



# 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.

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIIN)
Declaration for "execution-only" transaction (only where EUIIN box is left blank) - 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:**  
 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.  
 FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_  
 Drawn on Bank \_\_\_\_\_ Amount Rs. \_\_\_\_\_  
 Bank Branch \_\_\_\_\_ City \_\_\_\_\_  
 Each SIP Amount: Rs. \_\_\_\_\_ Rupees in words: \_\_\_\_\_

SIP Frequency:  Monthly  Quarterly  
 (Default SIP frequency is Monthly)  
 In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.  
 SIP Date:  1<sup>st</sup>  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup>  
 SIP Start Month/Year M M Y Y Y Y  
 SIP End Month/Year M M Y Y Y Y

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  
 \* TOP UP amount has to be in multiples of Rs.500 only. (Please refer to Terms & Conditions No. B(6) for SIP TOP UP)

SIP TOP UP CAP: Amount\*: Rs. \_\_\_\_\_ OR Month-Year\*: M M Y Y Y Y (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 ✓)  CDSL Depository Participant (DP) ID (CDSL only) \_\_\_\_\_

**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 \_\_\_\_\_

**ICICI PRUDENTIAL MUTUAL FUND 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.

**ICICI PRUDENTIAL MUTUAL FUND 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. \_\_\_\_\_ TOP UP CAP:  Amt:Rs. \_\_\_\_\_ OR  Month-Year: M M Y Y Y Y  
 Acknowledgement Stamp \_\_\_\_\_