



COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

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) ARN-162751	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUN) E-154391
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Declaration for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUN 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
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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.

1. EXISTING UNITHOLDERS INFORMATION

If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name Mr. Ms. M/s FIRST MIDDLE LAST FOLIO No. _____

2. APPLICANT(S) DETAILS

(Please Refer to Instruction No. II (b) & IV) Mandatory information – If left blank the application is liable to be rejected.

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

PAN/PEKRN* Enclosed (Please)s* KYC Acknowledgement Letter Date of Birth** D D M M Y Y Y Y

Name of * # Mr. Ms. GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/POA HOLDER (in case of Non-Individual Investors)

PAN/PEKRN* Relationship with Natural guardian Minor applicant Court appointed guardian Enclosed (Please)s: KYC Acknowledgement Letter

2nd Applicant Name (Should match with PAN Card) PAN/PEKRN* KYC Proof Attached (Mandatory)

3rd Applicant Name (Should match with PAN Card) PAN/PEKRN* KYC Proof Attached (Mandatory)

3. 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 Savings Current NRE NRO FCNR

Name of Bank

Branch Name Branch City

9 Digit MICR code 11 Digit IFSC Code Enclosed (Please): Bank Account Details Proof Provided.

4. INVESTMENT DETAILS

(Refer Instruction No. IV)

For Plans & Sub-options please see key features for scheme specific details

Scheme Name: ICICI PRUDENTIAL Plan: _____

Option & Sub option (Please the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: Growth/Cumulative Dividend SUB-OPTION: Dividend Reinvestment Dividend Payout OR AEP Regular OR Appreciation

Dividend Frequency: _____ AEP Frequency: _____

gCumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

SIP Date: 1st 7th 10th 15th 20th 25th SIP Frequency Monthly Quarterly

5. PAYMENT DETAILS

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Investment Amount _____ A 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]

Account Number Account Type Savings Current NRE NRO FCNR

Name of Bank

Branch Name 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.

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

7. **TAX STATUS** [Please tick ()]

- Resident Individual NRI Partnership FIRM Government Body Foreign Portfolio Investor QFI
 On behalf of Minor Foreign National Company AOP/BOI Defence Establishment NON Profit Organization/Charities
 HUF Body Corporate Private Limited Company FII Public limited company Bank / FI
 Trust/Society/NGO Limited Partnership (LLP) Sole Proprietorship Others (Please specify)

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

NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only)

9. **CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

Correspondence Address (Please provide full address)*

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

Overseas Address (Mandatory for NRI / FII Applicants)

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

Tel. Office Residence Mobile

Email

Please if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email
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. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
§ For KYC requirements, please refer to the instruction Nos. II b(5) & X § Please refer to instruction no. IX

10. **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

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<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.

	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)
First Applicant / Guardian				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: Residential Registered Office Business | Address Type of 2nd Holder: Residential Registered Office Business | Address Type of 3rd Holder: Residential Registered Office Business

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

11. **KYC DETAILS** (Mandatory)

Occupation [Please tick ()]

Sole/First Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Second Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Third Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Gross Annual Income [Please tick ()]

Sole/First Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
OR Net worth (Mandatory for Non-Individuals) as on DD MM YYYY (Not older than 1 year)

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth

Others [Please tick ()]

For Individuals [Please tick ()]: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable

Sole/First Applicant 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 – YES NO; (ii) Gaming / Gambling / Lottery / Casino Services YES NO; (iii) Money Lending / Pawning YES NO

Second Applicant Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP) Not applicable

Third Applicant Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP) Not applicable

12. NOMINATION DETAILS (Refer instruction VII)

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) <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/ Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor (Mandatory)]			
Nominee 1					
Nominee 2					
Nominee 3					

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.

FOR REGISTRATION OF I-PRU TOUCH FACILITY: I/We hereby request you to register me/us for availing the facility of 'I-PRU TOUCH' 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).**

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

ICICI PRUDENTIAL MUTUAL FUND

PRU TOUCH ONE TIME MANDATE (OTM) FORM (For individual, Sole Proprietor & HUF only)

UMRN: _____ Date: ____/____/____

Sponsor Bank Code: _____ Utility Code: _____

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: _____ FSC: _____ or M CR: _____

an amount of Rupees: _____ MAXIMUM AMOUNT TO BE MENTIONED ₹

FREQUENCY: Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE: Fixed Amount Maximum Amount

Folio No.: _____ Mobile No.: _____

Reference: _____ 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 Canceled

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. I/We hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH (Debits). **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 (Debit Clearing) 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.**

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

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

Name of the Investor: _____

Application No. _____

EXISTING FOLIO NO. _____

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

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

ICICI Prudential Asset Management Company Limited

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India

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

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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 INK and BLOCK LETTERS.

