

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.			
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/salesperson of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.			
SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	

LEI Number \_\_\_\_\_ Existing Folio No. \_\_\_\_\_ / \_\_\_\_\_

(Legal Entity Identifier Number is for Transaction valued of INR 50 crore and above. See Instruction No. XV)

**1. APPLICANT(S) DETAILS** (Please refer to Instruction No. II (b) & IV) (Name should be as per the PAN)

**SOLE / 1<sup>ST</sup> APPLICANT** Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No. Enclosed (Please ✓)  KYC Acknowledgement Letter Date of Birth (Mandatory)  
\_\_\_\_\_  
\_\_\_\_\_  
D D M M Y Y Y Y

**NAME OF GUARDIAN** (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Mr. Ms. FIRST MIDDLE LAST

PAN/PEKRN\*  KYC Proof Attached (Mandatory) | Relationship with Minor  Natural guardian  Court appointed guardian Date of Birth (Mandatory)  
\_\_\_\_\_  
KYC Id No. \_\_\_\_\_ D D M M Y Y Y Y

**2<sup>ND</sup> APPLICANT** Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No.  KYC Proof Attached (Mandatory) Date of Birth (Mandatory)  
\_\_\_\_\_  
D D M M Y Y Y Y

**3<sup>RD</sup> APPLICANT** Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No.  KYC Proof Attached (Mandatory) Date of Birth (Mandatory)  
\_\_\_\_\_  
D D M M Y Y Y Y

If mandatory information left blank, the application is liable to be rejected. \*Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

**2. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT** (Please Refer to Instruction No. III)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)  
For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. Core Banking account (CBS) is mandatory.

<b>MANDATORY</b>	Account Number	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
	Name & Branch of Bank	Branch City	_____
	9 Digit MICR Code	11 Digit IFSC	Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.

**3. INVESTMENT DETAILS** (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme name below:

ICICI Prudential \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

For investors investing in Income Distribution cum Capital Withdrawal (IDCW) option of the Scheme may note that the amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

**4. PAYMENT DETAILS**

Mode of Payment  Cheque  Funds Transfer  NEFT  RTGS

Investment Amount	₹ _____	Cheque Number	Date	D D M M Y Y Y Y
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BANK DETAILS :  Same as above [Please tick (✓) if yes]  Different from above [Please tick (✓) if it is different from above and fill in the details below]

A/c Number	_____	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
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Name & Branch of Bank	_____
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Branch City	_____	Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque)	<input type="radio"/> Cheque Copy <input type="radio"/> Bank Statement <input type="radio"/> Banker's Attestation _____
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Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(d). Third Party Payment Declaration form is available in [www.icicipruamc.com](http://www.icicipruamc.com) or ICICI Prudential Mutual Fund branch offices.

## 5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)\*

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

## Overseas Address (Mandatory for NRI / FII Applicants)

(Please refer to the instruction No. II (b) 2)

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Tel. [ ] Office [ ] Residence [ ]

**First Unitholder:** Mobile [ ] Email<sup>E</sup> [ ]

Mobile No.\* provided pertains to: [Please tick (✓)] :  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email ID\* provided pertains to: [Please tick (✓)] :  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

(\* if any of above option is not ticked (✓) then [Self] option is considered as a default.)

**Second Unitholder:** Mobile [ ] Email<sup>E</sup> [ ]

Mobile No. provided pertains to: [Please tick (✓)] :  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email ID provided pertains to: [Please tick (✓)] :  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

**Third Unitholder:** Mobile [ ] Email<sup>E</sup> [ ]

Mobile No. provided pertains to: [Please tick (✓)] :  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Email ID provided pertains to: [Please tick (✓)] :  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)]

Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]

Please ✓ any of the frequencies to receive Account Statement through e-mail<sup>E</sup> :  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\* Mandatory information – If left blank the application is liable to be rejected.

# Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.

\*\* Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement Fund.

