ICICI PRUDENTIAL MUTUAL FUND

COMMON APPLICATION FORM FOR MULTIPLE SCHEMES - LUMPSUM / SIP

Application No.

Please read INSTRUCTIONS carefully before completing this form. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

ARN-95070			E-101834
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 in-appropriateness, 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 (**Legal Entity Identifier Number is for Transaction value of INR 50 crore and above.** See Instruction No. XV)

Existing Folio No.

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

SOLE / 1ST 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 applicant: ◯ Natural guardian ◯ Court appointed guardian Date of Birth (Mandatory) D D M M Y Y Y Y

KYC Id No.¥

2ND 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

3RD 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.

MANDATORY

Account Number **Account Type** ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR

Name & Branch of Bank

Branch City **9 Digit MICR Code** **11 Digit IFSC**

Enclosed *(Please ✓):* ☐ **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:**

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	ICICI Prudential			
2	ICICI Prudential			
3	ICICI Prudential			
4	ICICI Prudential			
In case of multiple schemes, Cheque should be drawn in favour of **"ICICI Prudential Mutual Fund Collection A/c."** and the cheque amount should match with the Total Investment amount mentioned here.			**TOTAL AMOUNT**	

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.

(Please see overleaf)

Updated and Approved on May 2025

ICICI PRUDENTIAL MUTUAL FUND

ACKNOWLEDGEMENT SLIP - ICICI PRUDENTIAL MULTIPLE SCHEMES FOR LUMPSUM/SIP

(Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information)

Application No.

EXISTING FOLIO NO.

Name of the Investor:_____

PAYMENT DETAILS

Amount _____ Cheque No. _____ dated_____

Bank & Branch_____

4. PAYMENT DETAILS

Mode of Payment ◯ Cheque ◯ Funds Transfer ◯ NEFT ◯ RTGS

Investment Amount ₹ | **Cheque Number** | Date D D M M Y Y Y Y

BANK DETAILS: ☐ Same as above *[Please tick (✓) if yes]* ☐ Different from above *[Please tick (✓) if it is different from above and fill in the Bank details below]*

A/c Number | **Account Type** ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR

Name & Branch of Bank

Branch City | **Mandatory Enclosures** *(Please tick (✓) if the first instalment is not through cheque)* ◯ Cheque Copy ◯ Bank Statement ◯ Banker's Attestation_____

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(e). Third Party Payment Declaration form is available in 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£

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£

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£

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**£ : ◯ Daily ◯ Weekly ◯ Monthly ◯ Quarterly ◯ Half Yearly ◯ Annually

* Mandatory information – If left blank the application is liable to be rejected.
** Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement Fund. § For KYC requirements, please refer to the instruction Nos. II b(5) & X

Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
£ Please refer to instruction no. IX

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

7. TAX STATUS [Please tick (✓)]

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

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

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

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

9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) *(Mandatory)*

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

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			◯ Indian ◯ U.S. ◯ Others *(Please specify)* _____
Second Applicant			◯ Indian ◯ U.S. ◯ Others *(Please specify)* _____
Third Applicant			◯ Indian ◯ U.S. ◯ 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.

	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)
First Applicant / Guardian				Reason : A☐ B☐ C☐
Second Applicant				Reason : A☐ B☐ C☐
Third Applicant				Reason : A☐ B☐ C☐

(Please see overleaf)

INVESTMENT DETAILS

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	ICICI Prudential			
2	ICICI Prudential			
3	ICICI Prudential			
4	ICICI Prudential			

❑ 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:	Address Type of 2nd Holder:	Address Type of 3rd Holder:
◯ Residential ◯ Registered Office ◯ Business	◯ Residential ◯ Registered Office ◯ Business	◯ Residential ◯ Registered Office ◯ Business

Annexure I and **Annexure II** are available on the website of AMC i.e. 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	◯ Private Sector Service ◯ Housewife	◯ Public Sector Service ◯ Student	◯ Government Service ◯ Forex Dealer	◯ Business ◯ Others (Please specify)_____	◯ Professional	◯ Agriculturist	◯ Retired
Second Applicant	◯ Private Sector Service ◯ Housewife	◯ Public Sector Service ◯ Student	◯ Government Service ◯ Forex Dealer	◯ Business ◯ Others (Please specify)_____	◯ Professional	◯ Agriculturist	◯ Retired
Third Applicant	◯ Private Sector Service ◯ Housewife	◯ Public Sector Service ◯ Student	◯ Government Service ◯ Forex Dealer	◯ Business ◯ Others (Please specify)_____	◯ Professional	◯ Agriculturist	◯ Retired

