

CHANGE OF SCHEME REQUEST IN EXISTING SIP / CHANGE OF BANK FOR EXISTING SIP(S)

BROKER CODE (ARN CODE) / RIA CODE#	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIIN)	SUB-BROKER CODE (As allotted by ARN holder)
#By mentioning RIA 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.			
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 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			
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.			

NAME OF THE SOLE/FIRST UNIT HOLDER

FIRST NAME	MIDDLE NAME	LAST NAME	FOLIO No.
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[Please tick (✓) as applicable.]

☐ CHANGE OF SCHEME IN EXISTING SIP

☐ CHANGE OF BANK (COB) FOR EXISTING SIP

DETAILS OF EXISTING SIP INVESTMENT

Scheme Name & Plan: **ICICI Prudential**

Each SIP Amount: ₹ Rupees in words: SIP Date: DD

SIP Frequency (✓): ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Fortnightly

SIP Start Month/Year: MMYY SIP End Month/Year: MMYY

Existing SIP TOP UP Details

TOP UP Amount: Rs. Percentage: 10% ☐ 15% ☐ 20% ☐ other (multiples of 5% only)

TOP UP Frequency: ☐ Half Yearly ☐ Yearly

SIP TOP UP CAP: Amount: Rs. OR Month-Year: MMYY

NEW SCHEME DETAILS

Scheme Name & Plan: **ICICI Prudential**

Option: Sub Option: Dividend Frequency:

Signature of Sole/First Applicant

Signature of Second Applicant

Signature of Third Applicant

To the Trustee, ICICI Prudential Mutual Fund,

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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 hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment. I/We hereby declare that I am/we are not US Person(s). 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 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).

PAN BASED MANDATE



UMRN FOR OFFICE USE ONLY Date

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 ☒ 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: 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 participants in NACH/SI/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, transactions, returns, etc., as applicable.

☐ CHANGE OF SCHEME IN EXISTING SIP

☐ CHANGE OF BANK (COB) IN EXISTING SIP

[Tick (✓) any one and fill in the respective areas below.]

ACKNOWLEDGEMENT SLIP

FOLIO No. Date:

Scheme Name & Plan: **ICICI Prudential**

Each SIP Amount: ₹ Rupees in words: SIP Date (✓): DD

SIP Frequency (✓): ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Fortnightly

SIP Start Month/Year: MMYY SIP End Month/Year: MMYY