For documents to be submitted on behalf of minor folio refer instruction II-b(2)

§ For KYC requirements, please refer to the instruction Nos. II b(5) & X

£ Please refer to instruction no. IX

## 6. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

## 7. TAX STATUS [Please tick (✓)]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM	<input type="checkbox"/> Government Body	<input type="checkbox"/> FPI category I	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> Bank
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> FPI category II	<input type="checkbox"/> NON Profit Organization/Charities	<input type="checkbox"/> FPI category III	<input type="checkbox"/> Mutual Funds
<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public limited company	<input type="checkbox"/> Mutual Funds FOF Schemes	<input type="checkbox"/> Defence Establishment	
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

## 8. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)

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

CDSL: Depository Participant (DP) ID (CDSL only)

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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## 9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form. The below information is required for all applicants/guardian

First Applicant / Guardian	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

First Applicant / Guardian	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C ⇒ Others, please state the reason thereof: \_\_\_\_\_

## Address Type of Sole/1st Holder:

Residential  Registered Office  Business

## Address Type of 2nd Holder:

Residential  Registered Office  Business

## Address Type of 3rd Holder:

Residential  Registered Office  Business

Annexure I and Annexure II are available on the website of AMC i.e. [www.icicipruamc.com](http://www.icicipruamc.com) or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

## 10. KYC DETAILS (Mandatory)

### Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Second Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Third Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired

Scheme Name	Plan	Option/Sub-option	Payment Details			
			Amt. _____	Cheque No. _____	dtd. _____	
			Bank & Branch _____			

<b>Gross Annual Income</b> [Please tick (✓)]							
Sole/First Applicant	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore	
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <b>D D M M Y Y Y Y</b> (Not older than 1 year)						
Second Applicant	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore	OR Net worth ₹ _____
Third Applicant	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore	OR Net worth ₹ _____

**PEP status** [Please tick (✓)]

<b>For Individuals</b> [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable							
Sole/First Applicant	<b>For Non-Individuals</b> [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO						
Second Applicant	<input type="radio"/> Politically Exposed Person (PEP)	<input type="radio"/> Related to Politically Exposed Person (RPEP)	<input type="radio"/> Not applicable				
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP)	<input type="radio"/> Related to Politically Exposed Person (RPEP)	<input type="radio"/> Not applicable				

\* (Also applicable for the authorised signatories/ Promoters /Karta /Trustee /Whole time Directors)

*PEP are defined as individuals who have been entrusted with prominent public functions by a foreign country, including the Heads of States or Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations and important political party official are considered as PEP. Family members or close relatives of such individuals are considered as RPEP.*

As per the prevailing regulatory requirements, it is necessary to obtain approval of senior management of the AMC for establishing business relationship with PEPs and their close relatives/ accounts of family members. In case the applicant or its UBO is a PEP or RPEP, the application shall be processed subject to approval of the senior management of the AMC, which may take upto 2 business days.

## 11. NOMINATION

NOMINEE (OPT-IN) Details or OPT-OUT Declaration is **Mandatory** to process the application. Please choose from below **Option A** or **Option B** as appropriate. (Refer instruction VII).

**A) FOR NOMINATION OPT-IN: I/WE HEREBY NOMINATE THE UNDERMENTIONED NOMINEE(S) TO RECEIVE THE AMOUNT TO MY/OUR CREDIT IN EVENT OF MY/OUR DEATH AS FOLLOWS:**

