



Investment Manager: ICICI Prudential Asset Management Company Limited

Regd. Office: 12th Floor, Narain Manzil, 23, Barakhamba Road, New Delhi 110 001.

Corporate Office: 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051, Tel: (91) (022) 26428000,

Fax: (022) 2655 4165. Central Service Office: 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

Mandate Registration Form (SMS to Invest Facility)

Please tick (✓) ☐ Registration ☐ Cancellation ☐ Change in Mobile Number Date: D D M M Y Y

As an investor(s) of ICICI Prudential Mutual Fund, I/we hereby agree to register this Mobile Number for SMS to Invest Facility & I/we accept all the terms & conditions mentioned overleaf.

BROKER CODE (ARN CODE) ARN-97821	SUB-BROKER ARN CODE	Employee Unique Identification (EUIIN) E113814	SUB-BROKER CODE (As allotted by ARN holder)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction B) 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 A and please tick (✓) any one)

☐ 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.

☐ Existing Investor (Please tick and fill the folio number here ➔) / This facility is only available for resident Indian individuals.

Mobile Number: Do not add any prefix numbers (e.g. "0" or "91" etc.) before your mobile number. This mobile number will overwrite any existing mobile number in our records. Only one folio can be mapped against a respective mobile number for this facility.

Name of the First Holder:

Default Scheme - (Refer to Terms & Conditions - Process Flow for SMS to Invest Facility Point (a) for Details)

Name of the Default Scheme: **ICICI Prudential** Plan:

OPTION: ☐ Growth/Cumulative OR ☐ Dividend SUB-OPTION: ☐ Dividend Reinvestment OR ☐ Dividend Payout

Dividend Frequencies: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual ☐ Dividend Others

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. I/We have read and understood the contents of the terms & conditions for SMS to Invest Facility overleaf and agree to abide by the same.

SIGNATURE(S) OF THE HOLDER(S) (as per ICICI Prudential Mutual Fund records) - Mandatory

SIGNATURE OF SOLE/FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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To ☐ Registration ☐ Cancellation Star Date: D D M M Y Y
The Bank Manager, Bank

Authorisation of the Bank Account Holder: This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our 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. Mandate verification charges if any, may be charged to my / our account.

PARTICULARS OF BANK ACCOUNT

 Mandatory information - If left blank the application is liable to be rejected.

Account Type <input type="radio"/> Current <input type="radio"/> Savings			
Name of Bank	Account Number <input type="text"/>		
Branch Details	BRANCH NAME <input type="text"/>	BRANCH CITY <input type="text"/>	
9 Digit MICR code <input type="text"/>	11 Digit IFSC Code <input type="text"/>		
Purchase Transaction Amount not to exceed [Tick (✓) anyone] <input type="checkbox"/> Rs. 10,000/- <input type="checkbox"/> Rs. 50,000/- <input type="checkbox"/> Rs. 1,00,000/- <input type="checkbox"/> Rs. 1,99,900/-			
(Please attach a cancelled cheque copy of the bank details provided above)			
ECS Mandate Registration END Date: 31st DEC 2099			

Investors shall have sufficient funds before executing the purchase or additional purchase transactions. In case the funds are not received due to insufficient balances in their account, ICICI PRUDENTIAL AMC has the right to discontinue the facility to the investor and ICICI PRUDENTIAL AMC or its Service Provider are not liable for any losses to investor.

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information. I/We have also read and understood the terms & conditions of enrolment for registration of SMS to Invest Facility and ECS (Debit Clearing) / Direct Debit/Standing Instruction and agree to abide by 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 (Debit Clearing) / Direct Debit/Standing Instruction. I/We have registered for the ECS (Debit Clearing) / Direct Debit/Standing Instruction facility for my / our payments to ICICI Prudential AMC by debit to our above mentioned bank account and agree to abide by the terms and conditions of the same. For this purpose, I/We authorize the representative (Authorized Service Provider for ICICI Prudential AMC) carrying this Mandate Form to get it verified & executed and to raise a debit on our above mentioned account with the branch of the Bank as stated above (The bank with whom such account is maintained shall hereinafter be referred to as the "Bank"). I/We hereby authorize the Bank to honour all such requests received through the Service Provider to debit my / our Account with the amount requested, for due remittance of the proceeds to ICICI Prudential AMC. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to this mandate submitted by me / us. I/We shall keep the Bank, the Service Provider and the AMC/Mutual Fund (including its affiliates), jointly and or severally indemnified, from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank, the Service Provider and the AMC/Mutual Fund (including its affiliates), by reason of their acting upon the instructions issued by the above named authorized signatories / beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories / beneficiaries and acknowledged at the Bank's counters and giving reasonable notice to effect such withdrawal. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. 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.

SIGNATURE(S) OF THE HOLDER(S) (as per the mode of operation and as in the bank records)

Verified the debit mandate & signature(s)

SIGNATURE OF SOLE/FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	Authorisation of Bank Manager & Date
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ACKNOWLEDGEMENT SLIP - SMS TO INVEST FACILITY (REGISTRATION FORM) - For Existing Investors

NAME OF THE INVESTOR		ARN-97821
Mobile No. for registration: <input type="text"/>	Folio Number <input type="text"/>	STAMP & SIGNATURE OF THE RECEIVER