



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

Application No.



PAN BASED MANDATE

UMRN [Grid] Date [Grid]

Sponsor Bank Code [Grid] Utility Code [Grid]

Tick (✓) CREATE [x] 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 [Grid]

with Bank Name of customers bank IFSC [Grid] or MICR [Grid]

an amount of Rupees [Grid] Maximum Amount (Rupees in words) ₹ [Grid]

FREQUENCY [x] Mthly [x] Qtrly [x] H-Yrly [x] Yrly [x] As & when presented DEBIT TYPE [x] Fixed Amount [x] Maximum Amount

PAN [Grid] Mobile No. [Grid]

Reference APPLICATION NUMBER [Grid] Email ID [Grid]

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 [Grid] To [Grid] Or [x] Until Cancelled Sign: [Grid] 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.



SIP REGISTRATION FORM

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)/ ARN-30156 SUB-BROKER ARN CODE SUB-BROKER CODE (As allotted by ARN holder) Employee Unique Ident E-024887 UIN

#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.

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.

FOLIO NO. [Grid] Registration via Existing OTM [Please tick (✓)]

Sole/First Applicant's Name (As per Aadhaar): Mr. /Ms. / M/s FIRST MIDDLE LAST

Scheme: ICICI PRUDENTIAL PLAN:

OPTION: SUB-OPTION: DIVIDEND FREQUENCY: AEP FREQUENCY

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

Each SIP Amount: Rs. In words:

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

SIP Date: SIP Start Month/Year SIP End Month/Year

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

SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. * TOP UP amount in multiples of Rs.500 only. Frequency: Half Yearly Yearly SIP TOP UP CAP Amount: Rs. OR Month-Year#: 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)

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.

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

Sole/First Holder 2nd Holder 3rd Holder



ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No./ Application No.

Name of the Investor: Scheme Name: Option: SIP Amount Rs. SIP Frequency: Monthly Quarterly

Acknowledgement Stamp

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