

COMMON APPLICATION FORM

(To be Used / Distributed along with Scheme Information Document)

Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form.

Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.



PGIM
India Mutual Fund

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN -	RIA -		ARN -		

*Employee Unique Identification Number **As allotted by ARN holder. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Declaration for "execution-only" transaction (only where EUIN box is left blank). I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

Signature of 1st Applicant / Guardian	Signature of 2nd Applicant	Signature of 3rd Applicant
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2. EXISTING FOLIO NUMBER	GO GREEN INITIATIVE
Folio No. <input type="text"/> The details in our records under the folio number mentioned alongside will apply for this application.	<input type="checkbox"/> Opt-in – Physical <input type="checkbox"/> Opt-out – Email Refer instruction no. 11

3. MODE OF HOLDING (Please ✓) Single OR Anyone or Survivor OR Joint (Default option)

4. DEMAT ACCOUNT DETAILS				Kindly fill the below details for allotment of units in demat mode
National Securities Depository Limited		Central Depository Services (India) Limited		
Depository Participant Name		Depository Participant Name		
DP ID	IN	Beneficiary A/c No.	Beneficiary A/c No.	

5. SOLE / FIRST APPLICANT'S DETAILS		# Mandatory
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> M/S (Please ✓)		
Name # <input type="text"/>	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	
(Name as per PAN / ITD Records)		
Date of Birth/Incorporation # <input type="text"/>	Proof of DOB of Minor enclosed (Please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <input type="text"/>	
Father's name <input type="text"/>		
Mother's name <input type="text"/>		
PAN # <input type="text"/>	NOTE- PAN copy mandatory CKYC / KIN <input type="text"/>	
Legal Entity Identification <input type="text"/>		*Applicable for Non-Individuals only
Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name) (Name as per PAN)		Refer instruction no. 5
Father's name <input type="text"/>		
Mother's name <input type="text"/>		
PAN # <input type="text"/>	NOTE- PAN copy mandatory DOB # <input type="text"/>	CKYC / KIN <input type="text"/>
<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Legal Guardian [§]		§ Enclose supporting documents
Mailing Address (as per KYC records) <input type="text"/>		
Pincode <input type="text"/>		State <input type="text"/>
City <input type="text"/>		Country <input type="text"/>
I/ We confirm, below contact details are of - (Please select (✓) any)		
Mobile <input type="text"/>	Email <input type="text"/>	
Mobile No. 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"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	<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	
Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)		
Pincode <input type="text"/>		State <input type="text"/>
City <input type="text"/>		Country <input type="text"/>

ADDITIONAL KYC DETAILS
Tax Status: (Please ✓)
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Company <input type="checkbox"/> Fils <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Financial Institution <input type="checkbox"/> NBFC <input type="checkbox"/> Others <input type="text"/>

Non-Profit Organization (NPO):

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)

 Yes No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

 Enclosed relevant documentary proof evidencing the above definition.

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

Occupation:

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others _____ please specify _____

Gross Annual Income:

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on (Not older than 1 year)

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form

(i) Foreign Exchange / Money Changer Services Yes No (ii) Gaming / Gambling / Lottery / Casino Services Yes No (iii) Money Lending / Pawning Yes No

^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA DETAILS

FATCA Declaration No. _____

Are you a Tax Resident of any Country other than India? Yes No

FATCA & CRS Details: For Individuals (Mandatory). Non Individual - investors should mandatory fill separate FATCA/CRS Detail Form

The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No
 If Yes, please provide the following information [mandatory].

* Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type. TIN or If TIN is not applicable, provide a copy of the country's equivalent ID or number

Country of tax resident	1.	2.	3.
Tax Payer Ref ID No.	1.	2.	3.
Identification Type	1.	2.	3.

