PRUDENTIAL TO MUTUAL FUND

FOLIO BASED MANDATE CUM SIP REGISTRATION FORM [For investment through NACH]

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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 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, 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 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 (MTNI/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

PRUENTIAL TO

PAN BASED MANDATE CUM SIP REGISTRATION FORM

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PRUDENTIAL TO MUTUAL FUND	UMRN		FOR OFF	FICE US	SE ONL	<u> </u>		Date		
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MODIFY I/We he	reby authorize ICICI F	PRUDENTIAL ASSE	1 MANAGEME	NICOMPA	NY LIMITED	to debit (ti	ick ✔) ☐ SB	□ CA□ CC	□SB-NRE □SB-N	R0 □ Other
CANCEL Ban	nk a/c number									
with Bank	Name of cus		IFS(or N			
an amount of Rupee			laximum Amour			DEDIT T	VDE 57 5:	₹		A
PAN PAN	Athly ⊠ Otly □	∃ H-Yrly 	– ☑ AS & Wn	ien presente	1	Mobile No	YPE 🖾 Fixed	a Amount	✓ Maximum	Amount
Reference		APPLICATION NU	IMBER			Email ID				
I agree for the debit PERIOD	of mandate processinç	g charges by the ba	nk whom I am a	authorizing to	debit my ac	count as pe	r latest sched	lule of charg	es of the bank.	
From		Sign:		S	ian.			Sign:		
To Until C	Cancelled—		e as in bank reco						Name as in bank re	cords
Declaration: I/We hereby de preferred by the AMC from tin Based Mandate Facility and a	clare that the particulars given me to time. I/We hereby confirm mended from time to time and o	on this mandate are correct adherence to the terms of	t and complete and ex this facility offered by	cpress my willings ICICI Prudential A	ness and authorize	e to make payme t Company Limite	nts referred above	through participa ecified in Terms &	ints in NACH/SI/any other Conditions under Registr	mode as may be ation of OTM/PAN
to debit my account. I/We h to inform that I/we have regi	nave understood that I/we auth stered for this facility and that ration, transactions,	norized to cancel/amend to my/our investment in ICICI	h is mandate by appro Prudential Mutual Fund	priately commun d shall be made fr	icating/amendme om my/our above	ent to the User enter the mentioned bank	ntity/corporate or account with your	the or the bank Bank and to deb	where I have authorized it my/our account for any	the debit. This is charges towards
— — — — —										· – – –
PRUDENTIAL TO MUTUAL FUND		SIP RI	EGISTRATIO	ON FORN	Л			Application	ı No.	
	t read Key Scheme Featu			1		•		LACK/BLUE IN	IK and BLOCK LETTI	RS.
ARN-	-64917	SUB-BRO	KER ARN CODE			ROKER COD ed by ARN ho		Ide	E434563	N)
#By mentioning RIA/I	PMRN code, I/We author	ize you to share with	the Investment Ad	dviser the deta	ils of my/our 1	transactions i	n the scheme(s	s) of ICICI Pru	dential Mutual Fund	
tion-only" transaction any, provided by the e	ution-only" transaction (o without any interaction imployee/relationship ma	or advice by the empl nager/sales person of	oyee/relationship the distributor an SIGNATUI	manager/sale nd the distribut RE OF SECOI	s person of th tor has not cha	e above distri arged any adv	butor or notwit	thstanding the his transactio	a advice of in-approp n. F THIRD APPLICAN	riateness, if
,	ential Mutual Fund, I/We ha	eve read and understoo	D-44			ent of the follo	wing Scheme a	nd the terms a	nd conditions of the S	IP Enrolment.
FOLIO NO. Sole/1st			Birth	D M	M Y	YY	Y Rec	jistration via	a Existing OTM [PI	ease tick (🗸)]
Applicant: Mr. /Ms. /		FIRS			DDLE			LAST		
	ITIAL								SIP TOP UP (0p (Tick to avail this f	
OPTION: Please refer instructions For investors investing ir investors capital (Equaliz	SUB-OPTION: and Key Scheme Features Income Distribution cum ration Reserve), which is po		CW FREQUENCY:_ as and other facilitie CW) option of the soresents realized g		AEP FREQUEI der each schen ote that the am		distributed out o	Percentage	e: 10% 15% (multiples of	□ 20%
Each SIP Amount: Rs.		ln w	ords:					TOP UP An	nount: Rs.	.
SIP Frequency:	Daily (Only business days)	Weekly*** /		/ Fortni	ghtly** N	1onthly	Quarterly*		nount in multiples of R	
as applicable. ***investo choosen date is a non-bo	only Yearly frequency is avors can choose any day of tusiness day, the transactio	he week from Monday n would be processed	to Friday to registe on the next busine	r under weekly	trequency. #Ir	n case the	Installments ^		Half Yearly CAP Amount:	☐ Yearly
SIP Date#:	case of Daily/Weekly/Fortn SIP Start Month/Year	ighly trequencies. [Rete	er 1&C no.12(f)]	SIP End Month/Year	M M	YY	YY	Rs	r#:	OR
EXISTING OTM / FIRS	ST INSTALLMENT BANK I			,		1 1	1		Л У У	Y Y
	Cheque/D							*Investor has Amount or CA	to choose only one opti P Month-Year	on – erther CAP
NSDL: Depository Partici	TEMENT DETAILS (OPTIO	UNAL — PLEASE KEFE Beneficiary Account N		NO. 19)		eitoru Dostining	+ (ND) IN (CDC)	nhal		
TAODE. Dehository Particl	pant (DF) ID (NODE ONLY)	Toologia y Account N			CDSI · name	anury Participan	וה למבל וח (החסר 0)	y <i>1</i>		
					CDSL: Depos	,				
					CDSL: Depos	, , , , , , , , , , , , , , , , , , , ,			(Please si	gn overleaf)
PRUDENTIAL TO MUTUAL FUND	ACKNOWLEDGEME To be filled in by the i	nvestor)			CDSL: Depos		Folio No./ App	– —— Dication No.	(Please si	gn overleaf)
PRUDENTIAL TO MUTUAL FUND Name of the Investor:		nvestor)							(Please si	

