



Common Application Form for Lump sum/Systematic Investments Plan

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.

| | | | |
|---|---------------------|--|--|
| BROKER CODE (ARN CODE)/ RIA/PMRN CODE# | SUB-BROKER ARN CODE | SUB-BROKER CODE (As allotted by ARN holder) | Employee Unique Identification No. (EUIN) |
|---|---------------------|--|--|

#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 EUIN box is left blank) (Refer Instruction No. XIII). – 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 |
|-------------------------------------|-------------------------------|------------------------------|

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY (Refer Instruction XII)

* 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.

Existing Folio No. _____

1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per the PAN)

SOLE / 1ST APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.¥ Enclosed (Please ✓)* KYC Acknowledgement Letter Date of Birth**
D D M M Y Y Y Y

LEI Number (Legal Entity Identifier Number is for Transaction valued of INR 50 crore and above. See Instruction No. XVI)

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)
Mr. Ms. FIRST MIDDLE LAST

PAN/PEKRN* | KYC Proof Attached (Mandatory) Relationship with Minor applicant: Natural guardian Court appointed guardian Date of Birth
KYC Id No.¥ D D M M Y Y Y Y

2ND APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.¥ KYC Proof Attached (Mandatory) Date of Birth
D D M M Y Y Y Y

3RD APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.¥ KYC Proof Attached (Mandatory) Date of Birth
D D M M Y Y Y Y

If mandatory information left blank, the application is liable to be rejected. ¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

2. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

| | | | |
|-----------|-----------------------|---------------|--|
| MANDATORY | Account Number | Account Type | <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR |
| | Name & Branch of Bank | Branch City | |
| | 9 Digit MICR Code | 11 Digit IFSC | Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided. |

3. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme name below:

ICICI Prudential _____ Plan: _____ Option: _____

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.

4. PAYMENT DETAILS

Investment Amount ₹ A Mode of Payment Cheque DD Funds Transfer NEFT RTGS
DD Charges (if applicable) ₹ B Total Amount ₹ A + B

Cheque / DD Number _____ Date D D M M Y Y Y Y

BANK DETAILS: Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the details below]

A/c Number _____ Account Type Savings Current NRE NRO FCNR

Name & Branch of Bank _____

Branch City _____ Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) Cheque Copy Bank Statement Banker's Attestation _____

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.



ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No. _____

Name of the Investor: _____

EXISTING FOLIO NO. _____

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

Overseas Address (Mandatory for NRI / FII Applicants)

| | |
|------------------|----------|
| HOUSE / FLAT NO. | |
| STREET ADDRESS | |
| CITY / TOWN | STATE |
| COUNTRY | PIN CODE |

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|------------------|----------|
| HOUSE / FLAT NO. | |
| STREET ADDRESS | |
| CITY / TOWN | STATE |
| COUNTRY | PIN CODE |

Tel.

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 Office

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 Residence

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First Unitholder:

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| Mobile <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td></tr> </table> | | | | | | | | | | | | | Email [£] <input style="width:100%;" type="text"/> |
| | | | | | | | | | | | | | |
| Mobile No.* provided pertains to: [Please tick (✓)] | | | | | | | | | | | | | |
| <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings | | | | | | | | | | | | |
| <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA | <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA | | | | | | | | | | | | |

*if above any option is not ticked (✓) or selected then [Self] option is considered as a default.

2nd Unitholder : Mobile

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 Email[£]

3rd Unitholder : Mobile

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 Email[£]

Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)]

Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]

Please ✓ any of the frequencies to receive **Account Statement through e-mail**[£] : Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected. # Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.
 ** Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement For documents to be submitted on behalf of minor folio refer instruction II-b(2)
 Fund. £ For KYC requirements, please refer to the instruction Nos. II b(5) & X £ Please refer to instruction no. IX

6. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

7. TAX STATUS [Please tick (✓)]

| | | | | | | |
|--|--|--|---|--|--|---------------------------------------|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> NRI | <input type="checkbox"/> Partnership FIRM | <input type="checkbox"/> Government Body | <input type="checkbox"/> FPI category I | <input type="checkbox"/> NPS Trust | <input type="checkbox"/> Bank |
| <input type="checkbox"/> On behalf of Minor | <input type="checkbox"/> Company | <input type="checkbox"/> AOP/BOI | <input type="checkbox"/> FPI category II | <input type="checkbox"/> NON Profit Organization/Charities | <input type="checkbox"/> FPI category III | <input type="checkbox"/> Mutual Funds |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Public limited company | <input type="checkbox"/> Mutual Funds FOF Schemes | <input type="checkbox"/> Defence Establishment | |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Trust/Society/NGO | <input type="checkbox"/> Limited Partnership (LLP) | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Others (Please specify) _____ | | |

8. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)

NSDL: Depository Participant (DP) ID (NSDL only)

| | | | | | | | | | | | |
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Beneficiary Account Number (NSDL only)

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CDSL: Depository Participant (DP) ID (CDSL only)

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9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants/guardian

| First Applicant / Guardian | Place/City of Birth | Country of Birth | Country of Citizenship / Nationality |
|----------------------------|---------------------|------------------|---|
| | | | <input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____ |
| Second Applicant | | | <input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____ |
| Third Applicant | | | <input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____ |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

| First Applicant / Guardian | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other please specify) | If TIN is not available please tick (✓) the reason A, B or C (as defined below) |
|----------------------------|--------------------------|--|---|---|
| | | | | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Second Applicant | | | | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Third Applicant | | | | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

- Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B → No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C → Others, please state the reason thereof: _____

| | | |
|---|--|--|
| Address Type of Sole/1st Holder: <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business | Address Type of 2nd Holder: <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business | Address Type of 3rd Holder: <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business |
|---|--|--|

Annexure I and Annexure II are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

10. KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

| | |
|-----------------------------|--|
| Sole/First Applicant | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____ |
| Second Applicant | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____ |
| Third Applicant | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____ |

| Scheme Name | Plan | Option/Sub-option | Payment Details |
|-------------|------|-------------------|---|
| | | | Amt. _____ Cheque/DD No. _____ dtd. _____ |
| | | | Bank & Branch _____ |

Gross Annual Income [Please tick (✓)]

| | | | | | | | | | |
|-----------------------------|--|---|---|---|---|---|---|---|---|
| Sole/First Applicant | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year) | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | |
| Second Applicant | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____ | | | | | | | | |
| Third Applicant | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____ | | | | | | | | |

Others [Please tick (✓)]

| | |
|-----------------------------|---|
| Sole/First Applicant | For Individuals [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO |
| Second Applicant | <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable |
| Third Applicant | <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable |

11. NOMINATION

NOMINEE (OPT-IN) Details or **OPT-OUT Declaration** is **Mandatory** to process the application. Please tick (✓) from below **Option A** or **Option B** as appropriate. (Refer instruction VII).

A) FOR NOMINATION OPT-IN: I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

| Name and address of Nominee(s) [Mandatory] | PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor] [Mandatory]* | Relationship with Sole / First unit holder | Date of Birth [Mandatory]* | Name and address of Guardian [Mandatory if Nominee is Minor]* | Signature of Nominee / Guardian* | Guardian's Relationship with Nominee* [attach proof] | Allocation % to each nominee [Mandatory] (Aggregate should be 100%) |
|--|---|--|----------------------------|---|----------------------------------|---|---|
| | | | dd/mm/yyyy | | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | |
| | | | dd/mm/yyyy | | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | |
| | | | dd/mm/yyyy | | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | |

* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

B) FOR NOMINATION OPT-OUT: (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of First Unit holder

Signature of 2nd Unit holder

Signature of 3rd Unit holder

INVESTOR(S) DECLARATION & SIGNATURE(S): To the Trustee, **ICICI Prudential Mutual Fund**, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd. (the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. 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. **I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same.** 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 toll free no. **1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

Sole / 1st Applicant

2nd Applicant

3rd Applicant



PAN BASED MANDATE CUM SIP REGISTRATION FORM
[For investment through NACH (Not eligible for Minors Bank Account)]



PAN BASED MANDATE

UMRN [] Date [] [] [] [] [] [] [] [] []

Sponsor Bank Code [] Utility Code [] 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 [] Bank a/c number []

CANCEL [] with Bank [] Name of customers bank IFSC [] or MICR []

an amount of Rupees [] Maximum Amount (Rupees in words) ₹ []

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

PAN [] 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: [] Name as in bank records 1. 2. 3.

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/Sl/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-Cum-Mandate Form for SIP

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)/ RIA/PMRN CODE# [] SUB-BROKER ARN CODE [] SUB-BROKER CODE (As allotted by ARN holder) [] Employee Unique Identification No. (EUIN) []

#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. 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.

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 [] Registration via Existing OTM (Please tick (✓)) []

Sole/1st Applicant: Mr. /Ms. / M/s FIRST MIDDLE LAST

Scheme: ICICI PRUDENTIAL PLAN: OPTION: SUB-OPTION: INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION

FREQUENCY: AEP FREQUENCY

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

Each SIP Amount: Rs. [] 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 month, as applicable. ***investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the chosen 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 Date#: [] SIP Start Month/Year [] SIP End Month/Year [] SIP Installments ^ []

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: []

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 | |
|--------------------------|--|-------------------|--|-------------------|--|