

NON-FINANCIAL REQUESTS FORM (1/2)

Please read instructions carefully. Please strike of sections that are not applicable.



Folio No.

Date

Name of 1st Holder: _____ PAN¹

Name of 2nd Holder: _____ PAN

Name of 3rd Holder: _____ PAN

¹Please mention Guardian PAN if the 1st holder is below 18 years of age.

CONTACT DETAILS

If the E-Mail Address or Mobile Number provided below is not yours and instead belongs to a family member, please specify relationship :

Email _____

Email address specified above belongs to (Please) Spouse Guardian (investors below 18 years of age)
 Others _____ Please specify

Mobile

Mobile Number specified above belongs to (Please) Spouse Guardian (investors below 18 years of age)
 Others _____ Please specify

PAN / KYC Please enclose: Self attested copy of PAN card KYC

	1st Applicant / Guardian	2nd Applicant	3rd Applicant
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>

FATCA & CRS INFORMATION (For Individual Investors including Sole Proprietor. Non Individual investors should mandatorily fill separate FATCA form)

	1st Applicant	2nd Applicant	3rd Applicant	Guardian /POA
Place of Birth				
Country of Birth (✓)	<input type="checkbox"/> India <input type="checkbox"/> Others _____ Please specify	<input type="checkbox"/> India <input type="checkbox"/> Others _____ Please specify	<input type="checkbox"/> India <input type="checkbox"/> Others _____ Please specify	<input type="checkbox"/> India <input type="checkbox"/> Others _____ Please specify
Nationality (✓)	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____ Please specify	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____ Please specify	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____ Please specify	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____ Please specify
Are you a tax resident of any country other than India (✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes: Mandatory to enclose FATCA / CRS Annexure			

CONSOLIDATION OF FOLIOS

I / We wish to consolidate all my / our investments in the below folios into the target folio.

Folios to be consolidated (i.e. Source Folios):

1. 2. 3.

Target folio~[MANDATORY] : This folio has to be one of the source folios.

Please note that your information in the target folio will over-ride any information provided in the source folio. If you have not registered a nominee for your investments in the target folio, please do so by logging on to our web site or filling up the nomination form available on our web site.

BANK DETAILS Change Primary Bank Add New Bank

Bank A/c No.

Account Type (Please ✓) Savings Current NRE NRO Others _____ (please specify)

Bank Name _____ Bank City _____

IFSC (11 digits) MICR (9 digits)

New bank details (Attach any one of the following) (✓)

A cancelled original cheque leaf/self attested copy of cancelled cheque. (Name of the first holder should be printed on the face of the cheque leaf)

Self attested photocopy of bank passbook or bank account statement (Having entries not older than 3 months)

REISSUANCE OF STALE INSTRUMENTS

Instrument No. Instrument Date Amount

- I/We request you to reissue the above instrument after necessary revalidation without change in bank details.
- I/We request you to cancel the above instrument and credit the sum to my bank details registered in the folio indicated above.

Note: Please refer page 2 for signing the request.

NON-FINANCIAL REQUESTS FORM (2/2)

Please read instructions carefully. Please strike of sections that are not applicable.



Folio No.

Name of 1st Holder: _____ PAN

CHANGE OF IDCW^s OPTION

Scheme PGIM INDIA Plan Regular Direct
Option Growth IDCW Payout IDCW Reinvestment
I / We would like to change our IDCW Preference as indicated below :
 IDCW Payout to IDCW Reinvestment IDCW Reinvestment to IDCW Payout
^s IDCW stands for Income Distribution cum Capital Withdrawal. Earlier called Dividend option

CANCELLATION OF REGISTRATION FOR SYSTEMATIC TRANSACTIONS

I / We would like to cancel my registration for SIP STP SWP as per details below :
Scheme PGIM INDIA Plan Regular Direct
Option Growth IDCW Payout IDCW Reinvestment
Installment Date Installment Amount
Frequency Daily Weekly Monthly Quarterly

SIP PAUSE

Scheme PGIM INDIA Plan Regular Direct
Option Growth IDCW Payout IDCW Reinvestment
SIP Amount SIP Date
SIP Frequency Daily Weekly Monthly Quarterly
I / We would like to pause our SIP instalments as per details below
 1 month 2 months 3 months 1 quarter (Quarterly SIPs can be paused only for 1 quarter).
Starting MM - YYYY

CHANGE IN MODE OF HOLDING (to be signed by all unit holders in the folio)

Joint to Anyone or Survivor Anyone or Survivor to Joint

CHANGE IN TAX STATUS

Resident Indian to Non Resident Indian Non Resident Indian to Resident Indian
Overseas Address: (Mandatory in case of change in status from Resident Indian to Non-Resident Indian. Should be same as in KRA records)

BANK ACCOUNT DETAILS (To be mandatorily provided if investor has given change in tax status from RI to NRI or vice versa)

Bank A/c No.
Account Type (Please Savings NRE NRO Others _____ (please specify)
Bank Name _____ Bank City _____
IFSC (11 digits) MICR Code (9 digits)
Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

SIGNATURE(S)

<input checked="" type="checkbox"/>		
1st Unitholder	2nd Unitholder	3rd Unitholder

To be signed by (a) Guardian in case of unit holders below 18 years of age; (b) Power of Attorney holder for investments made under a power of attorney; (c) Authorised Signatories in case of non-individual unit holders.