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November 2019

Mach 2020

MUTUAL FUND	Name of the Investor:	
Scheme (1) :	Plan & Option:	-
Scheme (2) :	Plan & Option:	_
Scheme (3) :	Plan & Option:	_
Scheme (4) :	Plan & Option:	Acknowledgement Stamp
		Acknowledgement Stamp

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 or until cancelled • 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 (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 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.

EXISTING OTM / FIRST INSTALLMENT BANK DE	ETAILS:		
Cheque/DD No	Cheque/DD Amount Rs.	A/c No	
Bank Name:			
# ^{\$} If Multiple Schemes are provided and SIP Plus as normal SIP without the benefit of SIP plus faci		ned by the investor should be eligible for SIP P	Plus, else AMC reserves the right to register all SIPs
DEMAT ACCOUNT STATEMENT DETAILS (OPTIO	NAL – PLEASE REFER INSTRUCTION NO.	19) (NOT APPLICABLE FOR SIP PLUS)	
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (C	DSL only)
inee to receive Insurance Coverage benefi	it to my / our credit in this folio no. in	the event of my / our death. I / We also up	hereby nominate the undermentioned Nom- nderstand that all payments and settlements a refer to terms & conditions for Nomination
Nominee Name		Relationship:	Date of Birth: / /
Guardian/Parent Name (If nominee is a minor):			
Address:			Signature of Nominee or Parent / Guardian

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.

DECLARATION FOR AVAILING INSURANCE COVER: I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement and hereby wish to avail the said insurance cover.

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

Sole/First Holder		2nd Holder		3rd		
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Scheme (1) : SIP Installment Rs	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs	
Scheme (2) : SIP Installment Rs	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs	
Scheme (3) : SIP Installment Rs.	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs	
Scheme (4) : SIP Installment Rs	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs	
TOP UP CAP Amount Rs. OR TOP UP CAP Month-Year: Scheme	(1):	Scheme (2):	Scheme (3):	
Scheme (4):	P Tenure in case of SIP Plus:			