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PRUDENTIAL TO MUTUAL FUND	Common A Investor must re All sections to b	ad Key Sch	eme Features	and Instru	ctions befo	ore completi	ng this fo	rm.	nts Plan			Applica	ation No.	
RIA/I	CODE (ARN CODE PMRN CODE#	Ξ)/	SUB	-BROKER A	ARN COD	Е	(As	SUB-BROKER allotted by A	RN holder)			Employee Uni entification No.	(EUIN)	
<u> </u>	IA/PMRN code, I/w		<u> </u>					-						l. h m.a
us as this is an "ex	cecution-only" tran cecution-only" tran s, if any, provided b	saction with	out any inter	raction or ac	lvice by th	e employee/	relationsh	ip manager/sal	es person of th	ne above	distributor	or notwithstan	ding the a	
SIGNATUF	RE OF SOLE / FIR	ST APPLIC	ANT	S	IGNATUF	RE OF SEC	OND API	PLICANT		SIGNA	ATURE OF	THIRD APPL	ICANT	
TRANSACTION C  • In case the purchase cable from the purchase	e/subscription amount f	Rs 10,000/- or	more and your [	Distributor has	opted to rec	eive transaction	ns charges,	the same are dedu		Existing	j Folio No.			/
directly by the investor														
1. APPLICAN SOLE / 1 <sup>ST</sup> APPLICANT	T(S) DETAILS Mr. Ms. M/s	S (Please refe	er to Instruction	n No. II (b) &	IV) (Name s	hould be as pe	the PAN)	MIDDLE				LAST		
PAN/PEKRN*			KYO	C Id No.¥	Enclose	ed (Please 🗸)	§* KYC	Acknowledgeme	ent Letter	Date o	of Birth**	MY	Y	YY
LEI Number												Mandatory for nstruction No. X		
	(in case First/Sole		nor)/CONTAC	T PERSON-DI	ESIGNATIO	·		of Non-Individual	Investors)				., pags	,
Mr. Ms.	1,000	FIRST				MID			<u> </u>		LAST			
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DED A DOLLO A BIT	• [									D	D M	M Y	Y Y	Y
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BANK ACC Mandatory information unit holders optimized	OUNT (PAY-C mation – If left b ng to hold units in de	OUT) DE lank the a	TAILS OF	SOLE/F	IRST A	PPLICAI ted. (Mandat	VT (Plea ory to atta	ise Refer to In ich proof, in case	struction No e the pay-out ba	o. III)				count.)
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3. INVESTME CICI Prudential or investors invest							Pla	an:		0	Option:			
Reserve), which is p	part of sale price the	nat represen	ts realized ga	iins.	Mo	de of Pay	ment	Cheque		Funds	Transfer	○ NEFT	RTGS	
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PRUDENTIAL	ACKNO To be filled in	WLEDG	EMENT	SLIP (Ple		in this Slip	)	atory Information	Applic	ation No	<u> </u>			
MUTUAL FU	- p		9 (MTNL/BS	SNL) 1800	200 666	6 (OTHERS	) EMAIL	.: enquiry@io	_ cicipruamc.c		ING FOLIO	/	amc.com	 1

6. MODE OF HOLE		○ Single	O Joint O Anyone	e or Survivor (Default)			
7. TAX STATUS [PI			_	_		_	_
	□NRI	☐ Partners		Government Body	FPI category I	□ NPS Trust	☐ Bank
	☐ Company ☐ Body Corporate			☐ FPI category II ☐ Public limited compa	□ NON Profit Orga Iny □ FPI category III	mization/charities ☐ Defence Establish	ment
	☐ Trust/Society/NG0		' '	Sole Proprietorship	Others (Please		
8. DEMAT ACCOU	IT DETAILS (Ont	onal Place	o rofor Instruction N	o VII			
NSDL: Depository Participant			nt Number (NSDL only)		Depository Participant (DP) I	D (CDSL only)	
