ARN-97751 E113632

ICICI PRUDENTIAL SIP INSURE

[Application for investment through ECS (Debit Clearing)/ Direct Debit Facility/Standing Instruction]

Application No.

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

Applicant need to fill in the Main SIP Insure Application Form and submit along with this ECS form.

Please tick (✓) ☐ **New Registration** ☐ **Cancellation** Date: D D M M Y Y

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. *FIRST* *MIDDLE* *LAST*

Scheme Name: ICICI PRUDENTIAL _____

Plan/Option*: _____ **Sub-Option*:** _____

Please refer to the scheme related documents available under AMC's website www.icicipruamc.com or with any of its branches.

SIP Frequency: ☐ Monthly ☐ Quarterly
(Default SIP frequency is Monthly)

SIP Date: ☐ 7th ☐ 10th ☐ 15th ☐ 25th

SIP Start Month/Year M M Y Y Y Y

Each SIP Amount: **Rs.** Rupees in words: _____

SIP Insure Tenure

55 yrs – Your Current Age ☐ yrs

= ☐ yrs

For more information ref. Instruction No. XII(5).

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. 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) as per ICICI Prudential Mutual Fund Records *(Mandatory)*

1st Holder	2nd Holder	3rd Holder

BANK MANDATE SECTION (Mandatory)

I/We, Mr. / Ms. / M/s. (NAME AS PER THE BANK RECORD) (NAME AS PER THE BANK RECORD)

hereby authorise ICICI Prudential Mutual Fund and their authorised service providers to debit from my/our Bank Account No. mentioned below (hereinafter referred as "funding account") by ECS (Debit Clearing)/ Direct Debit for collection of SIP payments/authorise the bank to record a Standing Instruction for debit to my bank account as mentioned below, as instructed by ICICI Prudential Mutual Fund.

PARTICULARS OF BANK ACCOUNT

Account Type ◯ Current ◯ Savings ◯ NRO ◯ NRE ◯ FCNR **Account Number**

Name of Bank

Branch Name **Branch City**

9 Digit MICR code *(Please enter the 9 digit number that appears next to the cheque number).* **In case of At Par accounts**, kindly provide the correct **MICR number of the bank branch. MICR code starting and/or ending with 000 are not valid for ECS.**

Enclosed [please tick (✓)]: ☐ Blank cancelled cheque ☐ Photocopy of Cheque *[Please refer to Instruction No. C(5)]*

Authorisation of the Bank Account Holder for Auto Debit (ECS)/Standing Instruction/Direct Debit

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit / Standing Instruction and agree to abide by the same. I /We hereby apply to the Trustee of ICICI Prudential Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in ICICI Prudential Mutual Fund shall be made from my/ our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay / wrong debits on the part of the bank for executing the standing instructions of additional sum on a specified date from my account.

SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS *(Mandatory)*

1st Holder	2nd Holder	3rd Holder