



SIP REGISTRATION CUM MANDATE FORM

Application No.

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

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

ARN-54241	SANGHI	EUIIN- E055018
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#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 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.

Sign here

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY:
 In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the 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.

Please tick (✓) New Registration Cancellation Existing UMRN

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 _____ **Folio No.** _____

Mr. Ms. M/s _____

Scheme Name: ICICI PRUDENTIAL **PLAN:** Regular Direct

OPTION: _____ **SUB-OPTION:** _____ **Dividend Frequency:** _____ **AEP Frequency:** _____

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. _____ Dated _____

Drawn on Bank _____ Amount Rs. _____

Bank Branch _____ City _____

Each SIP Amount: Rs. _____ Rupees in words: _____

SIP Date: 1st 7th 10th 15th 20th 25th

SIP Start Month/Year: _____

SIP End: 12 / 2018 12 / 2020
 12 / 2025 12 / 2099

Or other please fill in below

SIP TOP UP (Optional) (Tick to avail this facility) **TOP UP Amount:** Rs. _____ **TOP UP Frequency:** Half Yearly Yearly

* TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Terms & Conditions No. B(6)]

SIP TOP UP CAP: Amount*: Rs. _____ OR Month-Year*: _____

* TOP-UP CAP Amount: Please refer to T&C No. B(6-h(i)) # TOP-UP CAP Month-Year: Please refer to T&C No. B(6-h (i) & (ii))

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. B(8)]

NSDL (Please) OR CDSL

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

Depository Participant (DP) ID (CDSL only) _____

The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

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 _____

EASY PAY DEBIT MANDATE INSTRUCTION

UMRN _____ Date _____

Sponsor Bank Code _____ Utility Code _____

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 _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹

FREQUENCY Mthly Qlty H-Yrly Yrly As & when presented **DEBIT TYPE** Fixed Amount Maximum Amount

Folio No. _____ **Mobile No.** _____

Reference _____ **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

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH/ECS/SI/Auto Debit. **Authorisation to Bank:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit. This is to inform that I/we have registered for NACH/ECS/SI/Auto Debit facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Name of the Investor: _____ Folio No./ Application No. _____

SIP Amount Rs. _____ Scheme Name: _____

SIP Frequency: Monthly Quarterly Option: _____

SIP TOP UP Amt. Rs. _____ TOP UP CAP: Amt:Rs. _____ OR Month-Year: _____

_____ Acknowledgement Stamp