



ONE TIME MANDATE CUM SIP REGISTRATION FORM

[For investment through NACH]

Application No. _____



ONE TIME MANDATE

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 _____ Name of customers bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ Maximum Amount (Rupees in words) _____ ₹

FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount 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 _____ To _____ Or Until Cancelled
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 payment referred above through participants in NACH/S/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/ Bank Debit 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 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)/ RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.			
TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY: In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.			
Declaration for "execution-only" transaction (only where EUIN box is left blank) - I/We hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.			
SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.			

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

FOLIO NO. _____

Registration via Existing OTM [Please tick ,]

Sr. No.	Scheme Name/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	SIP Frequency	SIP Start Month & Year and SIP End Month & Year	Top-Up (Minimum ₹ 500 or in percentage	
						Amount (₹) or Percentage (%)	Frequency*
1	ICICI Prudential	₹ _____	DD	<input type="radio"/> Monthly <input type="radio"/> Quarterly	MM / YY to MM / YY	₹ _____ OR %	<input type="radio"/> Yearly <input type="radio"/> Half Yearly
2	ICICI Prudential	₹ _____	DD	<input type="radio"/> Monthly <input type="radio"/> Quarterly	MM / YY to MM / YY	₹ _____ OR %	<input type="radio"/> Yearly <input type="radio"/> Half Yearly
3	ICICI Prudential	₹ _____	DD	<input type="radio"/> Monthly <input type="radio"/> Quarterly	MM / YY to MM / YY	₹ _____ OR %	<input type="radio"/> Yearly <input type="radio"/> Half Yearly

TOP UP CAP Amount ₹ _____
OR Month-Year: MM / YY to MM / YY

In case of multiple schemes, Cheque/DD should be drawn in favour of "ICICI Prudential Mutual Fund Collection A/c." TOTAL ₹ _____

*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. (Top-up % is multiples of 5% only. Top-up amount should be in multiples of ₹ 500)

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque/DD No. _____ A/c. No. _____ Bank Name _____

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL - PLEASE REFER INSTRUCTION NO. B(8))

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/1st 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

SIP TOP UP Amt. Rs. _____ TOP UP CAP: Amt. Rs. _____ OR Month-Year: MM / YY to MM / YY

Acknowledgement Stamp