



SIP REGISTRATION CUM MANDATE FORM

[For investment through NACH/ECS/SI/Auto Debit]

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.

ARN (ARN CODE) ARN-162514	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique No. (EUIN)
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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
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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.

Please tick (✓) New Registration Cancellation Existing UMRN

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 _____ FIRST _____ MIDDLE _____ LAST _____ Folio No. _____ / _____

Scheme: ICICI PRUDENTIAL PLAN: _____
OPTION: _____ SUB-OPTION: _____ Dividend Frequency: _____ AEP Frequency: _____
Please refer Instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

SIP Frequency: Monthly Quarterly
(Default SIP frequency is Monthly)
In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. _____ Dated _____
Drawn on Bank _____ Amount Rs. _____
Bank Branch _____ City _____

SIP Date: 1st 10th 15th 20th 25th
SIP Start Month/Year _____
SIP End Month/Year _____

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

SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other _____ (multiples of 5% only) TOP UP Amount: Rs. _____ TOP UP Frequency: Half Yearly Yearly
**TOPUP amount has to be in multiples of Rs. 500 only. [Please refer to Terms & Conditions No. B(6) for SIP TOPUP]*

SIP TOP UP CAP: Amount*: Rs. _____ OR Month-Year*: _____ (Investor has to choose only one option - either CAP Amount or CAP Month-Year)

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. B(8)]
 NSDL Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____
OR (Please ✓) Depository Participant (DP) ID (CDSL only) _____
 CDSL _____

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 _____

SIP NACH DEBIT 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 Qtly 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 _____
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 participation in NACH/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH/ECS/SI/Auto Debit. **Authorisation 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 the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.** This is to inform that I/we have registered for NACH/ECS/SI/Auto Debit facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

Name of the Investor: _____ Folio No./ Application No. _____
SIP Amount Rs. _____ Scheme Name: _____
SIP Frequency: Monthly Quarterly Option: _____
SIP TOP UP Amt. Rs. _____ TOPUPCAP: Amt. Rs. _____ OR Month-Year: _____
ARN-162514



Acknowledgement Stamp