

SIP REGISTRATION CUM MANDATE FORM

[For investment through NACH/ECS/SI/Auto Debit]

Application No.

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS.

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY: In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. 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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Please tick (✓) ☐ **New Registration** ☐ **Cancellation** Existing UMRN

Sole/First Applicant's Name: Mr. /Ms. / M/s

Folio No.

FIRST	MIDDLE	LAST
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Scheme: ICICI PRUDENTIAL PLAN:

OPTION: SUB-OPTION: DIVIDEND FREQUENCY: AEP FREQUENCY
Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

Each SIP Amount: Rs. In words: Rs.

SIP Frequency: ☐ Monthly ☐ Quarterly* (Default is Monthly) *In case of Quarterly SIP only Yearly frequency is available under SIP TOP UP.

SIP Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	SIP Start Month / Year	SIP End Month / Year
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FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. Dated
Drawn on Bank Amount Rs.
Bank Branch City

☐ **SIP TOP UP (Optional)**
(Tick to avail this facility)

Percentage: ☐ 10% ☐ 15% ☐ 20%
other (multiples of 5% only)

TOP UP Amount: Rs.
* TOP UP amount in multiples of Rs.500 only.

Frequency: ☐ Half Yearly ☐ Yearly

SIP TOP UP CAP Amount:
Rs. OR
Month-Year*:
*Investor has to choose only one option – either CAP Amount or CAP Month-Year

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. B(8))

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
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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.

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

Sole/First Holder	2nd Holder	3rd Holder
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SIP NACH DEBIT MANDATE

UMRN FOR OFFICE USE ONLY Date

Tick (✓) ☒ **CREATE** ☐ **MODIFY** ☐ **CANCEL**

I/We hereby authorize **ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED** to debit (tick ✓) **SB/CA/CC/SB-NRE/SB-NRO/Other**

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees Maximum Amount (Rupees in words) ₹

FREQUENCY ☐ Mthly ☐ Qtly ☒ H-Yrly ☒ Yrly ☐ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Folio No. Mobile No.

Reference APPLICATION NUMBER 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.

PERIOD From To Or ☒ **Until Cancelled**

Sign: Sign: Sign:

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH/ECS/SI/Auto Debit. **Authorisation to Bank: 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/We have understood that I/we 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. This is to inform that I/we have registered for NACH/ECS/SI/Auto Debit facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.**

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No./ Application No.

Name of the Investor:

Scheme Name: Option: SIP Amount Rs. SIP Frequency: ☐ Monthly ☐ Quarterly

☐ **SIP TOP UP** Amt. Rs. TOP UP CAP: ☐ Amt:Rs. OR ☐ Month-Year: M M Y Y Y Y

Acknowledgement Stamp