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PRUDENTIAL 33/

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. EXISTING FOLIO NO.

MUTUAL FUND Name of the Investor: TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

6. MODE	OF HOLDIN	G [Please tick (✓)] ○	Single O Joi	nt O Anyon	e or Survivor (Default)								
7. TAX S1	TATUS [Please	tick (√)]		<u> </u>									
☐ Resident In	ndividual 🔲 N	RI	☐ Partnership FI	RM	Government Body		FPI category I		☐ NPS Trust ☐ Bank				
On behalf o		oreign National	Company Company		AOP/BOI		FPI category II		NON Profit Organization/Charities				
HUF		ody Corporate	Private Limite	' '	Public limited compa	,	FPI category III		☐ Defence Establishment				
☐ Financial Ir	nstitution \square Ir	ust/Society/NG0	Limited Partne	ersnip (LLP)	Sole Proprietorship		Others (Please	specify)					
		DETAILS (Option	al - Please refe			n 1.	D (DD)	UD (0D0)					
INSUL: Deposito	ory Participant (DP) I	D (NSDL only)	Iciary Account Nun	iber (NODE only)	CD2F:	Depository	Participant (DP)	(CDSL only)					
					I								
					ole Proprietor) (Mai nnexure II). The belo			ired for all	annlicants/quardia	ın			
TVOII-III GIVIGE	du investors sin	Place/City			Country of Birth	700 11111011	nation is requ		f Citizenship / Nation				
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Second App	licant								rs (Please specify)				
Third Applic									rs (Please specify)				
		u assessed for Tax) in a	any other country	outside India?	○ Yes ○ No		lease tick (🗸)]	J.S. Othe	is (riease specily)				
					pose i.e. where you are			Card Holder	/ Tax Resident in the re	espective countries.			
		Country of Tax Re	sidency		cation Number or	/T	Identification			ilable please tick (🗸)			
		-		Function	nal Equivalent	(1)	IN or other pleas	se specify)		or C (as defined below)			
	ant / Guardian								Reason: A 🗌	B _ C _			
Second App	licant								Reason: A	B □ C □			
Third Applic									Reason: A 🗌	B □ C □			
		,		. ,	does not issue Tax I								
		quired (Select this r ease state the reaso		ne autnorities	of the respective co	untry of	tax residence	e do not red	quire the TIN to be	collected)			
Address Typ	e of Sole/1st H	older:	Addr	ess Type of 2r					pe of 3rd Holder:	_			
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	DETAILS (Ma		e of Alvic I.e. www	w.icicipruariic.co	ill of at the lilvestor Ser	vice cellu	es (130s) 01 1010	i riuueiiliai N	riutuai i uiiu.				
	[Please tick (✓)]	·····,											
Sole/First Applicant	O Private Sector		Sector Service		nent Service OBu	siness	O P	rofessional	O Agriculturist	○ Retired			
Second	O Housewife O Private Sector	Service O Public	Sector Service	○ Forex De		siness	se specify) P	rofessional	O Agriculturist	○ Retired			
