PRUDENTIAL TO MUTUAL FUND	Investor must read I	APPLICATION FORM FOR Key Scheme Features and Instructions bompleted in ENGLISH in BLACK / BLUE C	efore completing thi	s form.	CINVES	TMENTS Application No.
BROKER O	CODE (ARN CODE)/	SUB-BROKER ARN CODE	,	SUB-BROKER CODE allotted by ARN hold	er)	Employee Unique Identification No. (EUIN)
Declaration for "exus as this is an "ex	ecution-only" transaction ( ecution-only" transaction		Instruction No. XIII) employee/relationsh	. – I/We hereby confirm ip manager/sales perso	n that the EUII n of the above	N box has been intentionally left blank by me/
SIGNATUR	RE OF SOLE / FIRST APF	PLICANT SIGNATURE	OF SECOND APP	PLICANT	SIGN	ATURE OF THIRD APPLICANT
TRANSACTION C	HARGES FOR APPLICAN	NTS THROUGH DISTRIBUTORS ONLY	[Refer Instruction	n XII]		
cable from the purchas	e/subscription amount and paid t	/- or more and your Distributor has opted to receiv the distributor. Units will be issued against the bala fors based on the investors' assessment of various	ince amount invested. •	Upfront commission shall be	paid	g Folio No.
, ,	<u> </u>	e refer to Instruction No. II (b) & IV) (Name sh	3	,		of Birth**
Sole/First		RST MIDDLE		LAST	D	D M M Y Y Y
PAN/PEKRN*		KYC Id No.¥ Enclosed (	(Please ✓)§* ○ KYC A	cknowledgement Letter	AADHAA	AR No. [Refer Instruction No.II(b)(10)]
NAME OF CHARDIAN	M (in case First/Sale applicant is	minor)/CONTACT PERSON-DESIGNATION/Pr	o A HOLDED (in case of	Non Individual Investors	Data	of Birth
Mr. Ms.	FIRST	MIDDLE	LAST	Non-individual investors)	Date	D M M Y Y Y
PAN/PEKRN*	KYC Proof Attached (Mandat	ory)   Relationship with Minor applicant: (	Natural guardian (	Court appointed guardi	ian AADHAA	AR No. [Refer Instruction No.II(b)(10)]
		KYC Id No.¥				
2 <sup>ND</sup> APPLICANT	(Name should be as per	Aadhaar)	LAST		Date o	of Birth D M M Y Y Y Y
PAN/PEKRN*	11101		roof Attached (Mandat	ory)		AR No. [Refer Instruction No.II(b)(10)]
3 <sup>RD</sup> APPLICANT	(Name should be as per	Aadhaar)			Date o	of Birth
Mr. Ms. M/s	FIRST	MIDDLE	LAST		D	D M M Y Y Y
PAN/PEKRN*		KYC Id No.¥	roof Attached (Mandat	ory)	AADHAA	AR No. [Refer Instruction No.II(b)(10)]
If mandatory information	n left blank, the application is liable	e to be rejected. ¥Individual client who has regist	tered under Central KYC F	tecords Registry (CKYCR) has	to fill the 14 digi	t KYC Identification Number (KIN).