BROKER CODE (ARN CODE) _____

SUB-BROKER ARN CODE _____

SUB-BROKER CODE
(As allotted by ARN holder)

Employee Unique
Identification No. (EUN)

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 EUN box is left blank) - I/We hereby confirm that the EUN 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.

Please tick () New Registration Cancellation

Existing UMRN _____

Sole/First Applicant's Name: Mr. /Ms. / M/s

Folio No. _____

FIRST MIDDLE LAST

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: Rs. _____

SIP Frequency: Monthly Quarterly* (Default is Monthly) *In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

SIP Date: 1st 7th 10th 15th 20th 25th SIP Start Month / Year SIP End Month / Year

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. _____ Dated _____

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.500 only.

Frequency: Half Yearly Yearly

SIP TOP UP CAP Amount: Rs. _____ OR _____

Month-Year: _____

Drawn on Bank _____ Amount Rs. _____

Bank Branch _____ City _____

*Investor has to choose only one option - either CAP Amount or CAP Month-Year

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL - PLEASE REFER INSTRUCTION NO. B(8))

NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) 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)

ICICI PRUDENTIAL MUTUAL FUND S P NACH DEB T MANDATE

UMRN _____ Date _____

Sponsor Bank Code _____ Utility Code _____

ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick) SB/CA/CC/SB-NRE/SB-NRO/Other _____

Bank a/c number _____

Name of customers bank _____ FSC _____ or M CR _____

an amount of Rupees _____ Maximum Amount (Rupees in words) _____

FREQUENCY Mth y Qt y H-Yr y Yr y As & when presented DEB T TYPE Fixed Amount Maximum Amount

Folio No. _____ Mobile No. _____

Reference _____ Email _____

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.

PER OD From _____ To _____ Or Unti Cance ed

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 Mutual Fund and as a condition of this mandate 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. We authorize the bank to debit my/our account for any charges towards mandate verification, registration transactions, returns, etc. as applicable.



ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No./ Application No. _____

Name of the Investor: _____

Acknowledgement Stamp

Scheme Name: _____ Option: _____ SIP Amount Rs. _____ SIP Frequency: Monthly Quarterly