Nomination Details							
Nomination can be made upto three nominees in the account.		Details of 1st Nominee		Details of 2nd Nominee		Details of 3rd Nominee	
<b>Mandatory information</b>							
1	Name of the nominee(s)	Mr./Ms.		Mr./Ms.		Mr./Ms.	
2	Share of each Nominee#	%		%		%	
3	Date of Birth (in case Nominee is Minor)	dd-mmm-yyyy		dd-mmm-yyyy		dd-mmm-yyyy	
4	Relationship with the Applicant (select one)	<input type="radio"/> Spouse	<input type="radio"/> Father	<input type="radio"/> Mother	<input type="radio"/> Daughter	<input type="radio"/> Son	<input type="radio"/> Others (please specify)
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <hr/> <input type="checkbox"/> Aadhaar(last 4 digits) ***** <input type="checkbox"/> Passport(for NRIs/OCIs/PIOs) <hr/> <input type="checkbox"/> Driving License <hr/>		<input type="checkbox"/> PAN <hr/> <input type="checkbox"/> Aadhaar(last 4 digits) ***** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <hr/> <input type="checkbox"/> Driving License <hr/>		<input type="checkbox"/> PAN <hr/> <input type="checkbox"/> Aadhaar(last 4 digits) ***** <input type="checkbox"/> Passport(for NRIs/OCIs/PIOs) <hr/> <input type="checkbox"/> Driving License <hr/>	
6	Address of Nominee(s)/Guardian in case of Minor City / Place: State & Country	Pincode:		Pincode:		Pincode:	
7	Mobile of nominee(s)/Guardian in case of Minor						
8	Email ID of nominee(s)/Guardian in case of Minor						
<b>Non-mandatory details</b>							
9	Nominee/Guardian Name (in case Nominee is Minor)						

# Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

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; (please tick, as appropriate)

Name of nominee(s) with %

Nomination: Yes / No (Default)

**B) FOR NOMINATION OPT-OUT:**  (Please tick (/) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of First Unit holder

Signature of 2nd Unit holder

Signature of 3rd Unit holder

**12. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XVI).**

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

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.

**INVESTOR(S) DECLARATION & SIGNATURE(S)**

The Trustee, ICICI Prudential Mutual Fund, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that 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, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd.(the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. 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. 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. I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. I/We hereby provide consent for uploading/updating/fetching CKYC record from Central KYC Records Registry. 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).

SIGNATURE(S)

SOLE / FIRST APPLICANT

SECOND APPLICANT

THIRD APPLICANT

**^Witness details are required, for the account holder affixes thumb impression, instead of signature**

**Witnesses for the Sole / First Holder (Mr./Ms.):**

Witness 1 Name & Address:

Witness 1 Signature:

Witness 2 Name & Address:

Witness 2 Signature:

**Witness for the Second Holder (Mr./Ms.):**

Witness 1 Name & Address:

Witness 1 Signature:

Witness 2 Name & Address:

Witness 2 Signature:

**Witness for the Third Holder (Mr./Ms.):**

Witness 1 Name & Address:

Witness 1 Signature:

Witness 2 Name & Address:

Witness 2 Signature:



**PAN BASED MANDATE CUM SIP REGISTRATION FORM**  
**[For investment through NACH (Not eligible for Minors Bank Account)]**



**PAN BASED MANDATE**

UMRN	FOR OFFICE USE ONLY										Date	FOR OFFICE USE ONLY													
Sponsor Bank Code	FOR OFFICE USE ONLY										Utility Code	FOR OFFICE USE ONLY													
Tick (✓)																									
CREATE✓		I/We hereby authorize <b>ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED</b> to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other																							
MODIFY																									
CANCEL																									
Bank a/c number																									
with Bank												Name of customers bank		IFSC		or MICR									
an amount of Rupees												Maximum Amount (Rupees in words)				₹									
FREQUENCY <input checked="" type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented												DEBIT TYPE <input type="checkbox"/> Fixed Amount		<input checked="" type="checkbox"/> Maximum Amount											
PAN 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						Sign:		Sign:		Sign:															
To																									
Maximum period of validity of this mandate is 40 years only																									

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 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, returns, etc., as applicable.