Mandatory inform	mation – If left blank th	DETAILS OF SOLE/FIRST AP e application is liable to be rejected n, please ensure that the bank account linke	d. (Mandatory to atta	ch proof, in case the pay-		ount is different from the source bank account.)
A coount					Savings O	Current NRE NRO FCNR
Name & Branch						
Number Name & Branch of Bank Branch City		9 Digit MICR Code		11 E IFSC		✓): Bank Account Details Proof Provided.
3. INVESTME ICICI Prudential	NT DETAILS (Refer	Instruction No. IV) (For Plans & S	Sub-options pleas	e see key scheme fea	atures). <b>Plea</b>	, <u> </u>
4. PAYMENT	DETAILS	Mod	e of Payment	Cheque ODD	O Funds	s Transfer NEFT RTGS
Investment Amount	. А	DD Charges (if applicable)		В	Total Amount	· A + B
Cheque /		Date D D M M	YYYY		Amount	
DD Number BANK DETAILS:	Same as above [Pleas	e tick (✔) if yes] □ Different from	n above [Please tick (	□ <b>/</b> ) if it is different from al	oove and fill in	the details below]
A/c Number				Account Type Sa	avings O	Current O NRE O NRO O FCNR
Name & Branch of Bank						
Branch City		if the first instalmen	losures (Please tick nt is not through cheq	ue) Copy	Bank Statement	Banker's Attestation
circular. Please re	ead the instruction no. VI(e)	). Third Party Payment Declaration form i	s available in www.			Il be processed in accordance with the said Mutual Fund branch offices.
	NDENCE DETAILS <b>Address (Please provide</b>	S OF SOLE/FIRST APPLICAN full address)*		Address (Mandatory	for NRI / FII	Applicants)
	HOUSE /	FLAT NO.			HOUSE / F	LAT NO.
	STREET	ADDRESS			STREET AL	DDRESS
CIT	Y / TOWN	STATE		CITY / TOWN		STATE
	OUNTRY	PIN CODE		COUNTRY		PIN CODE
Tel. Email £	Office	Res	sidence	Mobile	e	
	wish to receive Annual	Report or Abridged Summary via P	Post - (Default com	munication mode is	F-mail) [Ref	fer Instruction No IX(a)1
		nt statement / Other statutory inform	•			* *-
		ive <b>Account Statement through e-n</b> he application is liable to be rejected		Weekly Mo		Quarterly Half Yearly Annually case of Minor/Non-Individual Investor.
** Mandatory in c	case the Sole/First applicar ments, please refer to the i	nt is minor.	For documents t	to be submitted on beh to instruction no. IX	nalf of minor f	olio refer instruction II-b(2)
			-' — —			
PICICI DDI DENTIALS	To be filled in by the l	DGEMENT SLIP (Please Retain Investor. Subject to realization of cheque an		itory Information.	pplication N	0.
PRUDENTIAL*	<u>"</u>	:			EXIST	TING FOLIO NO.
		999 (MTNL/BSNL) 1800 200 6666 (	(OTHERS) <b>EMAIL</b>	enquiry@iciciprua	mc.com W	EBSITE: www.icicipruamc.com