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

Country of Birth: _____ City of Birth: _____ Country of Nationality: _____

If TIN is not available, Please ✓ the reason A, B or C : Reason A B C

^ Refer Instructions page no. 8 (FATCA & CRS Instructions)

SECOND APPLICANT'S DETAILS

Mr Ms Mrs (Please ✓)

Name # _____ Gender (Please ✓) Male Female

(Name as per PAN / ITD Records)

Father's name _____

Mother's name _____

PAN # _____ NOTE- PAN copy mandatory DOB # CKYC / KIN _____

I/ We confirm, below contact details are of - (Please select (✓) any)

Mobile # _____ Email _____

Mobile No. provided pertains to: (Please ✓)

Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA

Email ID provided pertains to: (Please ✓)

Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP Minor through guardian Company
 Fils PIO Body Corporate Society/Club Sole Proprietorship Non Profit Organisation Financial Institution NBFC Others _____ please specify _____

Occupation:

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others _____ please specify _____

Gross Annual Income:

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on (Not older than 1 year)

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA DETAILS

FATCA Declaration No. _____

Are you a Tax Resident of any Country other than India? Yes No

FATCA & CRS Details: For Individuals (Mandatory). Non Individual - investors should mandatory fill separate FATCA/CRS Detail Form

The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No
 If Yes, please provide the following information [mandatory].

* Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type. TIN or If TIN is not applicable, provide a copy of the country's equivalent ID or number

Country of tax resident	1.	2.	3.
Tax Payer Ref ID No.	1.	2.	3.
Identification Type	1.	2.	3.

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

Country of Birth: _____ City of Birth: _____ Country of Nationality: _____

If TIN is not available, Please ✓ the reason A, B or C : Reason A B C

^ Refer Instructions page no. 8 (FATCA & CRS Instructions)

THIRD APPLICANT'S DETAILS

Mr Ms Mrs Name # _____
 (Please ✓) (Name as per PAN/ITD Records) _____
 Father's name _____
 Mother's name _____
 PAN # _____ DOB # _____ CKYC / KIN _____ Gender (Please ✓) Male Female
NOTE- PAN copy mandatory
 I/ We confirm, below contact details are of - (Please select (✓) any)
Mobile _____ **Email** _____
 Mobile No. provided pertains to: (Please ✓)
 Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA
 Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)
 Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP Minor through guardian Company
 Fils PIO Body Corporate Society/Club Sole Proprietorship Non Profit Organisation Financial Institution NBFC Others _____ please specify _____
Occupation:
 Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others _____ please specify _____
Gross Annual Income:
 Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on [D|D|M|Y|Y|Y|Y] (Not older than 1 year)
For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable
 ^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA DETAILS

FATCA Declaration No. _____ Are you a Tax Resident of any Country other than India? Yes No
FATCA & CRS Details: For Individuals (Mandatory). Non Individual - investors should mandatory fill separate FATCA/CRS Detail Form
 The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No
 If Yes, please provide the following information [mandatory].
 * Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type. TIN or If TIN is not applicable, provide a copy of the country's equivalent ID or number

Country of tax resident	1.	2.	3.
Tax Payer Ref ID No.	1.	2.	3.
Identification Type	1.	2.	3.

 In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.
 Country of Birth: _____ City of Birth: _____ Country of Nationality: _____
 If TIN is not available, Please ✓ the reason A, B or C: Reason A B C ^ Refer Instructions page no. 8 (FATCA & CRS Instructions)

6. BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof, incase the payout Bank account is different from the source Bank account.)

Bank Name _____ Branch _____
 Bank A/c No. _____ Account Type (Please ✓) Savings Current NRE NRO Others _____ (please specify)
 Bank Address _____

 _____ City _____
 Pincode _____ State _____ Country _____
 IFSC (11 digits)* _____ MICR (9 digits) _____ * This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

7. INVESTMENT DETAILS (Allow maximum 3 schemes in one application)

Mode of Investment Lumpsum Lumpsum with SIP Standalone SIP SIP (First installment through cheque) Micro Investment
 In case of single scheme the cheque should be drawn in favor of scheme name and for multiple schemes, cheque should be drawn in favor of "PGIM India Mutual Fund - Common Collection A/c"

Scheme / Plan	Growth	IDCW^	Payout	IDCW Reinvestment	Amount
PGIM INDIA _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
IDCW** Frequency\$ _____					TOTAL+ ₹ _____

 (For Plans & Sub-options please see key scheme features). Note: * If Multiple option is opted then the investment amount should match with the total amount. ^IDCW option is not available for FOF Schemes.
 \$Please refer to SID / addendum thereof for schemes available for IDCW Frequency

8. SIP INVESTMENT DETAILS

Refer Instruction no. 7

I/We Would like to invest to meet My/Our financial goals - Child's Education Child's Marriage Wealth Creation Retirement Planning Dream Home Dream Vacation

Scheme / Plan	Growth	IDCW^	Payout	IDCW Reinvestment	Amount
PGIM INDIA _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
PGIM INDIA _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____
Note: * If Multiple option is opted then the investment amount should match with the total amount.					TOTAL SIP AMOUNT+ ₹ _____