**SIP Registration-Cum-Mandate Form for SIP**

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)																																	
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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.																																							
FOLIO NO.		Sole/1st Applicant:																																					
<input type="checkbox"/> Registration via Existing OTM (Please mention UMRN if multiple OTMs exist in folio) [Tick to avail (✓)]																																							
Scheme: ICICI PRUDENTIAL PLAN: _____																																							
OPTION: _____		SUB-OPTION: _____		IDCW* FREQUENCY: _____																																			
*IDCW - Income Distribution cum capital withdrawal option) 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: _____																																					
SIP Frequency: <input type="checkbox"/> Daily (Only business days) <input type="checkbox"/> Weekly*** (_____) <input type="checkbox"/> Fortnightly** <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly*																																							
*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. **Fortnightly is available on 1st and 16th of each month, as applicable. ***investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the chosen date is a non-business day, the transaction would be processed on the next business day. ^Number of installments have to be mentioned only in case of Daily/Weekly/Fortnightly frequencies. [Refer T&C no.12(f)]																																							
SIP Date#: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td></tr></table>   <table border="1" style="display: inline-table;"><tr><td>SIP Start Month/Year</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>   <table border="1" style="display: inline-table;"><tr><td>SIP End Month/Year</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	SIP Start Month/Year	M	M	Y	Y	Y	Y	SIP End Month/Year	M	M	Y	Y	Y	Y																						
D	D																																						
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NSDL: Depository Participant (DP) ID (NSDL only)		Beneficiary Account Number (NSDL only)		CDSL: Depository Participant (DP) ID (CDSL only)																																			

(Please sign overleaf)



**ACKNOWLEDGEMENT SLIP**  
*(To be filled in by the investor)*

Folio No./ Application No. \_\_\_\_\_

Name of the Investor: _____																																	
Scheme: _____		SIP Amount Rs. _____		SIP Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly																													
<input type="checkbox"/> SIP TOP UP Amt. Rs. _____		TOP UP CAP: <input type="radio"/> Amt: Rs. _____		OR <input type="radio"/> Month-Year: <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		M	M	Y	Y	Y	Y																						
M	M	Y	Y	Y	Y																												

Acknowledgement Stamp

**Mandatory fields in OTM form as per NPCI:** • Mandate Date is Mandatory • Transaction type to be selected • Only one Account type to be selected • Bank account number and Bank name • Please mention IFSC Code (11 Alpha numeric Characters) / MICR Code (9 Numeric) • Maximum amount to be mentioned (should be same in figures and words) • valid PAN • OTM start date & end date • Name & Signature(s) as per bank records • Mandate Date and the Validity of the mandate should be mentioned in DD/MM/YYYY format • Mandate start (From) date should be after Mandate (Application) date. • Maximum duration of this mandate is 40 Years.

#### 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.

#### INSTRUCTIONS FOR EXISTING OTM AND PAN BASED MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the PAN in the respective folio(s).
- 2) If more than one bank accounts are registered for OTM facility, investor is requested to mention the bank account number and bank name from where amount is to be debited. If the same is not mentioned or no OTM mandate is registered for the given bank details, AMC reserves the right to initiate the debit through any of the valid OTM's registered or reject the request.
- 3) The units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 4) Registration request or any other subsequent transaction may be liable for rejection, if the frequency for the registered OTM is other than "As and when presented" and/ or if the transaction amount is other than fixed amount or more than maximum amount registered in the mandate.
- 5) AMC reserves right to reject or process the application subject to internal verification.
- 6) PAN based mandate will be mapped to all the folios wherever investor is the Sole/First holder subject to completion of mandate registration with the banker.
- 7) PAN based mandate will not be applicable, if bank details provided is for Minor's Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- 9) Mandate start (From) date should be after Mandate (Application) date.

