



# 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 

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Or

 -Until Cancelled-

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/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/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.

ARN: 64917

CODE (ARN CODE)/ RIA CODE#

SUB-BROKER ARN CODE

SUB-BROKER CODE

(As allotted by ARN holder)

E-029678

Employee Unique Identification No. (EUIIN)

#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 EUIIN box is left blank) - I/We hereby confirm that the EUIIN 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	₹ <input type="text"/>	<input type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> % <input type="radio"/> Yearly <input type="radio"/> Half Yearly	
2	ICICI Prudential	₹ <input type="text"/>	<input type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> % <input type="radio"/> Yearly <input type="radio"/> Half Yearly	
3	ICICI Prudential	₹ <input type="text"/>	<input type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> % <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 ₹ 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: \_\_\_\_\_

Acknowledgement Stamp

Scheme Name: \_\_\_\_\_

Option: \_\_\_\_\_

SIP Amount Rs. \_\_\_\_\_

SIP Frequency:  Monthly  Quarterly SIP TOP UP Amt. Rs. \_\_\_\_\_TOP UP CAP:  Amt. Rs. \_\_\_\_\_OR  Month-Year:



# COMMON APPLICATION FORM SYSTEMATIC INVESTMENTS

Application No. \_\_\_\_\_

Investor must read Key Scheme Features and Instructions before completing this form.  
All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

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

Declaration for "execution-only" transaction (only where EJIN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EJIN 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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### TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]

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.

### 1. APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b) & IV) (Mandatory information)

Existing Folio No. \_\_\_\_\_

Sole/First Applicant: Mr. Ms. M/s \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

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

Mr. Ms. \_\_\_\_\_  
NAME OF GUARDIAN (Mandatory in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

KYC Proof Attached (Mandatory) Relationship with Minor applicant:  Natural guardian  Court appointed guardian Date of Birth \_\_\_\_\_  
PAN/PEKRN\* \_\_\_\_\_ KYC Id No. <sup>¥</sup> \_\_\_\_\_

2nd Applicant:  KYC Proof Attached (Mandatory) Date of Birth \_\_\_\_\_  
PAN/PEKRN\* \_\_\_\_\_ KYC Id No. <sup>¥</sup> \_\_\_\_\_ (Name should match with PAN Card)

3rd Applicant:  KYC Proof Attached (Mandatory) Date of Birth \_\_\_\_\_  
PAN/PEKRN\* \_\_\_\_\_ KYC Id No. <sup>¥</sup> \_\_\_\_\_ (Name should match with PAN Card)

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

<sup>¥</sup> 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. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)\*

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY / TOWN	CITY / TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE

Tel. \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_  
Email <sup>£</sup> \_\_\_\_\_

Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email  
Please ✓ any of the frequencies to receive Account Statement through e-mail <sup>£</sup>:  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\* Mandatory information – If left blank the application is liable to be rejected. <sup>£</sup> Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.  
 \*\* Mandatory in case the Sole/First applicant is minor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)  
 † For KYC requirements, please refer to the instruction Nos. II b(5) & X <sup>£</sup> Please refer to instruction no. IX

### 4. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

### 5. TAX STATUS [Please tick (✓)]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM	<input type="checkbox"/> Government Body	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> NON Profit Organization/Charities
<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> FII	<input type="checkbox"/> Public limited company	<input type="checkbox"/> Bank
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____	



### ACKNOWLEDGEMENT SLIP (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. \_\_\_\_\_

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

ACKNOWLEDGEMENT

**6. DEMAT ACCOUNT DETAILS** (Optional - Please refer Instruction No. XI)

NSDL: Depository Participant (DP) ID (NSDL only)  Beneficiary Account Number (NSDL only)  CDSL: Depository Participant (DP) ID (CDSL only)

**7. 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.

	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.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

**8. KYC DETAILS (Mandatory)**

Occupation [Please tick (✓)]

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

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<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 DD MM YY YY YY (Not older than 1 year)
Second Applicant	<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 ₹ _____
Third Applicant	<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 (✓)]

For Individuals [Please tick (✓)]:  I am Politically Exposed Person (PEP) ^  I am Related to Politically Exposed Person (RPEP)  Not applicable

For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h): (i) Foreign Exchange / Money Changer Services –  YES  NO; (ii) Gaming / Gambling / Lottery / Casino Services –  YES  NO; (iii) Money Lending / Pawning –  YES  NO

Second Applicant  Politically Exposed Person (PEP) ^  Related to Politically Exposed Person (RPEP)  Not applicable

Third Applicant  Politically Exposed Person (PEP) ^  Related to Politically Exposed Person (RPEP)  Not applicable

**9. NOMINATION DETAILS (Refer instruction VII). 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) <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/ Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor (Mandatory)]			
Nominee 1					
Nominee 2					
Nominee 3					

**INVESTOR(S) DECLARATION & SIGNATURE(S):**

To 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(s), 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 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)."

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

**ICICI Prudential Asset Management Company Limited**

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063, India

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicpruamc.com WEBSITE: www.icicpruamc.com



# 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

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Or

 -Until Cancelled-

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/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/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. \_\_\_\_\_

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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.

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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	₹	<input type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> to <input type="text"/>	₹ OR %	<input type="radio"/> Yearly <input type="radio"/> Half Yearly
2	ICICI Prudential	₹	<input type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> to <input type="text"/>	₹ OR %	<input type="radio"/> Yearly <input type="radio"/> Half Yearly
3	ICICI Prudential	₹	<input type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> to <input type="text"/>	₹ 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 ₹ 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: 

Acknowledgement Stamp

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**Mandatory fields in EASY Pay form as per NPCI:**

• Bank account number and Bank name • IFSC and/or MICR Code • Mobile no & Email ID • Folio number or application number • Signatures as per bank records • SIP 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 easy pay 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.

**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.

Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

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**INSTRUCTIONS FOR OTM FACILITY**

- 1) Investor can invest through OTM facility registered in the folio.
- 2) If more than one bank accounts are registered in the folio under OTM facility, investor is requested to mention the bank account number and bank name from where amount is to be debited. If the same is not mentioned or no OTM mandate is registered for the given bank details, default bank mandate under OTM facility will be considered to debit the amount.
- 3) For any transaction above Rs. 2 lacs and/or transactions in Liquid and Money Market schemes or plans, units will be allotted based on funds realization (applicable NAV).
- 4) Registration request or any other subsequent transaction may be liable for rejection, if the frequency for the registered OTM is other than "As and when presented" and/ or if the transaction amount is other than fixed amount or more than maximum amount registered in the mandate.
- 5) AMC reserves right to reject or process the application subject to internal verification.