9. FATCA AND CR						ired for all applicants/guardia	an.
Ivon-marviduai investor		y of Birth		Country of Birth	W IIIIOITIlatioit is requ	Country of Citizenship / Nation	
First Applicant / Guardia				,	○ Indian ○ U	.S. Others (Please specify)	
Second Applicant					<u></u>	.S. Others (Please specify)	
					<del>- + <u> </u></del>		
Third Applicant	<u> </u>			O., O.,		.S. Others (Please specify)	
Are you a tax resident (i.e., a				Yes No	[Please tick (✓)] a Citizen/Resident / Green	Card Holder / Tax Resident in the re	espective countries
TEO PIOGOS IIII IOI TIEE OOG	Country of Tax	· · · · · ·		ation Number or	Identification		ailable please tick (🗸)
	Country of lax	nesidelicy	Function	al Equivalent	(TIN or other pleas	e specify) the reason A, B	or C (as defined below)
First Applicant / Guardia						Reason: A	B 🗌 C 🗌
Second Applicant						Reason: A	B □ C □
Third Applicant	1					Reason: A	B
☐ Reason A ⇒ The co	I untry where the ∆cc	ount Holder	is liable to pay tay o	does not issue Tay I	L dentification Numbers		-
□ Reason B ⇒ No TII	I required (Select thi	s reason On	ly if the authorities of			do not require the TIN to be	collected)
□ Reason C ⇒ Other Address Type of Sole/1			: Address Type of 2n	4 Holder		Address Type of 3rd Holder:	
Residential Register	_		Residential Reg			Residential Registered Officers	ce O Business
Annexure I and Annexure							
10. KYC DETAILS	• • •						
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		blic Sector Ser		ent Service O Bu	siness OP	ofessional O Agriculturist	○ Retired
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Gross Annual Income	DI 4:-1. / /\1						
Sole/First Applicant	Below 1 Lac 01-5 La			-		Y Y Y Y (Not older than	1 vear)
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Sole/First Applicant  Second Applicant  Third Applicant  Others [Please tick ( ✓ )]  Sole/First Applicant  For Non-Ind (i) Foreign Exception	Below 1 Lac O 1-5 La Net worth (Mandatory Below 1 Lac O 1-5 La Below 1 Lac O 1-5 La  als [Please tick ( )]: C  viduals [Please tick ( )	or Non-Individucs 5-1 cs 5-1 I am Politically I (Please attactions)	uals) ₹  10 Lacs	as a	on D M M  crore O > 1 crore OI  crore O > 1 crore OI  cr	R Net worth ₹ R Net worth ₹ PEP) Not applicable	
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Sole/First Applicant  Second Applicant  Others [Please tick ( / )]  For Individus For Non-Ind (i) Foreign Exc Second Applicant  Third Applicant  Third Applicant  Off  Name and addres (Please tick if Nosame as 1st/Sole  Nomi  Nomi  Other Details (optional)  Nominee 1  Nominee 2  Nominee 3	Below 1 Lac O 1-5 La Net worth (Mandatory is Below 1 Lac O 1-5 La Is [Please tick ( ")]: O Viduals [Pl	or Non-Individues 5-1 cs 5-1 cs 5-1 cs 5-1 l am Politically ] (Please attactervices — O Y (PEP) Rel (PEP) Rel (PEP) Rel attraction VII Applicat Relation: with the Nomine	uals) ₹  10 Lacs	as c acs > 25 Lacs-1 o acs > 26 Lacs-1 o acs > 27 Lacs-1 o acs > 28 Lacs-1 o acs > 2	on D M M crore O > 1 crore OI crore OI crore O > 1 crore OI	R Net worth ₹ R Net worth ₹ PEP)  Not applicable or instruction no. IV(h)): NO; (iii) Money Lending / Par mount to my/our credit in event of Guardian, if nominee is a minor  Email ID Email ID Email ID Email ID	my/our death as follows:  Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
Sole/First Applicant  Second Applicant  Third Applicant  Others [Please tick ( / )]  For Individu For Non-Ind (i) Foreign Exc Second Applicant  Third Applicant  Third Applicant  11. NOMINATION  Name and addres (Please tick if No same as 1st/Sole  Nomi Nomi  Nomi  Other Details (optional)  Nominee 1  Nominee 3  INVESTOR(S) DEC ment/Key Information Memora	Below 1 Lac O 1-5 La Net worth (Mandatory is Below 1 Lac O 1-5 La Below	or Non-Individuces	uals) ₹  10 Lacs	as cacs > 25 Lacs-1 of acs > 25	on D M M crore >1 crore OI cro	R Net worth ₹ R Signature of Nominee / R Guardian, if nominee is a minor  R Signature of Nominee / R Guardian, if nominee is a minor  R Email ID	wning — O YES O NO  my/our death as follows:  Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)  Scheme Information Docuard of Direct Taxes notified
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Sole/First Applicant  Second Applicant  Third Applicant  Others [Please tick ( / )]  For Individus  For Non-Ind  (i) Foreign Exc  Second Applicant  Third Applicant  Third Applicant  11. NOMINATION  Name and addres  (Please tick if No same as 1st/Sole  Nomine  Nomine  Other Details (optional)  Nominee 1  Nominee 2  Nominee 3  INVESTOR(S) DEC  ment/Key Information Memora Rules 114 F to 114H, as part of AMFI, Prevention of Money La applicable to Plans/Options un is through legitimate sources We agree that in case my/our ito bring my/our investment be The ARN holder has disclosed Scheme is being recommende	Below 1 Lac  1-5 La Net worth (Mandatory is Below 1 Lac  1-5 La Be	I am Politically  [Pease attactervices — Yellow  [Pease attact	In Item 10 to 10	as a cacs > 25 Lacs-1 of acs > 2	itically Exposed Person (R 30) declaration form - Refe Casino Services - YES Not applicable Not applicable ominee(s) to receive the a ddress of Guardian is a minor (Mandatory)]  and, (We have read, understood g Standards (CRS) under FA is, conditions, rules and reg confirm to have understood r indirectly, in making this in any other applicable laws e udential Asset Management with the current application him for the different compe lecal, letc. I/we declare ti	R Net worth ₹  R Net worth ₹  R Net worth ₹  PEP)	my/our death as follows:  Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)  Scheme Information Doculard of Direct Taxes notified intory requirements of SEBI, the pattern, and risk factors unt invested in the Scheme any Statutory Authority. I refund the excess to me/us seding Rs.50,000 in a year. Is from amongst which the ferorm belongs to me/us
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