THIRD PARTY PAYMENT DECLARATION FORM

City.



1 THIRD PA RTY F	PAYM	ENT D	ECL	ARA1	ION	(Shou	ld be	enclo	sed with	each	payı	ment/	SIP E	nroln	nen	t)										
ayments by : Parent/Grand-Parents/Related Persons other than the Registered Guardian ayments to : Minor Folio only; In consideration of Natural love and affection or as gift only aximum Value : Not Exceeding Rs 50,000/- (each regular purchase or per SIP instalment)																										
Application and Payment	Detail	ls (All d	etails	s belo	w are	Manda	atory,	includ	ling relati	onshi	p, P	4N & I	KYC):													
Folio No.													Application Form No.													
Beneficiary Name	iary Name																									
Investment Amount ₹											L	umps	um		SIP	with	Post	Date	d Ch	eque	s 🔲	SIP A	uto D	ebit		
Bank Details		A/c No.																								
	Bank Name											Branc	ch													
DD / Cheque No. (Lumpsur	m)															T	Dat	ed	D	D	M	M	Υ	Y	Υ	
Cheque Nos. (for SIP via PDC)		From											То				T									\top
Cheque Drawn on A /c No.						1															-					
Declaration and Signature	es:					1																				
Parent/Grand-Parents/Related Persons other than the Registered Guardian											rdian		G	uard	lian c	f Mi	nor, a	as reg	istere	ed in	the F	olio				
Name																										
Relationship with Minor																										\neg
PAN															П		Τ									\top
KYC Acknowledgement				 □ A#	acher	l I (Manc	l latory t	for any	/ amount)							ПА	ttach	ned (l Mand	atorv	for a	nv ar	nount	-)		\dashv
Declaration	Attached (Mandatory for any amount) I hereby declare and confirm that the minor stated above is the											I conf	firm th	hat I										d in fo	olio	
	bene	beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natur al love and affection or as gift from my bank account only.											I confirm that I am the legal guar dian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the Minor.													
Signature																										
Contact Number																										П
PGIM India Mutual Fund BANKER'S CER To whomsoever it may cond												•		d ins	tru	men	t)									
Instrument Details:				D f									D ()-d	/ D-		- 0	h a a								
Instrument Type	-	= -	nand		1							H	Pay Order / Banker's C heque Against Cash (≤ ₹ 50,000 only)													
Instrument Number		Debit to Acœunt										닏	ate	1	D	_ > <		00 0I M		M	_	Υ	Υ		Υ	
Investment Amount		₹										D	ale		D		,	IVI		IVI		1	-		1	
In Favour of / Favouring		`																								
Payable At																										
Details of Bank Account De	bited f	for issui	na the	e instru	ıment	:																				
Bank Account No.		Situation issuing the motiument.											Account Type													
Account Holder Details		Name											PAN													
1.																										
2.																										
3.																										
If the issuing Bank branch i We further declare that we				Rank/	hranc	h ac ma	ntione	ad hala	JW.																	
Under the Regulator		gistered	as a	Dank	orano	11 05 1110	JIIIOIIIC	o Deit	JVV.	Na	me o	of the F	Regula	tor												
In the Country		Country												101												
Registration No.	+	Registration N																								
We confirm having carried Money Laundering laws an									to the Be						f the	fund	ls re	ceive	d fror	n hin	n, as	per th	ne sta	ndard	s of A	Anti-
Branch Manager/Declarant	(s)																									
Signature											-		_			Pan	ık 2 E	Grana	h Sea	al						
Name														-					Dal	ir & E	וואוכ	11 26	al			

Postal code Contact Number

State

PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE (under Systematic Investments Plans through Payroll deductions) To whomsoever it may concern _____ for subscription of units in ___ We hereby declare that the Application Form No/s. ___ _____ (Name of the Scheme / Plan / Option) is accompanied by _____ Dated___ Cheque No.___ _____ Drawn on _____ _____ (Name of the Bank / Branch. We confirm that the beneficial owner(s) of the investment in these units is/are _____ (Name of the Employee/s, with employee number/s), who is / are my / our employee/s and am providing the funds for these investments through the payroll deduction. Signature of Declarant(s) Name of Declarant(s) ____ KYC Acknowledgement attached (Mandatory for any amount) Address of Declarant(s) City ____ State ___ ___ Country __ Postal code ___ Signature of Beneficiary (ies)____ _____ **PGIM** CUSTODIAN ON BEHALF OF AN FII OR CLIENT (Should be enclosed with each payment) To whomsoever it may concern Application and Payment Details (All details below are Mandatory): Folio No. Application Form No. Beneficial Applicant / Investor Name Investment Amount Payment Mode Cheque Fund Transfer RTGS ☐ NEFT Dated Payment Cheque / UTR No. Payment from Bank Payment from A/c No. We further declare that we are registered as a Custodian with SEBI under Registration No: We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor. Signature of Declarant(s) Name of Declarant(s) _____ KYC Acknowledgement attached (Mandatory for any amount) Income Tax PAN Address of Declarant(s) City_ _____ State ___ ___ Country ___

Postal code