6. MODE	OF HOLDING	[Please tick (🗸)] OS	ingle O Joi	int O Anyone	or Survivor (Default)					
7. TAX S	TATUS [Please tie	ck (✔)]								
Resident Ir		eign National	☐ Partnersl ☐ Compan	'	☐ Government Bod ☐ AOP/BOI	folio Investor	☐ QFI ☐ NON Profit Org	anization/Chari	itios	
HUF		ly Corporate		y .imited Company	☐ FII	☐ Defence Est ☐ Public limite		Bank	atiization/Char	illes
☐ Financial Ir	nstitution	st/Society/NG0		Partnership (LLP)	☐ Sole Proprietorsh	ip Others (Plea	se specify)			
		ETAILS (Optiona								
NSDL: Deposito	ory Participant (DP) ID	(NSDL only) Benefic	ary Account Nur	mber (NSDL only)	CDSL:	Depository Participant (DP)	ID (CDSL only)			
		TAILS FOR INC				ndatory) w information is requ	ired for all an	plicants/guardia	n	
Non-marvia	ual ilivestors silo	Place/City of			Country of Birth	w information is requ		Citizenship / Nation		
First Applica	ant / Guardian				•	O Indian	U.S. Others (	(Please specify)		
Second App	olicant					O Indian	U.S. Others (	(Please specify)		
Third Applic	cant					O Indian	U.S. Others (	(Please specify)		
		assessed for Tax) in an			○ Yes ○ No	[Please tick (🗸)				
If 'YES' please	fill for ALL countries	· ,	,		ose i.e. where you are ation Number or	a Citizen/Resident / Gree Identificatio		ax Resident in the re	<u> </u>	
	Country of Tax Residency Functional Equivalent (TIN or other please specify)					the reason A, B				
First Applica	int / Guardian			Reason: A	В	C $\square$				
Second App	olicant							Reason: A	В□	СП
Third Applic	cant							Reason: A	В□	С□
						dentification Number				
		uired (Select this re ase state the reasor		the authorities o	of the respective co	untry of tax residence	e do not requi	ire the TIN to be	collected)	
Address Typ	pe of Sole/1st Hol	der:	Add	ress Type of 2n				of 3rd Holder:		
	al Registered Offi and <b>Annexure II</b> are a				istered Office O Busing or at the Investor Services	ness	Residential () CI Prudential Mut	Registered Office rual Fund.	e ( ) Business	5
	DETAILS (Man			· ·		, ,				
•	[Please tick (🗸)]	0.5111		0.0					0.5 // /	
Sole/First Applicant	O Private Sector S O Housewife	○ Studen		O Governme O Forex Dea	aler Oth	ners (Please specify)		O Agriculturist	O Retired	
Second Applicant	O Private Sector S O Housewife	Service O Public S O Studen	ector Service	O Governme		siness OF ners (Please specify)	Professional	O Agriculturist	O Retired	
Third Applicant	O Private Sector S O Housewife	Service O Public S	Sector Service	O Governme	ent Service O Bu		Professional	O Agriculturist	○ Retired	
Applicant	O Housewile									
	ial Income [Please				ilei Otti	iers (riease specify)				
	olicant O Below	e tick (🗸)] / 1 Lac O 1-5 Lacs		○ 10-25 Lacs	○ >25 Lacs-1 crore	○ >1 crore	V V V V	(Net alder these 1		
Gross Annu Sole/First App	OR Net v	e tick (✔)] / 1 Lac ○ 1-5 Lacs vorth (Mandatory for N	n-Individuals) `	O 10-25 Lacs	○ >25 Lacs-1 crore	e O >1 crore on D D M M	Y Y Y Y	(Not older than 1	year)	
Gross Annu	olicant O Below OR Net w	e tick (🗸)] / 1 Lac O 1-5 Lacs vorth (Mandatory for No / 1 Lac O 1-5 Lacs		○ 10-25 Lacs	○ >25 Lacs-1 crore as c cs ○ >25 Lacs-1 (	e O >1 crore on D D M M crore O >1 crore C		(Not older than 1	year)	
Gross Annu Sole/First App Second Applic	Olicant O Below OR Net v	e tick (🗸)] / 1 Lac O 1-5 Lacs vorth (Mandatory for No / 1 Lac O 1-5 Lacs	on-Individuals) `	○ 10-25 Lacs	○ >25 Lacs-1 crore as c cs ○ >25 Lacs-1 (	e O >1 crore on D D M M crore O >1 crore C		(Not older than 1	year)	
Gross Annu Sole/First App Second Applica Third Applicar Others [Plea	olicant	e tick (🗸)]  1/1 Lac O 1-5 Lacs  vorth (Mandatory for Nov  1/1 Lac O 1-5 Lacs  1/1 Lac O 1-5 Lacs  lease tick (🗸)]: O I am	on-Individuals) `	○ 10-25 Lacs  □ 10-25 Lacs □ 10-25 Lacs □ 10-25 Lacs □ 10-25 Lacs	○ >25 Lacs-1 croreas c cs ○ >25 Lacs-1 ( cs ○ >25 Lacs-1 ( ○ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e O >1 crore on D D M M  crore O >1 crore C  crore O >1 crore C	R Net worth `_	applicable	year)	
Gross Annu Sole/First App Second Applica Third Applicar Others [Plea	olicant O Below OR Net was asset tick ( ) For Individuals [PFor Non-Individuals]	e tick (🗸)]  y 1 Lac O 1-5 Lacs  yorth (Mandatory for No y 1 Lac O 1-5 Lacs  y 1 Lac O 1-5 Lacs  lease tick (🗸)]: O I am  y 1 Lac ( ) ( ) ( ) ( ) ( ) ( )	on-Individuals) `	O 10-25 Lacs	>25 Lacs-1 crore as c cs >25 Lacs-1 c	e O >1 crore on D D M M crore O >1 crore C	R Net worth `_ RPEP) O Not a	applicable . IV(h)):		○ NO
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# Annexure 1

