



SIP REGISTRATION CUM MANDATE FORM

Application No. _____

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

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 ARN52719	SUB-BROKER ARN CODE	SUB-BROKER CODE (IN holder) E079989	Employee Unique Identification No. (EUIIN)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
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Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. X)
 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

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction IX and please tick (✓) any one]

I confirm that I am a **First time** investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
 I confirm that I am an **existing** investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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 Change in Bank Account* [*Please provide a cancelled cheque] Date:

D	D	M	M	Y	Y
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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	Existing Folio No.
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Scheme Name: ICICI PRUDENTIAL PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default SIP frequency is Monthly)
OPTION: SUB-OPTION: Dividend Frequency: AEP Frequency:	In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

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

FIRST INSTALLMENT THROUGH CHEQUE/DD

First Cheque/DD No. _____ Dated _____	SIP Date: <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th						
Drawn on Bank _____ Amount Rs. _____	SIP Start Month/Year <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y		
Bank Branch _____ City _____	SIP End <input type="checkbox"/> 12 / 2016 <input type="checkbox"/> 12 / 2018 <input type="checkbox"/> 12 / 2023 <input type="checkbox"/> 12 / 2099 <input type="checkbox"/> Or other please fill in below						

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

<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility)	TOP UP Amount*: Rs. _____	TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
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*TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Terms & Conditions No. C(5)]

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. C(7)]

Do you want units in demat form: Yes OR No (Please ✓) The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

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

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

Sole/First Holder	2nd Holder	3rd Holder
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I/We, Mr. / Ms. / M/s. (NAME AS PER THE BANK RECORD) (NAME AS PER THE BANK RECORD)

herby 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: <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	Account Number
Name of Bank	Branch City
Branch Name	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.

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 hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account. 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. I/We hereby understand and confirm that ICICI Prudential Asset Management Company 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) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS (Mandatory)

Sole/First Holder	2nd Holder	3rd Holder
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BANK MANDATE SECTION (Mandatory)



ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

SIP Amount Rs. _____
 SIP Frequency: Monthly Quarterly
 SIP TOP UP Amount Rs. _____ Frequency: Half Yearly Yearly

Scheme Name: _____
 Option: _____
 Sub-Option: _____

Folio No./ Application No. _____
 Acknowledgement Stamp