Gross Annual Income [Please tick (✓)]	
Sole/First Applicant	◯ 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 M Y Y Y Y (Not older than 1 year)
Second Applicant	◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ >25 Lacs-1 crore ◯ >1 crore **OR** Net worth ₹ _____
Third Applicant	◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ >25 Lacs-1 crore ◯ >1 crore **OR** Net worth ₹ _____

PEP status [Please tick (✓)]	
Sole/First Applicant	**For Individuals** [Please tick (✓)]: ◯ I am Politically Exposed Person (PEP)^ ◯ I am Related to Politically Exposed Person (RPEP) ◯ Not applicable
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services – ◯ YES ◯ NO; (ii) Gaming / Gambling / Lottery / Casino Services – ◯ YES ◯ NO; (iii) Money Lending / Pawning – ◯ YES ◯ NO
Second Applicant	◯ Politically Exposed Person (PEP)^ ◯ Related to Politically Exposed Person (RPEP) ◯ Not applicable
Third Applicant	◯ Politically Exposed Person (PEP)^ ◯ Related to Politically Exposed Person (RPEP) ◯ 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**
Mandatory information				
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)**	O **Spouse** O **Father** O **Mother** O **Daughter** O **Son** O **Others (please specify)** _____	O **Spouse** O **Father** O **Mother** O **Daughter** O **Son** O **Others (please specify)** _____	O **Spouse** O **Father** O **Mother** O **Daughter** O **Son** O **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].	☐ **PAN** _____ ☐ **Aadhaar**(last 4 digits) **** **** _____ ☐ **Passport**(for NRIs/OCIs/PIOs) _____ ☐ **Driving License** _____	☐ **PAN** _____ ☐ **Aadhaar**(last 4 digits) **** **** _____ ☐ **Passport** (for NRIs/OCIs/PIOs) _____ ☐ **Driving License** _____	☐ **PAN** _____ ☐ **Aadhaar**(last 4 digits) **** **** _____ ☐ **Passport**(for NRIs/OCIs/PIOs) _____ ☐ **Driving License** _____
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**			
Non-mandatory details				
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).**

Sole/1st Applicant	2nd Applicant	3rd Applicant
X		

^Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

	Name of the Holder	Signature / Thumb Impression
Sole / First Holder (Mr./Ms.)	**Name:**	Signature /Thumb Impression:
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:
Second Holder (Mr./Ms.)	**Name:**	Signature /Thumb Impression:
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:
Third Holder (Mr./Ms.)	**Name:**	Signature /Thumb Impression:
	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

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 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
Maximum period of validity of this mandate is 40 years only

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 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.

ARN-95070			E-101834
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 in-appropriateness, 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:**

☐ **Registration via Existing OTM** (Please mention **UMRN** if multiple **OTMs** exist in folio) [Tick to avail (✓)]

Sr. No.	Scheme Name/Plan/Option/Sub-option#$	SIP Installment Amount (₹)	SIP Day & Date	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 ☐	Monthly & Quarterly D D / Weekly** (_____)	◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ OR %	◯ Yearly ◯ Half Yearly
						TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	
2	ICICI Prudential	₹ / No. of Installment ☐	Monthly & Quarterly D D / Weekly** (_____)	◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ OR %	◯ Yearly ◯ Half Yearly
						TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	
3	ICICI Prudential	₹ / No. of Installment ☐	Monthly & Quarterly D D / Weekly** (_____)	◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ OR %	◯ Yearly ◯ Half Yearly
						TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	
4	ICICI Prudential	₹ / No. of Installment ☐	Monthly & Quarterly D D / Weekly** (_____)	◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ OR %	◯ Yearly ◯ Half Yearly
						TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	
In case of multiple schemes, Cheque 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). **investors can choose any day of the week from Monday to Friday to register under weekly frequency.*				

*(For **SIP TOP-UP :** refer point no. 23 under Terms And Conditions for details.)* ***(Please sign overleaf)***

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

Name of the Investor: _____

Scheme (1) : _____ **Plan & Option:** _____

Scheme (2) : _____ **Plan & Option:** _____

Scheme (3) : _____ **Plan & Option:** _____

Scheme (4) : _____ **Plan & Option:** _____

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.

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque No._____ Cheque Amount Rs. _____ A/c No. _____

Bank Name: _____

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)

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 X	**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):_____