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Others [Pleas	se tick (✔)]												
	For Individuals	Please tick (🗸)]: 🔾 l a	m Politically Expo	sed Person (PEP)	O I am Related to Po	litically Ex	posed Person (F	PEP) O No	ot applicable				
					Beneficial Ownership (U ng / Gambling / Lottery /					uning OVES ONO			
Second Applic		ally Exposed Person (P				Not applic		○ NO, (II	i) Money Lending / Fav	VIIIIg = O 123 O 140			
Third Applica		ally Exposed Person (P				Not applic							
11. NOMII	NATION DET	TAILS (Refer instr	uction VII). I/W	e hereby nominat	te the undermentioned r	ominee(s)) to receive the a	mount to my	our credit in event of r	my/our death as follows:			
	e and address of		Applicant's	Date of Birth	Name and a	ddress of	Guardian	Cianot	ure of Nominee/	Proportion (%) in which the units will			
	ase tick if Nomine ne as 1st/Sole Appl		Relationship with the				(8.6. 4 . 13		f nominee is a minor	be shared by each Nominee (Should			
		·	Nominee	[to be furnish	ed in case the Nominee	is a minoi	r (IVIandatory)]			aggregate to 100%)			
	Nominee 1												
	Nominee 2												
	140HIIIIGG Z												
	Nominee 3												
INVESTOR	R(S) DECLAI	RATION & SIGN	ATURE(S):	To the Trustee. IC	ICI Prudential Mutual F	und, I/We	have read, unde	erstood and he	ereby agree to abide by	the Scheme Information			
Document/Key	Information Memo	randum of the Scheme	s), Foreign Accou	nt Tax Compliand	ce Act (FATCA) and Con	nmon Repo	orting Standards	(CRS) under	FATCA & CRS provisio	n of the Central Board of tions of the scheme and			
other statutory	requirements of SE	BI, AMFI, Prevention of	Money Launderin	g Act, 2002 and	such other regulations a	s may be a	applicable from t	ime to time. I/	We confirm to have un	derstood the investment			
										indirectly, in making this Regulations or any other			
										us of the plan, then ICIC any existing Micro SIPs			
which together	with the current ap	oplication will result in	a total investments	s exceeding Rs.5	0,000 in a year. The ARI	N holder ha	as disclosed to r	ne/us all the o	commissions (in the for	m of trail commission or			
material from th	he AMC via mail, S	MS, telecall, etc. I/we	declare that the	email address p	rovided in the form bel	ongs to m	1e/us or to spou	se, depende		in receiving promotional ent parents (applicable			
	ivestors only). If y	ou do not wish to recei	ve, please call on	tollfree no. 1800	222 999 (MTNL/BSNL) (or 1800 20	00 6666 (Others)						
1st			a t					E E					
Sole/1st Applicant			2nd Applicant				3rg	Applicant					
" 4								Ψ					
						_							
Sche	me Name	Plan	Option/	Sub-option	Pa	yment Det	tails						
					Amt	Che	eque/DD No		dtd				
					Bank & Branch								
	_												

