



### COMMON APPLICATION FORM FOR MULTIPLE SCHEMES - LUMP SUM / 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.

BROKER CODE (ARN CODE)/ <b>ARN - 95789</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	<b>EUIN - 104467</b>
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#By mentioning RIA/PMRN 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) (Refer Instruction No. XIII). - 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 inappropriateness, 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
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**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY** [Refer Instruction XI] Existing Folio No.

\* In case the purchase/subscriptions amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscriptions amount and paid the distributor. Units will be issued against the balance amount invested.

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

**SOLE / 1<sup>ST</sup> APPLICANT** Mr. Ms. M/s. FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No. ¥ Enclosed (Please ✓)\* KYC Acknowledgement Letter Date of Birth\*\*

PAN/PEKRN*	KYC Id No. ¥	Enclosed (Please ✓)*	Date of Birth**
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D	D	M	M	Y	Y	Y	Y
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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

KYC Id No. ¥

D	D	M	M	Y	Y	Y	Y
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LEI Number (Legal Entity Identifier Number is for Transaction value of INR 50 crore and above. See Instruction No. XV)

#### 2<sup>ND</sup> APPLICANT

Mr. Ms. M/s. FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No. ¥  KYC Proof Attached (Mandatory) Date of Birth

PAN/PEKRN*	KYC Id No. ¥	Date of Birth
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D	D	M	M	Y	Y	Y	Y
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#### 3<sup>RD</sup> APPLICANT

Mr. Ms. M/s. FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No. ¥  KYC Proof Attached (Mandatory) Date of Birth

PAN/PEKRN*	KYC Id No. ¥	Date of Birth
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D	D	M	M	Y	Y	Y	Y
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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.

**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/DD 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	
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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 June 1, 2023



#### ACKNOWLEDGEMENT SLIP - ICICI PRUDENTIAL MULTIPLE SCHEMES FOR LUMP SUM/SIP

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

Application No.

Name of the Investor: \_\_\_\_\_

EXISTING FOLIO NO.	
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TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

**4. PAYMENT DETAILS**Mode of Payment  Cheque  DD  Funds Transfer  NEFT  RTGSInvestment Amount ₹ DD Charges (if applicable) ₹ Total Amount ₹ **0.00** A + BCheque / DD Number  Date 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  FCNRName & 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<sup>f</sup> 

Mobile No.\* provided pertains to: [Please tick (✓)]

Email ID\* provided pertains to: [Please tick (✓)]

 Self  Spouse  Dependent Children  Dependent Siblings  
 Dependent Parents  Guardian  PMS  Custodian  POA Self  Spouse  Dependent Children  Dependent Siblings  
 Dependent Parents  Guardian  PMS  Custodian  POA

\*if above any option is not ticked (✓) or selected then [Self] option is considered as a default.

**2nd Unitholder :** Mobile  Email<sup>f</sup>

**3rd Unitholder :** Mobile  Email<sup>f</sup>

Please  if you wish to receive Annual Report or Abridged Summary via Post - (Applicable only if email is not available) [Refer Instruction No.IX(a)]Please  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**<sup>f</sup> :  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\* Mandatory information – If left blank the application is liable to be rejected.

# 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)

<sup>g</sup> For KYC requirements, please refer to the instruction Nos. II b(5) & X<sup>f</sup> 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> 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. (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			

**PAYMENT DETAILS**Amount \_\_\_\_\_ Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_  
Bank & Branch \_\_\_\_\_

	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 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- 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:**

Residential  Registered Office  Business

**Address Type of 2nd Holder:**

Residential  Registered Office  Business

**Address Type of 3rd Holder:**

Residential  Registered Office  Business

**Annexure I and Annexure II** are available on the website of AMC i.e. www.icicirpamu.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

**10. KYC DETAILS (Mandatory)**

**Occupation** [Please tick (✓)]

<b>Sole/First Applicant</b>	<input type="radio"/> Private Sector Service <input checked="" type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
<b>Second Applicant</b>	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
<b>Third Applicant</b>	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired

**Gross Annual Income** [Please tick (✓)]

<b>Sole/First Applicant</b>	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> > 1 crore	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)
<b>Second Applicant</b>	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> > 1 crore	OR Net worth ₹ _____
<b>Third Applicant</b>	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> > 1 crore	OR Net worth ₹ _____

