PAN BASED MANDATE CUM SIP/SIP PLUS REGISTRATION FORM
[For investment through NACH]

ICICI PRUDENTIAL MUTUAL FUND

PAN BASED MANDATE

ICICI PRUDENTIAL MUTUAL FUND

UMRN [ ] FOR OFFICE USE ONLY [ ]   Date [ ]

Sponsor Bank Code — FOR OFFICE USE ONLY   Utility Code — FOR OFFICE USE ONLY

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

PAN [ ]   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:_____ 1. Name as in bank records
Sign:_____ 2. Name as in bank records
Sign:_____ 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 participants in NACH/SI/any other mode as may be preferred by the AMC from time to time. I/We hereby confirm adherence to the terms of this facility offered by ICICI Prudential Asset Management Company 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). **Authorization 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/amendment to the User entity/corporate or the or the bank where I have authorized the debit.** This is to inform that I/we have registered for this facility and that my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank and to debit my/our account for any charges towards mandate verification, registration, transactions, transactions, returns, etc, as applicable.

August 2019

SIP Registration-cum-Mandate Form for SIP/SIP PLUS

ICICI PRUDENTIAL MUTUAL FUND

☐ **SIP PLUS** [Tick (✓) here to avail SIP Plus]   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)/ RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)

#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

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

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.

SOLE/FIRST APPLICANT'S NAME: Mr. / Ms / M/s. _____

FOLIO NO. [ ]   Date of Birth: [D D M M Y Y Y Y]   ○ **Registration via Existing OTM** [Please tick (✓)]

Sr. No.	Scheme Name/Plan/Option/Sub-option#$	SIP Installment Amount (₹)	SIP Date (For Montly & Qtly.)	SIP Frequency (Refer T&C No.14)	SIP Start Month & Year and SIP End Month & Year	Top-Up (Minimum ₹ 100 or in percentage) Amount (₹) or Percentage (%)	Frequency*
1	ICICI Prudential	₹ ___ No. of Installment [ ]	[D D]	○ Daily ○ Weekly ○ Fortnightly ○ Quarterly ○ Montly	[M M Y Y Y Y] to [M M Y Y Y Y]	₹ ___ OR ___ % TOP UP CAP Amount ₹ ___ OR Month-Year: [M M Y Y Y Y]	○ Yearly ○ Half Yearly
2	ICICI Prudential	₹ ___ No. of Installment [ ]	[D D]	○ Daily ○ Weekly ○ Fortnightly ○ Montly ○ Quarterly	[M M Y Y Y Y] to [M M Y Y Y Y]	₹ ___ OR ___ % TOP UP CAP Amount ₹ ___ OR Month-Year: [M M Y Y Y Y]	○ Yearly ○ Half Yearly
3	ICICI Prudential	₹ ___ No. of Installment [ ]	[D D]	○ Daily ○ Weekly ○ Fortnightly ○ Montly ○ Quarterly	[M M Y Y Y Y] to [M M Y Y Y Y]	₹ ___ OR ___ % TOP UP CAP Amount ₹ ___ OR Month-Year: [M M Y Y Y Y]	○ Yearly ○ Half Yearly
4	ICICI Prudential	₹ ___ No. of Installment [ ]	[D D]	○ Daily ○ Weekly ○ Fortnightly ○ Montly ○ Quarterly	[M M Y Y Y Y] to [M M Y Y Y Y]	₹ ___ OR ___ % TOP UP CAP Amount ₹ ___ OR Month-Year: [M M Y Y Y Y]	○ Yearly ○ Half Yearly

In case of multiple schemes, Cheque/DD should be drawn in favour of **"ICICI Prudential Mutual Fund Collection A/c."**   Total ₹ ___   *In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. (Top-up % is multiples of 5% only. Top-Up amount should be in multiples of ₹ 100).

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:
Cheque/DD No._____ Cheque/DD Amount Rs._____ A/c No._____
Bank Name:_____

(Please see overleaf)

#$ If Multiple Schemes are provided and SIP Plus is also selected then all schemes mentioned by the investor should be eligible for SIP Plus, else AMC reserves the right to register all SIPs as normal SIP without the benefit of SIP plus facility.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

ICICI PRUDENTIAL MUTUAL FUND

☐ **SIP PLUS** [Tick (✓) here to avail SIP Plus]

Name of the Investor:_____

Scheme (1) :_____ Plan & Option:_____
Scheme (2) :_____ Plan & Option:_____
Scheme (3) :_____ Plan & Option:_____
Scheme (4) :_____ Plan & Option:_____

Acknowledgement Stamp

Approved - 14-August-2019

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)

NOMINATION FOR SIP PLUS (Nominee details for insurance benefit at folio level): I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC/Mutual Fund/Trustees. *(Please refer to terms & conditions for Nomination for Insurance coverage benefit)*

Nominee Name _____ Relationship: _____ Date of Birth: ____ / ____ / _____

Guardian/Parent Name (If nominee is a minor): _____

Address: _____

Signature of Nominee or Parent / Guardian

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)*

Sole/First Holder	2nd Holder	3rd Holder

Scheme (1) : SIP Installment Rs._____ SIP Frequency: _____ SIP Start Date (DD/MM/YY):_____ SIP TOP UP Rs._____

Scheme (2) : SIP Installment Rs._____ SIP Frequency: _____ SIP Start Date (DD/MM/YY):_____ SIP TOP UP Rs._____

Scheme (3) : SIP Installment Rs._____ SIP Frequency: _____ SIP Start Date (DD/MM/YY):_____ SIP TOP UP Rs._____

Scheme (4) : SIP Installment Rs._____ SIP Frequency: _____ SIP Start Date (DD/MM/YY):_____ SIP TOP UP Rs._____

TOP UP **CAP** Amount Rs. OR TOP UP **CAP** Month-Year: Scheme (1):_____ Scheme (2):_____ Scheme (3):_____

Scheme (4):_____ **SIP Tenure in case of SIP Plus:**_____