**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

# FOLIO BASED MANDATE CUM SIP REGISTRATION FORM

[For investment through NACH]



## FOLIO BASED MANDATE

UMRN	FOR OFFICE USE ONLY										Date	FOR OFFICE USE ONLY						
Tick (✓)	Sponsor Bank Code	FOR OFFICE USE ONLY										Utility Code	FOR OFFICE USE ONLY					
CREATE✓ MODIFY CANCEL	I/We hereby authorize <b>ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED</b> to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other																	
	Bank a/c number																	
with Bank		Name of customers bank			IFSC	or MICR												
an amount of Rupees		Maximum Amount (Rupees in words)										₹						
FREQUENCY		<input type="checkbox"/> Mthly	<input type="checkbox"/> Qtly	<input type="checkbox"/> H-Yrly	<input type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE										<input type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> 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 


 Sign: \_\_\_\_\_ To 


 Sign: \_\_\_\_\_ Sign: \_\_\_\_\_

Maximum period of validity of this mandate is 40 years only

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.

## SIP Registration-Cum-Mandate Form for SIP

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. (EUIIN)
#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.			
Declaration for "execution-only" transaction (only where EUIIN box is left blank) - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.			
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.

FOLIO NO.	Sole/1st Applicant:
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Registration via Existing OTM (Please mention UMRN if multiple OTMs exist in folio) [Tick to avail (✓)]

Scheme: ICICI PRUDENTIAL PLAN: \_\_\_\_\_

OPTION: \_\_\_\_\_ SUB-OPTION: \_\_\_\_\_ IDCW\* FREQUENCY: \_\_\_\_\_

(\*IDCW - Income Distribution cum capital withdrawal option)

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: \_\_\_\_\_

SIP Frequency:  Daily (Only business days)  Weekly\*\*\* (\_\_\_\_\_ )  Fortnightly\*\*  Monthly  Quarterly\*

\*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. \*\*Fortnightly is available on 1st and 16th of each month, as applicable. \*\*\*investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the chosen date is a non-business day, the transaction would be processed on the next business day. ^Number of installments have to be mentioned only in case of Daily/Weekly/Fortnightly frequencies. [Refer T&C no.12(f)]

SIP Installments^

SIP Date: 

D	D
M	M
Y	Y
Y	Y
Y	Y

 SIP Start Month/Year 

M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y

 SIP End Month/Year 

M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y

### EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque No. \_\_\_\_\_ Cheque Amount Rs. \_\_\_\_\_ A/c No. \_\_\_\_\_

Bank Name: \_\_\_\_\_

SIP TOP UP (Optional)  
(Tick to avail this facility)  
(Refer point no. 20 under Terms and Conditions for details)

Percentage:  10%  15%  20%

other \_\_\_\_\_ (multiples of 5% only)

TOP UP Amount: Rs. \_\_\_\_\_ OR

Frequency:  Half Yearly  Yearly

SIP TOP UP CAP Amount:

Rs. \_\_\_\_\_ OR

Month-Year#:

M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y

#Investor has to choose only one option - either CAP Amount or CAP Month-Year

### DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL - PLEASE REFER INSTRUCTION NO. 19)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
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(Please sign overleaf)

### ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No./ Application No. \_\_\_\_\_

Name of the Investor: _____												
Scheme: _____ SIP Amount Rs. _____ SIP Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly												
<input type="checkbox"/> SIP TOP UP Amt. Rs. _____ TOP UP CAP: <input type="radio"/> Amt: Rs. _____ OR <input type="radio"/> Month-Year: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y							
M	M	Y	Y	Y	Y							
Acknowledgement Stamp												

**Mandatory fields in OTM form as per NPCI:** • Mandate Date is Mandatory • Transaction type to be selected • Only one Account type to be selected • Bank account number and Bank name • Please mention IFSC Code (11 Alpha numeric Characters) / MICR Code (9 Numeric) • Maximum amount to be mentioned (should be same in figures and words) • valid PAN • OTM start date & end date • Name & Signature(s) as per bank records • Mandate Date and the Validity of the mandate should be mentioned in DD/MM/YYYY format • Mandate start (From) date should be after Mandate (Application) date. • Maximum duration of this mandate is 40 Years.

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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 One Time Mandate (OTM) Facility:** As an investor I/we hereby request you to register me/us for availing the facility of OTM 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).

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

Sole/First Holder	2nd Holder	3rd Holder
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