PRIDENTIAL TO/	ANDATE CUM SIP/SIP PLUS RE [For investment through NACH]	GISTRATION FORM
	PAN BASED MANDATE	
		Date
	OR OFFICE USE ONLY Utility Code	FOR OFFICE USE ONLY
CREATE / I/We hereby authorize	AL ASSET MANAGEMENT COMPANY LIMITE	D to debit (tick 🗸) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number		
with Bank Name of customers bank	IFSC	or MICR
an amount of Rupees	Maximum Amount (Rupees in words)	₹
	Hrly ☑ As & when presented	DEBIT TYPE 🖾 Fixed Amount 🗹 Maximum Amount
PAN		Mobile No.
Reference APPLICATION I agree for the debit of mandate processing charges by the		Email ID
PERIOD		
From	Sign:	Sign:
Or ⊠ <u>Until Cancelled</u> 1.	Name as in bank records 2. Name a	
Declaration: I/We hereby declare that the particulars given on this mandate are c preferred by the AMC from time to time. I/We hereby confirm adherence to the term	correct and complete and express my willingness and authorize to r ms of this facility offered by ICICI Prudential Asset Management Con	make payments referred above through participants in NACH/SI/any other mode as may be npany Limited (the AMC) as specified in Terms & Conditions under Registration of OTM/PAN
Based Mandate Facility and amended from time to time and of NACH (Debits). Auti rate to debit my account. I/We have understood that I/we authorized to cance	horization to Bank: This is to confirm that the declaration has be el/amend this mandate by appropriately communicating/amendn	en carefully read, understood & made by me/us. I am authorizing the user entity/corpo- nent to the User entity/corporate or the or the bank where I have authorized the debit. rentioned bank account with your Bank and to debit my/our account for any charges towards
mandate verification, registration, transactions, transactions, returns, etc, as applic		
PRODENTIAL SIP Registration-cum-N for SIP/SIP PLUS for SIP/SIP PLUS	Mandate Form	
-		mpleted in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS.
BROKER CODE (ARN CODE)/ SUB-B RIA CODE#		DKER CODE Employee Unique by ARN holder) Identification No. (EUIN)
tion-only" transaction without any interaction or advice by the any, provided by the employee/relationship manager/sales personally SIGNATURE OF SOLE / FIRST APPLICANT	box is left blank) - I/We hereby confirm that the EUI employee/relationship manager/sales person of the a on of the distributor and the distributor has not charge SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
	FOLIO NO.	t of the following Scheme and the terms and conditions of the SIP Enrolment.
Sole/First Applicant's Name (As per PAN): Mr. /Ms. / M/s	FOLIO NO.	Registration via existing OTM [Please tick (✓)]
	MIDDLE	Date of Birth (Refer point 21 under T&C) D D M M Y Y
Scheme Name & Plan: ICICI PRUDENTIAL		
OPTION:SUB-OPTION Please refer instructions and Key Information Memorandum(s)/SIDs av		REQUENCY: AEP FREQUENCY
Each SIP Amount: Rs.	In words:	SIP Frequency: O Monthly Ouarterly*
SIP Date: SIP Start Month/Year M	Y Y Y Y M Month/Year	M Y Y Y Y (Default is Monthly)
(Tick to avail this facility - TOP UP Amount: Rs	6 20% other (multiples of 5% only)	SIP TOP UP CAP Amount: (Investor has to choose only one option – either CAP Amount or CAP Month-Year)
not available for SIP Plus) Frequency: Half Yearly	* TOP UP amount in multiples of Rs.500 only.	Rs
		Rs OR Month-Year: M Y Y Y Y
EXISTING OTM / FIRST INSTALLMENT BANK DETAILS: Cheque/DD No Cheque		OR Month-Year: M M Y Y Y Y
	Provide the second sec	OR Month-Year: M M Y Y Y Y
Cheque/DD No Cheque	Provide the second sec	OR Month-Year: M M Y Y Y Y
Cheque/DD No Cheque	Yearly e/DD Amount Rs e/DD Amount Rs e/DD Amount Rs SIP PLUS [Tick (✓) here to avail SIP Plu	OR Month-Year: M Y Y Y Y
Cheque/DD NoCheque Bank Name:Cheque Bank Name:	Yearly e/DD Amount Rs e/DD Amount Rs e/DD Amount Rs SIP PLUS [Tick (✓) here to avail SIP Plu	OR Month-Year: M Y Y Y Y
Cheque/DD NoCheque Bank Name: Bank Name: Bank Name: MUTUAL FUND Name of the Investor:	Yearly e/DD Amount Rs led in by the investor) □ SIP PLUS [Tick (✓) here to avail SIP Plu Plan & Option:	OR Month-Year: M Y <t< td=""></t<>

Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned. GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19) (NOT APPLICABLE FOR SIP PLUS)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID	(CDSL only)
inee to receive Insurance Coverage bene	fit to my / our credit in this folio no. in the eve	nt of my / our death. I / We also	to hereby nominate the undermentioned Nom- o understand that all payments and settlements se refer to terms & conditions for Nomination
Nominee Name		Relationship:	Date of Birth: / /
Guardian/Parent Name (If nominee is a minor):			

Address:

YOUR CONFIRMATION/DECLARATION: I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50, 000 in a year as described in the Instruction No.IV(d) of the common application form. 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 is being recommended to me/us. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

DECLARATION FOR AVAILING INSURANCE COVER: I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement and hereby wish to avail the said insurance cover.

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

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