

REQUEST FOR CHANGE IN STATUS FROM MINOR TO MAJOR (1/2)

UNITHOLDER DETAILS	
Name of the Unitholder: _____	
Date of Birth [D D M M Y Y Y Y]	PAN ¹ []
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others _____ (please specify)	
<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached <input type="checkbox"/> C-KYC Identification No. (Please ✓ whichever is applicable)	
¹ As per the section 139AA of the Income Tax Act 1961, it is mandatory to link your Aadhaar with PAN	
Name of the Guardian: _____	
Relationship with the applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	

I, the above applicant, hereby request you to change my status from Minor to Major in the following Folios and delete the Guardian's name therein as I have since become a major, and update the details provided herein in your records.

Folio No(s).		
1. []	2. []	3. []

CONTACT DETAILS	
Mobile []	Email _____
Mobile No. provided pertains to: (Please ✓)	Email ID provided pertains to: (Please ✓)
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA

ADDRESS OF THE APPLICANT	
Address Line 1 _____	
Address Line 2 _____	
City _____	State _____ PIN []
(Please note that address will be updated as per applicant's address on KYC form / KYC Registration Agency records)	

BANK DETAILS <input checked="" type="checkbox"/> Change Primary Bank	
Bank A/c No. []	
Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others _____ (please specify)	
Bank Name _____ Bank City _____	
IFSC (11 digits) []	MICR (9 digits) []
New bank details (Attach any one of the following) (✓)	
<input type="checkbox"/> 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)	
<input type="checkbox"/> Self attested photocopy of bank passbook or bank account statement (Having entries not older than 3 months)	

ADDITIONAL KYC INFORMATION (Please ✓ whichever is applicable)	
Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ Please specify
The applicant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)	
Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 crore <input type="checkbox"/> >1 crore	

FATCA & CRS INFORMATION (For Individual Investors including Sole Proprietor. Non Individual investors should mandatorily fill separate FATCA form)			
	1st Unitholder	2nd Unitholder	3rd Unitholder
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
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
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
If Yes: Mandatory to enclose FATCA / CRS Annexure			

REQUEST FOR CHANGE IN STATUS FROM MINOR TO MAJOR (2/2)

NOMINATION DETAILS

Nominee Name _____	Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>
Address _____		
Relationship with applicant _____	Name of Guardian (in case nominee is a minor) _____	
Nominee (%) _____	Nominee Signature _____	
<input type="checkbox"/> I DO NOT wish to make a nomination (Please <input checked="" type="checkbox"/> if you do not wish to nominate anyone)		
If you wish to appoint multiple nominees, please use the multiple nomination form available or visit our website to update nomination.		

DECLARATION AND SIGNATURE OF THE APPLICANT

I have attached herewith all the relevant / required documents as indicated below.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep PGIM India Mutual Fund / RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC.

I hereby authorize PGIM India Mutual Fund and its RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

My signature hereinbelow has been attested by the Guardian on record My bankers Notary / JMFC

Place _____	Signature of Applicant
Date <input type="text" value="D D M M Y Y Y Y"/>	

Signature Attestation

(To be attested by the Guardian (as registered in the folio of the applicant who has become a major) or a Notary or Judicial Magistrate First Class (JMFC)@

Name of the Guardian / Stamp of the Notary/JMFC	The above signature of the applicant duly attested by me
	_____ Signature

@ Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure enclosed

Documents attached –

- Copy of PAN Card of applicant
- KYC Acknowledgment OR KYC form of applicant
- Cancelled cheque with applicant's name pre-printed OR Applicant's Bank Statement/Passbook
- Annexure – Bankers Attestation of Signature of the applicant
- Nomination Form

Annexure

Bank Attestation of Account Details & Account-holder's signature

(To be issued on the Bank's Letter Head)

OR

(This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below)

Date:

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____ is a customer of our bank, namely, _____ Name of the bank, _____ branch having the following Bank Account:

Account number <input style="width: 90%;" type="text"/>
Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> Others _____ <small>(please specify)</small>
IFSC (11 digits) <input style="width: 80%;" type="text"/> MICR (9 digits) <input style="width: 80%;" type="text"/>

His/her address, as per our Bank records, is as follows:

Address Line 1 _____	
Address Line 2 _____	
City _____	State _____ PIN <input style="width: 60px;" type="text"/>

Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
Signature of the bank official with Bank's Seal	
Name* of the attesting Bank Official :	
Designation* :	
Employee Code* :	
Telephone Number* :	

*Mandatory