SIP TOP UP Amt. Rs. _____ TOP UP CAP: Amt:Rs. _____ OR _____ Month-Year: _____

TERMS AND CONDITIONS

A) SIP Payment through NACH/ECS/SI/Auto Debit

- The bank account provided for NACH/ECS/SI/Auto Debit should be participating in MICR and NACH clearing respectively.
- SIP auto debit is available only on specific dates of the month viz. 1st/7th/10th/15th/20th/25th. In case 1st/7th/10th/15th/20th/25th is a holiday, then next business day. In case the Debit does not take effect for three consecutive times then the SIP would be liable for cancellation.
- In case of SIP transaction where the mode of payment is through NACH/ECS/SI/Auto Debit, investors are not required to do an initial purchase transaction for the minimum amount as applicable. However, investors are required to submit SIP request at least 30 days prior to the date of first installment. In case of incomplete mandate form, AMC may initiate remediation process to obtain incomplete details. This process may exceed 30 days and in such case it may also impact the registration of the SIP facility and subsequent installments. SIP start date shall not be beyond 100 days for Monthly and Quarterly SIPs from the date of submission of SIP application.
The applicant will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the ICICI Prudential Mutual Fund Customer Service Centres. Notice of discontinuance should be received **30 days prior to the subsequent SIP date**.
All terms and conditions for SIP, including Exit Load, if any, prevailing in the date of SIP enrolment/ registration by the fund shall be levied in the Scheme.
- The investor agrees to abide by the terms and conditions of NACH/ECS/SI/Auto Debit facilities of Reserve Bank of India (RBI).
- Investor will not hold ICICI Prudential Mutual Fund, ICICI Prudential Asset Management Company Limited (the AMC), ICICI Prudential Trust Limited (the Trustee), its registrars and other service providers responsible and/or liable 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 for NACH/ECS/SI/Auto Debit or any other reason/fault not attributable to ICICI Prudential Mutual Fund/the AMC/the Trustee.
- If mandate is not registered through NACH mode or/and if frequency opted is other than "as and when presented", mandate will not be considered as one time mandate.
- ICICI Prudential Mutual Fund reserves the right to reject any application without assigning any reason thereof.
- In case of "At Par" cheques, investors need to mention the MICR number of his actual bank branch.
- New Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP as per the scheme name available in the main application form. In case multiple schemes are mentioned in the main application form, the Fund reserves the right to reject the SIP request.
- Existing Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, the Fund reserves the right to register the SIP in the existing scheme (eligible for SIP) available in the investor's folio. In case multiple schemes or Equity Linked Savings Scheme (ELSS) are available in the folio, the Fund reserves the right to reject the SIP request.
- In case SIP date is not selected or the date mentioned is not legible or clear or multiple SIP date are opted, then the SIP will be registered on 10th (default date) of each Month/Quarter as applicable. Further, in case SIP registration through NACH, if multiple SIP dates are opted, SIP will be registered for all opted dates.
- If the investor has not mentioned the SIP start month, SIP will start from the next applicable month, subject to completion of 30 days lead time from the receipt of SIP request.
- In case the SIP 'End Period' is incorrect or not mentioned by the investor in the SIP form, then 5 years from the start date shall be considered as default 'End Period'.
- 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.
- Change of Amount:** Investors can change the SIP amount by submitting the following documents 30 days before the next SIP debit date.
 - A new 'SIP' Form with revised SIP amount details.
 - Letter to discontinue the existing SIP
- Conversion of PDC facility in to NACH/ECS/SI/Auto Debit Facility:** Investor with existing SIP facility through Post Dated Cheques can also avail of this facility by submitting the following documents 30 days before the next SIP Debit date.
 - A new 'SIP' Form along with one cancelled cheque.
 - Letter requesting to cancel the existing SIP through PDCs and for returning all the remaining PDCs.
- Mandatory fields in SIP NACH DEBIT MANDATE form as per NPCI:** • Bank account number and Bank name • IFSC and/or MICR Code • Folio number or application number • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected
• Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

B) General Instructions

- Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form.
For minimum application amount to be invested in SIP, risk factors, features etc. please refer to the Key Scheme Features.
- If the investor selects multiple SIP frequencies or fails to choose any of them, the default SIP frequency will be Monthly.
- ICICI Prudential Mutual Fund, the AMC, the Trustee, its registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor while availing this facility. The investor assumes the entire risk of using this facility and takes full responsibility for the same.
- The Bank 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, lightning, 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.
- For load structure of the schemes, please refer to the Key Scheme Features.

6. SIP TOP UP Facility:

With this facility, investor can opt to increase the SIP amount at regular fixed intervals.

There are two type of SIP TOP-UP:

- (1) Fixed TOP-UP, (2) Variable TOP-UP.

Fixed TOP-UP: With this option, investor can increase SIP amount at regular interval with fixed amount. Minimum TOP-UP amount has to be Rs.500 and in multiples of Rs.500 thereof. For said option SIP TOP-UP frequency is at Half Yearly and Yearly basis. In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP.

Please view below illustration for Fixed TOP-UP:

• SIP Tenure: 07Jan 2015 to 07 Dec 2020 • Monthly SIP Installment: Rs. 2000/-					
• TopUp Amount: Rs. 500/- • TopUp Frequency: Yearly					
Installment No(s)	From Date	To Date	Monthly SIP Installment Amount (₹)	SIP Top-Up Amount (₹)	SIP Amount with TOP-UP (₹)
1 to 12	7-Jan-16	7-Dec-16	2000	N.A	2000
13 to 24	7-Jan-17	7-Dec-17	2000	500	2500
25 to 36	7-Jan-18	7-Dec-18	2500	500	3000
37 to 48	7-Jan-19	7-Dec-19	3000	500	3500
49 to 60	7-Jan-20	7-Dec-20	3500	500	4000

Variable TOP-UP: With this option, investor can increase SIP amount at regular interval, TOP-UP amount will be based on the percentage (%) opted by investor of SIP amount. For said option SIP TOP-UP frequency will be on Yearly basis. The minimum TOP-UP percentage (%) should be 10% and in multiple of 5% thereof. Also the TOP-UP amount will be rounded off to the nearest highest multiple of Rs.10.