**Others** [Please tick (✓)]

<b>Sole/First Applicant</b>	<b>For Individuals</b> [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) ^ <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
	<b>For Non-Individuals</b> [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (ii) Foreign Exchange / Money Changer Services - <input type="radio"/> YES <input checked="" type="radio"/> NO; (iii) Gaming / Gambling / Lottery / Casino Services - <input type="radio"/> YES <input checked="" type="radio"/> NO
<b>Second Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
<b>Third Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

**11. NOMINATION**

**NOMINEE (OPT-IN)** Details or **OPT-OUT Declaration** is **Mandatory** to process the application. Please tick (✓) 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:

Name and address of Nominee(s) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth [Mandatory]*	Name and address of Guardian (Mandatory if nominee is minor)	Signature of Nominee / Guardian*	Guardian's Relationship with Nominee [Mandatory]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%)
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	

\* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

**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

**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 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

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### PAN BASED MANDATE CUM SIP REGISTRATION FORM

[For investment through NACH (Not eligible for Minors Bank Account)]



#### PAN BASED 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  IFSC  or MICR

an amount of Rupees  ₹

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

PAN  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

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 - 95789	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	EUIN - 104467
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**#By mentioning RIA/PMRN 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.

**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
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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.**  **Date of Birth:**   Registration via Existing OTM [Please tick (✓)]

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	₹ <input type="text" value=""/> No. of Installment <input type="text" value=""/>	Monthly & Quarterly <input type="text" value="DD"/> <input type="text" value="DD"/> Weekly** ( <input type="text" value=""/> )	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ <input type="radio"/> Yearly <input type="radio"/> Half Yearly	
2	ICICI Prudential	₹ <input type="text" value=""/> No. of Installment <input type="text" value=""/>	Monthly & Quarterly <input type="text" value="DD"/> <input type="text" value="DD"/> Weekly** ( <input type="text" value=""/> )	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ <input type="radio"/> Yearly <input type="radio"/> Half Yearly	
3	ICICI Prudential	₹ <input type="text" value=""/> No. of Installment <input type="text" value=""/>	Monthly & Quarterly <input type="text" value="DD"/> <input type="text" value="DD"/> Weekly** ( <input type="text" value=""/> )	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ <input type="radio"/> Yearly <input type="radio"/> Half Yearly	
4	ICICI Prudential	₹ <input type="text" value=""/> No. of Installment <input type="text" value=""/>	Monthly & Quarterly <input type="text" value="DD"/> <input type="text" value="DD"/> Weekly** ( <input type="text" value=""/> )	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ <input type="radio"/> Yearly <input type="radio"/> Half Yearly	
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 ₹ 100). **investors can choose any day of the week from Monday to Friday to register under weekly frequency.				

(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:** • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • OTM start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

**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, lightning, 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 in case 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.

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

<b>DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19)</b>		
<b>NSDL: Depository Participant (DP) ID (NSDL only)</b>	<b>Beneficiary Account Number (NSDL only)</b>	<b>CDSL: Depository Participant (DP) ID (CDSL only)</b>

**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)**

<b>1st Holder</b>	<b>2nd Holder</b>	<b>3rd Holder</b>

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): _____	





**Mandatory fields in OTM form as per NPCI:** • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • OTM start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

**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, lightning, 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.

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

**DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19)**

<b>NSDL: Depository Participant (DP) ID (NSDL only)</b>	<b>Beneficiary Account Number (NSDL only)</b>	<b>CDSL: Depository Participant (DP) ID (CDSL only)</b>
_____	_____	_____

**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)**

<b>Sole/First Holder</b>		<b>2nd Holder</b>		<b>3rd Holder</b>	
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<b>Scheme (1) : SIP Installment Rs.</b> _____	<b>SIP Frequency:</b> _____	<b>SIP Start Date (DD/MM/YY):</b> _____	<b>SIP TOP UP Rs.</b> _____
<b>Scheme (2) : SIP Installment Rs.</b> _____	<b>SIP Frequency:</b> _____	<b>SIP Start Date (DD/MM/YY):</b> _____	<b>SIP TOP UP Rs.</b> _____
<b>Scheme (3) : SIP Installment Rs.</b> _____	<b>SIP Frequency:</b> _____	<b>SIP Start Date (DD/MM/YY):</b> _____	<b>SIP TOP UP Rs.</b> _____
<b>Scheme (4) : SIP Installment Rs.</b> _____	<b>SIP Frequency:</b> _____	<b>SIP Start Date (DD/MM/YY):</b> _____	<b>SIP TOP UP Rs.</b> _____
<b>TOP UP CAP Amount Rs. OR TOP UP CAP Month-Year:</b> Scheme (1): _____		Scheme (2): _____	Scheme (3): _____
Scheme (4): _____			