PAN BASED MANDATE CUM SIP REGISTRATION FORM

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

PAN BASED MANDATE

UMRN | FOR OFFICE USE ONLY | Date

Sponsor Bank Code: FOR OFFICE USE ONLY | Utility Code: FOR OFFICE USE ONLY

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~~ ☒ ~~Qtly~~ ☒ ~~H-Yrly~~ ☒ ~~Yrly~~ ☑ As & when presented DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

PAN | 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 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.

6th June 2021

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.

BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
ARN-118251			

#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. 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.

FOLIO NO. | Date of Birth D D M M Y Y Y Y | ☐ **Registration via Existing OTM** [Please tick (✓)]

Sole/1st Applicant: **Mr. /Ms. / M/s** FIRST MIDDLE LAST

Scheme: ICICI PRUDENTIAL _____ **PLAN:** _____

OPTION: _____ **SUB-OPTION:** _____ **INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION**

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: ☐ Daily *(Only business days)* ☐ Weekly*** *(_____)* ☐ Fortnightly** ☐ Monthly ☐ Quarterly*

**In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. **Fortnightly is available on 1st and 16th of each moth, as applicable. ***investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the choosen date is a non-business day, the transaction would be processed on the next business day. ^ Number of installments have to be mentioned only in case of Daily/Weekly/Fortnighly frequencies. [Refer T&C no.12(f)]*

SIP Installments ^

SIP Date#: D D | **SIP Start Month/Year** M M Y Y Y Y | **SIP End Month/Year** M M Y Y Y Y

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.100 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)

(Please sign overleaf)

ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

Folio No./ Application No.

Name of the Investor:_____

Scheme:_____ SIP Amount Rs._____ SIP Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

☐ **SIP TOP UP** Amt. Rs._____ **TOP UP CAP:** ◯ **Amt:**Rs._____ OR ◯ **Month-Year:** M M Y Y Y Y

Acknowledgement Stamp