AICICI

MANDATE CUM SIP REGISTRATION FORM

Application No.

| [For investment through NACH] | | |
|--|--|--|
| FOLIO BASED MANDATE | | |
| PRUDENTIAL UMRN | | Date |
| Tick (🗸) Sponsor Ba | nk Code FOR OFFICE USE ONLY Utility Code | FOR OFFICE USE ONLY |
| CREATE I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick V) SB/CA/CC/SB-NRE/SB-NRO/Other | | |
| MODIFY | INDIT HODELTHAL AGGET WANTAGENER TO CONTI ANT ENTITED | d debit (tick \$) |
| CANCEL Bank a/c number | | |
| with Bank Name | of customers bank IFSC IFSC | or MICR |
| an amount of Rupees | Maximum Amount (Rupees in words) | ₹ |
| FREQUENCY Athly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount 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 | | Sign: |
| Or 🖂 Until Cancelled | Mama 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/Sl/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 mry/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. | | |
| FILIENTIAL TO MUTUAL FUND | SIP REGISTRATION FORM | Application No. |
| | Features and Instructions before completing this form. All sections to be completed i | |
| RIA CODE# | (As allotted by ARN h | |
| | e you to share with the Investment Adviser the details of my/our transactions in the s | |
| 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" transact | tion (only where EUIN box is left blank) - I/We hereby confirm that the EUIN box ha | as been intentionally left blank by me/ us as this is an "execu- |
| tion-only" transaction without any intera any, provided by the employee/relationsh | ction or advice by the employee/relationship manager/sales person of the above dist ip manager/sales person of the distributor and the distributor has not charged any ad | tributor or notwithstanding the advice of in-appropriateness, if dvisory 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. | | Registration via Existing OTM [Please tick (✓)] |
| Sole/First Applicant's Name: Mr. /Ms. / M | /s | negistration via Existing OTHI [Flease lick (V)] |
| FIRST | MIDDLE | LAST |
| Scheme: ICICI PRUDENTIAL | PLAN: | SIP TOP UP (Optional) |
| OPTION: SUB-OPTI | DN: DIVIDEND FREQUENCY: AEP FREQUENCY | (Tick to avail this facility) |
| Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund. Percentage: 10% 15% 20% | | |
| each SIP Amount: Rs. other (multiples of 5% only) | | |
| | In words: | TUP UP Amount: Rs |
| SIP Frequency: Monthly Quarte | rty* (Default is Monthly) *In case of Quarterly SIP, only Yearly frequency is available und | ader SIP TOP UP. * TOP UP amount in multiples of Rs.500 only. Frequency: Half Yearly Yearly |
| SIP Date: SIP Start Month / Year | M M Y Y Y Y SIP End Month / Year M M Y Y | Y SIP TOP UP CAP Amount: |
| EXISTING OTM / FIRST INSTALLMENT B | | RsOR Month-Year#: |
| Cheque/DD No Che | eque/DD Amount Rs A/c No | |
| Bank Name: | | #Investor has to choose only one option — either CAP |
| DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19) | | |
| NSDL: Depository Participant (DP) ID (NSDL on | , | ant (DP) ID (CDSL only) |
| | | |
| YOUR CONFIRMATION/DECLARATION: /We hereby declare that /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) | | |
| | | , to |
| Sole/First Holder | 2nd Holder | 3rd Holder |
| ACKNOWLEDGEMENT SLIP (To be filled in by the investor) PRIDENTIAL TO Name of the Investor: PRIDENTIAL TO Name of the Investor: | | |
| Scheme Name: | Option: SIP Amount Rs SIP Frequency: [| Acknowledgement Stamp |
| SIP TOP LIP Amt. Rs. | TOP UP CAP: Amt: Rs. OR Month-Year: M M | |