PRUDENTIAL TO

PAN BASED MANDATE CUM SIP REGISTRATION FORM Application No. [For investment through NACH]

AICICI	PAN BASED M	ANDATE	
PRUDENTIAL TO UMRN		SEIONLY	Date
Tick (✓) Sponsor Ba	ank Code FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
CREATE ✓ I/We hereby authorize			
CANCEL Bank a/c number			
With Bank	of customers bank IFSC	or I	MICR
an amount of Rupees Maximum Amount (Rupees in words)			
FREQUENCY Maximum Amount PAN DEBIT TYPE Fixed Amount Mobile 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 —			
To	Sign:S		
Or		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 AMCI from time to time. I/We hereby confirm adherence to the terms of this facility offered by I/CIC 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/corpo-			
rate 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, returns, etc, as applicable.			
PRIDENTIAL TO MUTUAL FUND SIP REGISTRATION FORM Application No.			
BROKER CODE (ARN CODE)/	Features and Instructions before completing this form. All SUB-BROKER ARN CODE	SUB-BROKER CODE	Employee Unique
130604 RIA CODE#		(As allotted by ARN holder)	Identifi215293EUIN)
#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			
SIGNATORE OF SOLE/TIRST AFFEIGANT SIGNATORE OF THIRD AFFEIGANT			
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. Sole/First Applicant's Name (As per Aadhaar): Mr. /Ms. / M/s			
FIRST MIDDLE LAST			
Scheme: ICICI PRUDENTIAL PLAN: SIP TOP UP (Optional)			
OPTION: SUB-OPTION: 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% 20%			
Each SIP Amount: Rs. In words:			
Each SIP Amount: Rs			
Frequency: Half Yearly Yearly			
SIP Date: SIP Start Month / Year	M	M M Y Y Y	SIP TOP UP CAP Amount: Rs. OR
EXISTING OTM / FIRST INSTALLMENT B			Month-Year#:
	eque/DD Amount Rs A/c No		M M Y Y Y Y
Bank Name: #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)			
Trobe: Depository Farticipant (DF) ID (NODE On	,,,,	ODOL. Depository Participant (DF) ID (CDSL OF	""
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		tion of NAV.	
Sole/First Holder	2nd Holder	3rd Holder	
	<u>#</u>		
ACKNOWLEDGEMENT SLIP (To be filled in by the investor) PRIDENTAL FUND MUTUAL FUND Acknowledgement Stamp			
Scheme Name:Option:SIP Amount RsSIP Frequency: Monthly Quarterly			
SIP TOP UP Amt. Rs TOP UP CAP: Amt: Rs OR Month-Year: M M Y Y Y Y			