Please view below illustration for Variable TOP-UP:

• SIP Tenure: 07Jan 2015 to 07 Dec 2020 • Monthly SIP Installment: Rs. 2000/-						
• TopUp percentage: 10% • TopUp Frequency: Yearly						
Installment No(s)	From Date	To Date	Monthly SIP Installment Amount (₹)	SIP Top-Up Amount (10%) (₹)	SIP Top-Up round off Amount (₹)	SIP Amount with TOP-UP (₹)
1 to 12	7-Jan-16	7-Dec-16	2000	N.A	N.A	2000
13 to 24	7-Jan-17	7-Dec-17	2000	200	200	2200
25 to 36	7-Jan-18	7-Dec-18	2200	220	220	2420
37 to 48	7-Jan-19	7-Dec-19	2420	242	240	2660
49 to 60	7-Jan-20	7-Dec-20	2660	266	270	2930

Investor can either opt for Fixed Top-up facility or Variable Top-up facility under SIP Top-up. In case, investor opts for both the option, then Variable top-up feature shall be triggered. In case the TOP UP facility is not opted by ticking the appropriate box and/or frequency is not selected, the TOP UP facility may not be registered.

In a scenario where investor selects multiple % option under variable SIP Top-up plan, higher percentage will be considered.

Other Information:

SIP TOP UP will be allowed in Micro SIP folio subject to condition that total investment including SIP TOP UP does not exceed Rs. 50,000/- in a rolling 12 month period or financial year i.e. April to March, the limit on Micro SIP investments.

The investor agrees to avail the TOP UP facility for SIP and authorize his/her bank to execute the NACH/ECS/SI/Auto Debit for a further increase in installment from his/her designated account.

(h) TOP-UP CAP:

- Cap Amount:** Investor has an option to freeze the SIP Top-Up amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the bank mandate. In case of difference between the Cap amount & the maximum amount mentioned in bank mandate, then amount which is lower of the two amounts shall be considered as the default amount of SIP Cap amount
- Cap Month-Year:** It is the date from which SIP Top-Up amount will cease and last SIP installment including Top-Up amount will remain constant from Cap date till the end of SIP tenure.
Investor shall have flexibility to choose either Top-Up Cap Amount OR Top-Up Cap Month-Year. In case of multiple selection, Top-Up Cap Amount will be considered as default selection.

- The investor hereby agrees to indemnify and not hold responsible, the AMC and its employees, the R&T agent and the service providers incase his/her bank is not able to effect any of the payment instructions for whatsoever reason.

- Demat/Non-Demat Mode:** Investors have an option to hold the Units in dematerialized form. By providing DP details, Units shall be directly credited to the investor's demat account after the realization of funds and depositories will issue a statement. Applicants must ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

If the details mentioned in the application are incomplete/incorrect or not matched with the Depository data, the application shall be treated as invalid and the units would be allotted in Non-Demat mode. Demat option will be not be available for Daily/Weekly/Fortnightly dividend options. Investors desiring to get allotment of units in demat mode must have a beneficiary account with a Depository Participant (DP) of the Depositories i.e. National Securities Depositories Limited (NSDL)/ Central Depository Services Limited (CDSL).

Allotment letters would be sent to investors who are allotted units in Demat mode and a Statement of Accounts would be sent to investors who are allotted units in Non-Demat mode. Investors are requested to note that Units held in dematerialized form are freely transferable except units held in Equity Linked Savings Scheme's (ELSS) during the lock-in period.

The units will be allotted based on the applicable NAV as per the Scheme Information Document (SID). The investors shall note that for holding the units in demat form, the provisions laid in the SID of respective Scheme and guidelines/procedural requirements as laid by the Depositories (NSDL/CDSL) shall be applicable. In case the unit holder wishes to convert the units held in non-demat mode to demat mode or vice versa at a later date, such request along with the necessary form should be submitted to their Depository Participant(s). Units held in demat form will be freely transferable, subject to the applicable regulations and the guidelines as may be amended from time to time.