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/cenail 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

SYSTEMATIC TRANSFER PLAN (STP) FORM (Please read the instructions on the overleaf before filling up the form)



BROKERN-64917	SUB-BROKER ARN C	ODE	E43456	3 ie (EUIN)	SUB-BROKER CODE (As allotted by ARN holder)		
#By mentioning RIA/PMRN code, I/we authorize	e you to share with the Investment A	Adviser the de	tails of my/our transactions in th	ne scheme(s) of ICIO	CI Prudential Mutual Fund.		
	peen intentionally left blank by mostributor or notwithstanding the	e/us as this is advice of in-			nteraction or advice by the employee/relation- yee/relationship manager/sales person of the		
Signature of Sole/First Holde	ır S	Signature of	Second Holder		Signature of Third Holder		
I/We hereby apply to the Trustee of ICICI F terms and conditions of the Scheme(s)/Pla		Systematic 1	ransfer Plan (STP) Enrolme	nt under the follo	owing scheme(s) and agree to abide by the		
Registration Cance	Application No.			Folio No.			
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)				
Instalment Amount Rs	Freque	ency	Daily Weekly#	Fortnightly	Monthly Quarterly		
No. of Instalments	STP Date* (only in a		^{nly} D D a date w	hich is not availe	en for STP falls on a Non-Business Day or on able in a particular month, the STP will be e next Business Day.		
	# STP Day (in case of	of weekly free	Juency) Monday	Tuesday	Wednesday Thursday Friday		
From Date D D M M Y	Y Y Y	ate D	D M M Y Y	YY			
Note: In case of Daily STP the minimum ins	stalment amount is Rs.250 and	in mutiples	of Re.1 thereof.				
YOUR CONFIRMATION/DECLARATION I/We have read and understood th Information Document(s)/Key Infromation							
of Additional Information(s) of the Schem terms, conditions, rules and regulations o of this transaction. I/We hereby decla	e(s) and agree to abide by the f the Scheme(s) as on the date re that I am/we are not US	Seco Appl					
Person(s). The ARN holder has disclosed (in the form of trail commission or any of the different competing Schemes of amongst which the Scheme is being reco	ther mode), payable to him for various Mutual Funds from	Third					
	Acknowledger atic Transfer Plan		FORM	PRUDENTI MUTUAL	IAL TO COMPANY OF THE PROPERTY		
Folio No	Application No		Name of t	he Applicant			
Scheme, Plan & Option (From)				Amount Rs			

No. of Instalments

Request for Systematic Withdrawal Plan (Option 1)	REQUEST FOR	SYSTEMATIC WITHDRA	ARN-64917 EANWAL PLAN (OPTI	
Date:	O New Registration	Cancellation	Date:	
Folio:	I/We wish to opt for the Sy	ystematic Withdrawal Plan from tl	ne ICICI Prudential	
Amt Rs		Plan/Fund		option
Scheme:	Frquency [Tick (✓) any]: □	Monthly Quarterly	☐ Half Yearly	☐ Yearly
Option:	for Rs			
SWP Date D D	(Rupees			only)
Start Month/ M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	SWP Date D Sta	rrt Month/Year M M Y Y Y	Y End Date M M	Y Y Y Y
End Date M M Y Y Y Y	Folio No.			
AICICI	PICICI	(Name of the First Holde	r) (Sigr	nature)
PRUDENTIAL TO MUTUAL FUND	PRUDENTIAL TO MUTUAL FUND	(Name of the Second Hold	ler) (Sigr	nature)
	MOTORETOND	(Name of the Third Holde	er) (Sigr	nature)