 SIP Frequency (Please ✓ any one) Monthly Quarterly SIP Date: [D|D] (Any date of the month & quarter) No. of Instalment _____
 Start Date [M|M|Y|Y|Y|Y] End Date* [M|M|Y|Y|Y|Y] Maximum duration of 40 years. Note: *Existing Mandate should be valid for the enrolled period.
 OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)* _____
 SIP THROUGH AUTO DEBIT (OTM) (Please also fill and attach the SIP OTM Form available on page no. 5)
 SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. _____ From To _____
 If Start Date is not mentioned, next applicable SIP cycle date would be applied for processing. Cheque Dates [D|D|M|M|Y|Y|Y|Y] From To [D|D|M|M|Y|Y|Y|Y]
 Auto Renewal for SIP Registration (accessible only with new SIP) Start Date [D|D|M|M|Y|Y|Y|Y] End Date [D|D|M|M|Y|Y|Y|Y]

9. PAYMENT DETAILS

Payment Type (Please Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)

Investment Amount A DD Charges (if applicable) B Total Amount A+B

Mode of Payment Cheque Demand Draft Electronic Fund Transfer Existing OTM

Cheque/DD Number Date D D M M Y Y Y Y Drawn on Bank / Branch

UMRN No. (If existing OTM) UTR dated D D M M Y Y Y Y

10. SIP TOP-UP SIP Top Up (Optional) - Available only for investments effected through OTM.

Top Up Amount ₹ Top Up Frequency (Half Yearly * Yearly)

Top Up to continue till # DD/MM/YYYY maximum duration of 40 years (Please any 1) OR Top Up to continue till SIP amount reaches^ ₹

^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top Up amount will cease * Default option if not selected.

11. NOMINATION DETAILS (If you wish to appoint multiple nominees, please use the multiple nomination form available or visit our website to update nomination.)

Nominee Name

Address

Date of Birth (Incase of Minor) D D M M Y Y Y Y Relationship with applicant Nominee (%)

Name of Guardian (non-mandatory)

Mobile Number Email ID

Identification number PAN Aadhar (last 4 digits) Driving License Passport (must be provided for NRIs) ID Number

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows:

Name of nominee(s) Nomination: Yes / No

Declare that I / We do not wish to appoint a nominee for our investments in the above folio. I / We understand that in the event of death of all unitholder(s) in the folio, the legal heirs for the unit holders would need to submit all requisite documents for transmitting the units in favour of the legal heir based on applicable legal / regulatory requirements at the stage of initiation of the transmission request.

12. DECLARATION AND SIGNATURES

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of PGIM India Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of PGIM India Mutual Fund for allotment of units of the respective Scheme(s) of PGIM India Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/PGIM India Mutual Fund, I/We hereby authorise the AMC/PGIM India Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that PGIM India Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify PGIM India Asset Management Private Limited immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account(s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

SIGNATURE(S)

1 st Applicant / Guardian / POA Signature	2 nd Applicant / POA Signature	3 rd Applicant / POA Signature
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Date D D M M Y Y Y Y Place



ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMP SUM / SIP

(*Mandatory field)

UMRN For office Use Date* D D M M Y Y Y Y

CREATE MODIFY CANCEL

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

I/We hereby authorize PGIM INDIA MUTUAL FUND to debit (Please SB / CA / CC / SB-NRE / SB-NRO / Other)

Bank a/c number*

With Bank* Name of customers bank IFSC* MICR*

an amount of Rupees* Amount in words ₹ In Figures

FREQUENCY* Mthly Qly H-Yrly As & When presented DEBIT TYPE* Fixed Amount Maximum Amount

Reference - 1 Application no. / Folio number Phone No

Reference - 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Maximum period of validity of this mandate is 40 years only.

PERIOD*

From <input type="text"/> D D M M Y Y Y Y	<input checked="" type="checkbox"/> Signature of first account holder	<input checked="" type="checkbox"/> Signature of second account holder	<input checked="" type="checkbox"/> Signature of third account holder
To <input type="text"/> D D M M Y Y Y Y	<input type="text"/> Name of first account holder*	<input type="text"/> Name of second account holder*	<input type="text"/> Name of third account holder*

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank where I have authorized the debit.
- Maximum period of validity of this mandate is 40 years only.**