp	ort Birth Certificate Other please specify
PAN#		CKYC / KIN		
Pincode (N	Mandatory) Phor	ne (Off.)		Mobile No.#
Phone (Res)		Email ID		
Status: (Please ✓)	Minor through guardian	NRI-Repatriation NRI-Non Repatriation Company FIIs Financial Institution NBFC		Trust
Occupation:		Public Sector Service Government Service Student Forex Dealer	Business Others (Please specify)	Professional Agriculturist Retired
Gross Annual Income:		I-5 Lacs 5-10 Lacs	10-25 Lacs	>25 Lacs-1 crore
^ PEP are defined as ir officers, senior executiv	ie I am Politically Exposed P ndividuals who are or have been entrus ves of state owned corporations, impor	erson (PEP)^	country, e.g., Heads of States or of Go	Not applicable vernments, senior politicians, senior Government/judicial/ militar
		(First investment cheque is optional) Lum		t
		L CIDOMITE		Option Growth* IDCW** *Default Option
IDCW** Facility Transfer of IDCW**	,	ment of IDCW** (**Refer instruction no. 7) (\$PI	IDCW** Frequency [§] :	*Default Facilit or schemes available for Transfer of IDCW and IDCW Frequenc
Lumpsum Investm		(41)	case relet to OID / addendam microon	of scribings available for Transfer of Ibow and Ibow Frequence
Payment Type [P	Please ✓] ☐ Third Party Pay of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	ment (Please attach 'Third Party Payment Decl Cheque / DD / Pa Instrument No. 8	yment	7) Drawn on Bank / Branch
SIP Investment				
Monthly SIP Amount (fi	igure)	(words)		
, ,	✓ any one)		of the month except 29/30/31)	No. of Instalment
	YYY End Date MMYYY		. ,	
	JTO DEBIT (ECS/Direct Debit/NACH) F DST-DATED CHEQUE Second & subsec	Please also fill and attach the SIP OTM/ Auto De	bit Facility Form	То
	tioned, next applicable SIP cycle date v	would be applied for proceeding	ates From	To
ONE TIME M		CH / ECS / AUTO DEBIT / LUMP		
India Mutual F	Fund			
	UMRN Sponsor Bank Code	For office use	Utility Code	Date* D D M M Y Y Y Y
CDEATE	I/We hereby authorize	CITI000PIGW PGIM INDIA MUTUAL FUND		CITI 0000200000037 SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY X	Bank a/c number*	FGIIN INDIA NOTOAL FOND	to debit (Please	SB/CA/CC/SB-NRE/SB-NRO/Other
With Bank*	Name of cus	tomers bank	SC*	MICR*
an amount of Ru		Amount in words		₹ In Figures
FREQUENCY*		H-Yrly As & When presente	d DEBIT TYPE*	X Fixed Amount Maximum Amount
Reference - 1	Applica	tion no. / Folio number	Phone No	
Reference - 2			Email ID	
PERIOD* From D D To D D	of mandate processing charges by the	bank whom I am authorizing to debit my account	t as per latest schedule of charges of t X X Signature of second accounts	
OR Unti	il Cancelled	Name of first account holder*	Name of second account he	older* 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.

	e of the	Bank																		Branc	n														
Acco	ount No.																	Accoun	t Type	☐ Sa	vings		urre	nt	1	NRO		NRE		Others	s [
Banl	< Addres	SS																																	
inco	ode					S	tate													City															
MICR Code (9 digits)							*This is an 11 Digit Number, kind it from your cheque copy or Ban																												
	FATC	ΛΛΝ	וח כ	DS INI	-OPI	ИΔТ	ION	/for I	ndivii	dual i	nalud	ina Ca	olo Dr	onriot	or) /9	olf C	`ortif	ication)	(Ear No	n Indi	idual	nonor	ata fa	rm t	o ho	oubn	nittod	1)	⊐ IL II O	iii you	i ciic	que c	ору о	Dail	N DIO
	Please in	Yes, please provide the following information [n ease indicate all countries in which you are resi Category															fere	nce Nun			olicant	/ Gua	rdian							Th	ird Ap	plica	nt		
	Category								First Applicant (including Minor) Second Applicant/ Guardian										Third Applicant																
	Place/ City of Birth																																		
	Country of Birth																																		
	Country of Tax Residency#																																		
Mailuatory	Tax Pay	er Re	. ID N	۸																															
	Identific	Identification Type [TIN or other, please specify]																																	
		of Ta	Resid	ency 2																															
-	Country	01 10.		Tax Payer Ref. ID No. 2																															
			. ID N	. 2																															
-	Tax Pay	er Re		IN or oth	er, plea	ise sp	ecify]																												
	Tax Pay	yer Re	ype [7	IN or oth	er, plea	ise sp	ecify]							_	_	_	_		_			_	_												
	Tax Pay	eation of Tax	ype [7	IN or other	er, plea	ise sp	ecify]																												
	Tax Pay Identification Country Tax Pay	yer Renation Target of Target Per Renation Target Per	ype [7 Resid	IN or other																															

For Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form available on our website www.pgimindiamf.com

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.
- 3. 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.
- 4. 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.

- 6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 7. Utility Code of the Service Provider will be mentioned by PGIM India Mutual Fund
- 8. 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.
- 12. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- 13. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking
- 14. 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.
- 15. For period selection investor has option to mention end date or select until cancelled, please note that if both the option are selected then the mandate would be rejected.

10. NOMINATION DETAILS	(10 be filled in by individuals singly or jointly. Mai	ndatory only for investors who opt to hold units in	Non-Demat Form)
	hereby nominate the undermentioned Nominee(s) to receilominee(s) and Signature of the Nominee(s) acknowledgin		
Nominee Details	Nominee 1	Nominee 2	Nominee 3
Name			
Address			
PAN			
Date of Birth			
Relationship			
Proportion (%)*			
Name and Address of Guardian (to be furnished in case the nominee is minor)			
Signature of Guardian / Nominee			
*(%) by which the units will be shared by	each nominee (% to aggregate to 100%)		
11. DECLARATION AND SIG	NATURES		
memorandum of the respective Scheme(s) a Scheme(s) of PGIM India Mutual Fund, as in gifts, directly or indirectly in making this invest the purpose of contravention or evasion of at the normal of the commissions (in the form of recommended to me/us. I/We declare that the Mutual Fund, I/We hereby authorise the AMI	We have read and understood the contents of the Stateme and Addenda thereto, issued from time to time and the Ir ndicated above and agree to abide by the terms, conditions stment. I/We declare that I am/We are authorised to make ny Act, Regulation, Rule, Notification, Directions or any other trail commission or any other mode), payable to him fe information given in this application form is correct, comp C/PGIM India Mutual Fund to redeem the units against the action Charges as applicable. I/We agree to notify PGIM Ir	nstructions. I/We, hereby apply to theTrustee of PGIM Ir s, rules and regulations of the relevant Scheme(s). I/We I this investment and the amount invested in the Scheme in her applicablelaws enacted by the Government of India for the different competing Schemes of various Mutual plete and truly stated. In the event of my/our not fulfilling the funds invested by me/us at the applicable NAV as on the second of the secon	ndia Mutual Fund for allotment of units of the respective have neither received nor been induced by any rebate or is through legitimate sources only and is not designed for or any Statutory Authority. The ARN holder has disclosed Funds from amongst which the Scheme(s) is/are being le KYC process to the satisfaction of the AMC/PGIM India the date of such redemption. I/We agree that PGIM India

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 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.

Place

Date D D M M

Signature(s)

NOMINATION DETAILS