16th July 2019

PRUDENTIAL TO MUTUAL FUND

PAN BASED MANDATE CUM SIP/ SIP PLUS REGISTRATION FORM

[For investment through NACH (Not eligible for Minors Bank Account)]

PAN BASED MANDATE	
PRIDENTIAL UMRN FOR OFFICE USE ONLY	Date
	OR OFFICE USE ONLY
CREATE / I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick /)	SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number	
with Bank Name of customers bank IFSC or MI	ICR
an amount of Rupees Maximum Amount (Rupees in words)	₹
FREQUENCY A Mthly Qtly H-Yrly Yrly \(\text{Y As & when presented} \) DEBIT TYPE \(\text{Fixe} \) Fixe	d 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 schero	dule of charges of the bank
PERIOD	dule of charges of the bank.
From	Sign:
Or Until Cancelled 1. Name as in bank records 2. 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 thror 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 specific asset Management Company Limited (the AMC) as specific asset Management Company Limited (the AMC) as specific asset 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 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 B mandate verification, registration, transactions, transactions, returns, etc., as applicable.	nade by me/us. I am authorizing the user entity/corno-
Form for SIP/SIP PLUS [Tick (/) here to avail SIP Plus] Refer 18tC for Eligibility	olication No.
Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLA REPORT AND CODE SUB-BROKER CODE ARN 144428 CODE# (As allotted by ARN holder)	Employee Unique 5 051912 tion 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 the control of	I
Declaration for "execution-only" transaction (only where EUIN box is left blank) - I/We hereby confirm that the EUIN box has been intentionall tion-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwiths any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this	tanding the advice of in-appropriateness, if
	ATURE OF THIRD APPLICANT the terms and conditions of the SIP Enrolment.
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Date of	
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.
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Polio No. Date of D M M Y Y Y Regis	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick ()] LAST SIP TOP UP (Optional)
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and FOLIO NO.	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility)
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and FOLIO NO.	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20%
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and FOLIO NO.	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only)
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Date of	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20%
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Polio No.	tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. *TOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly SIP TOP UP CAP Amount: Rs. OR
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Date of	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. * TOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly SIP TOP UP CAP Amount:
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and FOLIO NO. Date of	tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs * TOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly SIP TOP UP CAP Amount: Rs OR Month-Year*:
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Birth Date of Birth Mr. /Ms. / M/s PIRST MIDDLE Sole/1st Mr. /Ms. / M/s FIRST MIDDLE 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. Each SIP Amount: Rs. In words: SIP Frequency: Daily (Only business days) Weekly*** Fortnightly is available on 1st and 16th of each moth, as applicable. ***investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the choosen 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/Fortnighly frequencies. (Refer 18C no. 12(f)) SIP SIP Start Month/Year M M Y Y Y Y SIP End Month/Year M M Y Y Y Y Y SIP End Month/Year A/c No. EXISTING OTM / FIRST INSTALLMENT BANK DETAILS: Cheque/DD No. Cheque/DD Amount Rs. A/c No. Bank Name:	tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. YOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly SIP TOP UP CAP Amount: Rs. OR Month-Year*: M M Y Y Y Y Y *Investor has to choose only one option – either CAP
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and FOLIO NO. Date of	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. * TOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly 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
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and FOLIO NO. Date of	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. * TOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly 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
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and FOLIO NO. Date of	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. * TOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly 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
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Folio No. Date of	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. * TOP UP amount in multiples of Rs.100 only. Frequency: Half Yearly Yearly SIP TOP UP CAP Amount: Rs. OR Month-Year*: M M Y Y Y Y Y *Investor has to choose only one option – either CAP Amount or CAP Month-Year (Please sign overleaf)
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and Folio No. Date of	the terms and conditions of the SIP Enrolment. tration via Existing OTM [Please tick (/)] LAST SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% 15% 20% other (multiples of 5% only) TOP UP Amount: Rs. * TOP UP amount in multiples of Rs. 100 only. Frequency: Half Yearly Yearly SIP TOP UP CAP Amount: Rs. OR Month-Year*: M M Y Y Y Y Planestor has to choose only one option – either CAP Amount or CAP Month-Year (Please sign overleaf) cation No.

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) to call/cenail 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.

Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

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) For any transaction of Rs. 2 lakhs and above and/or transactions in Liquid schemes or plans, 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 Minors Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- 9) Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/periodical commitments for transactions under the relevant mandates. Investor agrees that his bank may charge service fees for any dishonor.

NOMINATION FOR SIP PLUS (Nomines inee to receive Insurance Coverage benefit to my / our made to such Nominee (upon such documentation) sh for Insurance coverage benefit)	credit in this folio no. in the event of m	ny / our death. I / We also	o understand that all payments and settlements
Nominee Name		Relationship:	Date of Birth: / /
Guardian/Parent Name (If nominee is a minor):			
Address:			Signature of Nominee or Parent / Guardian
exceeding Rs.50, 000 in a year as described in the Instruction commission or any other model, payable to him for the diffe AMC would not be liable for any delay in crediting the schem DECLARATION FOR AVAILING INSURANCE COVER: I am in the Master Policy Document. I understand that I am eligible to Signature(s) as per ICICI Prudential Mutual Fund Record	rent competing Schemes of various Mutua e collection accounts by the Service Provid Iformed about the arrangement between IC o avail cover under such arrangement and I	I Funds from amongst whi lers which may result in a c ICI Prudential Mutual Fund	ch the Scheme is being recommended to me/us. The delay in application of NAV. I and the Insurance Company and about the details of
Sole/First Holder	2nd Holder	3rd Holder	