



# ICICI PRUDENTIAL SIP PLUS

Application No.

## SIP Registration-cum-Mandate Form for SIP Plus

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK/BLUE COLOURED INK.

Applicant need to fill in the Main SIP Plus Application Form and submit along with this mandate form.

BROKER CODE (ARN CODE) <b>ARN-16709</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Ident. No. (EUIIN) <b>E039709</b>
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	

**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY:**  
 In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the 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.

Please tick (✓)  New Registration  Cancellation  Existing UMRN

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.

**Sole/First Applicant's Name**  
 Mr. Ms.  FIRST  MIDDLE  LAST

**Plan** (Please ✓)  
 Direct  Regular  
 Scheme Name: ICICI PRUDENTIAL  
 Plan & Option\*: \_\_\_\_\_ Sub-Option\*: \_\_\_\_\_  
 \*Please refer to the scheme related documents available under AMC's website www.icicipruamc.com or with any of its branches.

Each SIP Amount: Rs. \_\_\_\_\_ Rupees in words: \_\_\_\_\_

**FOLIO No.** \_\_\_\_\_

SIP Frequency:  Monthly  Quarterly  
 (Default SIP frequency is Monthly)

SIP Date:  1<sup>st</sup>  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup>

SIP Start Month/Year:  M  M  Y  Y  Y  Y

**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



### EASY PAY DEBIT MANDATE INSTRUCTION

ARN - 16709

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UMRN \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Bank Code \_\_\_\_\_ Utility Code \_\_\_\_\_

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  Qlty  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Reference \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_ Email ID \_\_\_\_\_

PERIOD From \_\_\_\_\_ To \_\_\_\_\_ Or  Until Cancelled

Signature Primary Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_

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 Asset Management Company Limited (the AMC) and as amended from time to time and of NACH/ECS/SI/Auto Debit. **Authorisation to Bank:** 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. I/We authorize the representatives of the AMC carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc., as applicable. 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. This is to confirm that the declaration/terms & conditions have been carefully read, understood and made by me/us.

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### ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

SIP Amount Rs. \_\_\_\_\_  
 SIP Frequency:  Monthly  Quarterly

Scheme Name: \_\_\_\_\_  
 Option: \_\_\_\_\_

Folio No./  
 Application No.

Acknowledgement Stamp