REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing)/**STANDING INSTRUCTION / DIRECT DEBIT FACILITY** SIP via **ECS** (Debit Clearing) in select cities or via **Standing Instruction/Direct Debit in select banks / branches only.**

ARN- 28191	Sub-broker Code	Serial Number, Date & Time of Receipt

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 Folio No. | | | | | | | | / | |

Please tick (✓)
☐ **New Registration** ☐ **Cancellation**
☐ **Change in Bank Account*** *[*Please provide a cancelled cheque]*

APPLICATION NO.:

The Trustee,
ICICI Prudential Mutual Fund,
I/We have read and understood the contents of the Offer Document/Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Date: D D M M Y Y

Sole/First Applicant's Name

Scheme Name: ICICI PRUDENTIAL _____

Plan/Option*: _____ **Sub-Option*:** _____

Refer to the "Key Features" on pages 14-27.

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

Each SIP Amount: **Rs.** | | | | | | | | | | | | **Rupees in words:** _____

SIP Start Month/Year M M Y Y Y Y
SIP End Month/Year M M Y Y Y Y
SIP Date: ☐ 7th ☐ 10th ☐ 15th ☐ 25th

☐ **SIP TOP UP (Optional)** (Tick to avail this facility)
TOP UP Amount*: Rs._____ ** TOP UP amount has to be in multiples of Rs.500 only.*
TOP UP Frequency: ☐ Half Yearly ☐ Yearly *[Please refer to Instruction No. C(6)]*

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.

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.

Signature(s) as per ICICI Prudential Mutual Fund Records ***(Mandatory)***

1st Holder	2nd Holder	3rd Holder

BANK MANDATE SECTION (Mandatory)

I/We, Mr./Ms./M/s. _____ ***(Name as per the Bank record)*** hereby authorise ICICI Prudential Mutual Fund and their authorised service providers to debit from my/our Bank Account No. mentioned below (hereinafter referred as "funding account") by ECS (Debit Clearing)/Direct Debit for collection of SIP payments/ authorise the bank to record a Standing Instruction for debit to my bank account as mentioned below, as instructed by ICICI Prudential Mutual Fund.

PARTICULARS OF BANK ACCOUNT

Bank Name	
Branch Name	
Bank City	
Account Number	**Account Type** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ Cash Credit
9 Digit MICR Code	*(Please enter the 9 digit number that appears next to the cheque number).* **In case of At Par accounts**, kindly provide the correct **MICR number of the bank branch. MICR code starting and/or ending with 000 are not valid for ECS.**

Enclosed [please tick (✓)]: ☐ Blank cancelled cheque ☐ Photocopy of Cheque *[Please refer to Instruction No. C(5)]*

Authorisation of the Bank Account Holder for Auto Debit (ECS)/Standing Instruction/Direct Debit

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. 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 will also inform ICICI Prudential Mutual Fund, about any changes in my bank account. I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme. I/We apply for the units of the Scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme.

This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my 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. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any.

I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibilty.

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non banking/ business day as defined in the Scheme Information Document of the said Scheme of ICICI Prudential Mutual Fund, execution of the debit will happen as per the normal practice of the bank mandated by the investor and allotment of units will happen as per the Terms and Conditions listed in the Scheme Information Document of the Mutual Fund. I/We have read and understood the Scheme Information Document(s) of the Fund. I/We apply for the units of the scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme(s). I/We agree to abide by the terms, conditions, rules and regulations of the Plan(s). I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account. I/We agree that AMC/ Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay / wrong debits on the part of the bank for executing the standing instructions of additional sum on a specified date from my account. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibilty.

SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS ***(Mandatory)***

1st Holder	2nd Holder	3rd Holder

ACKNOWLEDGEMENT SLIP *(To be filled in by the investor)*

SIP Amount Rs._____ SIP Frequency: ☐ Monthly ☐ Quarterly

☐ **SIP TOP UP** Amount Rs._____ Frequency: ☐ Half Yearly ☐ Yearly

Scheme Name:_____ Option:_____ Sub-Option:_____

Folio No./ Application No.

Acknowledgement Stamp

Ver01/25/May/2010