STP MODIFICATION FORM



Distrib	outor Code	Sub-Distributor	Sub-Distributor Code	EUIN*
ARN	l - 95789	RIA -		104467
INVESTOR	DETAILS (Please p	rovide the following details in full)		# Mandato
ame [#] :	Firs	t Name	Middle Name	Last Name
olio No [#] .				
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EXISTING S	Frist/Sole Unitholder	r/Gaurdian Second Unith	older Third Unitholder	
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Scheme PG		-, <u>-</u>	Plan	
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			Date DID M M Y Y Y Y Ending Date	'
		ssed on all business days)		
			No. of Instalments	
-		ate) Del (Any date of the month)	^For FOF	scheme only Monthly frequency is availa
NEW STP D		Amount End Date		
om Scheme _			Plan	
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Scheme PG			Plan	
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		Starting ssed on all business days)	Date Date Ending Date	
		ssed on an business days) Tue Wed Thu Fri N	No. of Instalments	
		te) [D D] (Any date of the month)		W option is not available for FOF Schen
		ES (To be signed as per the Existing Mod	de of Holding) spective Scheme(s) of PGIM India Mutual Fund, as indicated	Labous and agree to abide by the ter
nditions, rules ar urces only and is any Statutory Au PGIM India Mut e commissions (i commended to m cheme / plan. Plateraction or advice	nd regulations of the r not designed for the p thority. I/We have read ual Fund. I/We have re n the form of trail con e/us. For investors investors in page 3 if the EUIN spe by the employee/relate	relevant Scheme(s). I/We declare that I am/We are ourpose of contravention or evasion of any Act, Reging d and understood the contents of the respective Sci- neither received nor been induced by any rebate of nmission or any other mode), payable to him for the vesting in Direct Plan: I/We hereby agree that the Allace is left blank: I/We hereby confirm that the EUIN	e authorised to make this investment and the amount invesulation, Rule, Notification, Directions or any other applicable I heme Information Document, Statement of Additional Informor gifts, directly or indirectly in making this transaction. The different competing schemes of various Mutual Funds frow Mc has not recommended or advised me/us regarding the sull box has been intentionally left blank by me/us as this is an utor or notwithstanding the advice of in-appropriateness, if an	ted in the Scheme is through legitim laws enacted by the Government of In ation and Key Information Memorand RRN holder has disclosed to me/us om amongst which the Scheme is be itability or appropriateness of the prod "execution only" transaction without a
vestor Details		Holder 2nd Ho		
Name				Date DDMMYYYY
GNATURE (S)	×	×	×	Place
				1 1400
		STPI	nstructions	
			nission of the form (excluding Submission date).	
		Target Schemes as on the date of enrolment on aption amount' specified in the SID of Scheme	e and 'Minimum application amount' specified in the SI	D of the Target Schemes will not
applicable for		he mentioned in amount (Multiple of E00)		-
		I be mentioned in amount (Multiple of 500). ailed, investor cannot modify the STP details for	or next 6 months.	
	tion is applicable for		ily any day from Manday to Friday	
STE MODIFICA		any date for monthly, quarterly, weekly and dai be available for STP registered via Exchange a		
STP modifica Change of Pla	an and Change of B	roker is not allowed for STP modification form gistration request will remain the same for STI		

PGIM India Mutual Fund	Acknowledgment Slip (To be filled in by the Investor)	Acknowledgment Stamp
maia mataan rana	☐ STP Amount ☐ Date	
Folio No.	Date D D M M Y Y Y Y	
Received from Mr./Ms./Mrs.		