

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 • 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 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 One Time Mandate (OTM) Facility: As an investor I/we hereby request you to register me/us for availing the facility of OTM 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.

INSTRUCTIONS FOR OTM MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the respective folio(s).
- 2) If more than one bank accounts are registered for 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 is registered for the given bank details, AMC reserves the right to initiate the debit through any of the valid OTMs registered or reject the request.
- 3) The units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 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.
- 6) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.

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/First Holder		2nd Holder		3rd Holder	
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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

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FOR OFFICE USE ONLY Date

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Sponsor Bank Code

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FOR OFFICE USE ONLY Utility Code

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FOR OFFICE USE ONLY

Tick **CREATE** I/We hereby authorize **ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED** to debit (tick) SB CA CC SB-NRE SB-NRO Other

MODIFY
 CANCEL

Bank a/c number

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with Bank

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 Name of customers bank IFSC

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 or MICR

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an amount of Rupees

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 Maximum Amount (Rupees in words) ₹

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

PAN

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 Mobile No.

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Reference

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 APPLICATION NUMBER Email ID

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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

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To

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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, 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.

BROKER CODE (ARN CODE)/ **ARN-64917** SUB-BROKER ARN CODE _____ SUB-BROKER CODE (As allotted by ARN holder) _____ Employee Name (EIN) **E434563**

#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 _____

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**

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 Registration via Existing OTM [Please tick (✓)]

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

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FIRST

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MIDDLE

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LAST

Scheme: ICICI PRUDENTIAL **PLAN:** _____

OPTION: _____ **SUB-OPTION:** _____ **IDCW FREQUENCY:** _____ **AEP FREQUENCY:** _____

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund. 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.

Each SIP Amount: Rs.

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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/Fortnightly frequencies. [Refer T&C no.12(f)]

SIP Installments

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SIP Date#:

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SIP Start

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Month/Year **SIP End**

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Month/Year

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

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

Acknowledgement Stamp

SIP TOP UP Amt. Rs. _____ **TOP UP CAP:** Amt:Rs. _____ OR **Month-Year:**

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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 • SIP start date, end date • 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, lightening, 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.

INSTRUCTIONS FOR EXISTING OTM AND PAN BASED MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the PAN in the respective folio(s).
- 2) If more than one bank accounts are registered for 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, AMC reserves the right to initiate the debit through any of the valid OTM's registered or reject the request.
- 3) The units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 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.
- 6) PAN based mandate will be mapped to all the folios wherever investor is the Sole/First holder subject to completion of mandate registration with the banker.
- 7) PAN based mandate will not be applicable, if bank details provided is for Minor's Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.

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/First Holder		2nd Holder		3rd Holder	
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SYSTEMATIC TRANSFER PLAN (STP) FORM

(Please read the instructions on the overleaf before filling up the form)



BROKER CODE (ARN CODE) RIA/PMRN CODE# ARN-64917	SUB-BROKER ARN CODE	Employee Identification No. (EUIIN) E434563	SUB-BROKER CODE (As allotted by ARN holder)
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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 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 Holder	Signature of Second Holder	Signature of Third Holder
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I/We hereby apply to the Trustee of ICICI Prudential Mutual Fund for the Systematic Transfer Plan (STP) Enrolment under the following scheme(s) and agree to abide by the terms and conditions of the Scheme(s)/Plan(s).

<input type="checkbox"/> Registration	<input type="checkbox"/> Cancellation	Application No.	Folio No.
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Name of the Unit Holder:

Scheme Name, Plan, Option & Sub-Option (From which you wish to transfer amount):	Scheme Name, Plan, Option & Sub-Option (To which you wish to transfer amount)
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Instalment Amount Rs	Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly# <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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No. of Instalments	STP Date* (only in case of Monthly and Quarterly frequencies) <input type="text" value="D"/> <input type="text" value="D"/>	*In case the day/date chosen for STP falls on a Non-Business Day or on a date which is not available in a particular month, the STP will be processed on the immediate next Business Day.
	# STP Day (in case of weekly frequency) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

From Date	<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"/>	To Date	<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"/>
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Note: In case of Daily STP the minimum instalment amount is Rs.250 and in multiples of Re.1 thereof.

YOUR CONFIRMATION/DECLARATION I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We hereby declare that I am/we are not US Person(s). 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.	SIGNATURE(S)	Sole/First Applicant
		Second Applicant
		Third Applicant

Acknowledgement Systematic Transfer Plan (STP) FORM



Folio No. Application No. Name of the Applicant

Scheme, Plan & Option (From) Amount Rs.

Scheme (s) Plan & Option (To) : Frequency: Daily Weekly Fortnightly Monthly Quarterly

No. of Instalments

Request for Systematic Withdrawal Plan (Option 1)

Date: _____

Folio: _____

Amt Rs. _____

Scheme: _____

Option: _____

SWP Date

D	D
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Start Month/Year

M	M	Y	Y	Y	Y
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End Date

M	M	Y	Y	Y	Y
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ARN-64917 E434563

REQUEST FOR SYSTEMATIC WITHDRAWAL PLAN (OPTION 1)

New Registration Cancellation

Date: _____

I/We wish to opt for the Systematic Withdrawal Plan from the ICICI Prudential _____

_____ Plan/Fund _____ option

Frequency [Tick (✓) any]: Monthly Quarterly Half Yearly Yearly

for Rs. _____

(Rupees _____ only)

SWP Date

D	D
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Start Month/Year

M	M	Y	Y	Y	Y
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End Date

M	M	Y	Y	Y	Y
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Folio No. _____



(Name of the First Holder)

(Signature)

(Name of the Second Holder)

(Signature)

(Name of the Third Holder)

(Signature)