If POA Holder is an Institution, details of all Individuals forming part of Authorized Signatory List (ASL) of the POA Holder (Refer Instruction No.10)

		Sr. No.
		Name as per Aadhaar
		PAN
		Aadhaar No.
		Signature ***

I hereby provide my Jour consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folios.

I have read, understood and agree to abide by the guidelines as on the reverse of this form.

## Annexure 2

Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)

		Sr.
		Name as per Aadhaar
		PAN
		Aadhaar No.
		Signature ***

I hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

I have read, understood and agree to abide by the guidelines as on the reverse of this form.

PRUDENTIAL MUTUAL FUND

#### PAN BASED MANDATE CUM SIP REGISTRATION FORM

[For investment through NACH (Not eligible for Minors Bank Account)]

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6. MODE OF HO	LDING	[Please tick (🗸)]	ingle O Joir	nt O Anyone	e or Survivor ( <i>Default</i> )						
7. TAX STATUS	[Please tid	ck (✔)]									
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☐ On behalf of Minor☐ HUF		eign National ly Corporate	☐ Company	mited Company	☐ AOP/BOI ☐ FII		nce Establishm ic limited comp		: Organization/Char	rities	
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8. FATCA AND C							is required fo	or all applicants/guar	rdian		
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Are you a tax resident (i.e.					○ Yes ○ No	[Please ti					
If 'YES' please fill for ALL of	countries				oose i.e. where you are ation Number or						
		Country of Tax Resi	dency		al Equivalent		Identification Type (TIN or other please specify)  If TIN is not available pleather reason A, B or C (as do				
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#### **TERMS & CONDITIONS FOR MEDICAL ADVANTAGE FEATURE**

I/We have agreed to avail the Medical Advantage Feature (the Facility) offered by ICICI Prudential Mutual Fund (the Fund)/ICICI Prudential Asset Management Company Limited (the AMC) to utilize the investment in the designated scheme(s) of the Fund which shall enable me/ us for meeting my/our health care expenses or of such persons designated by me/us (the Designated Persons). In this regard, I/We have read and understood below terms and conditions and agree to abide by the same at all points of time:

- The benefits of the Facility are provided through a Service Provider, currently being Vidal Healthcare Services Private Limited (Service Provider).
- Under this Facility the investment in the designated scheme(s) of the Fund shall
  be available for meeting my/our/Designated Persons' health care expenses at the
  hospitals and diagnostic centres empanelled by the Service Provider. As and when the
  need arises, the Service Provider shall submit the redemption request on my/our behalf
  to the Fund for meeting the health care expenses and the Fund shall process such
  redemption request and credit the redemption proceeds to the designated account of
  the Service Provider.
- The Facility is available only under the designated scheme(s) of the Fund. AMC
  reserves the right to designate the scheme(s) as eligible under the Facility from time to
  time without prior intimation. List of such designated schemes shall be available on the
  website of the Fund.
- A separate Folio may be opened for investment under the Facility or an existing folio
  can be mapped under the Facility once the Terms and Conditions of the Facility are
  accepted by me/us (hereinafter referred to as "MAF Folio"). The Fund/AMC reserves
  the right to reject the purchase/additional purchase in the schemes other than
  designated scheme(s) or to consider such investment in MAF Folio or to process such
  transaction without MAF mapping. In case of individual investor, the mode of holding
  shall be 'single' or 'Anyone or survivor'.
- It shall be sole responsibility of the investor to produce necessary proofs/documentation
  as may be required by the Service Provider to avail the Facility for self/Designated
  Persons.
- I/We agree and understand that I/We shall be solely responsible to co-ordinate with
  the Service Provider for enrolment of Designated Persons for this Facility or for any
  changes in the list of such Designated Persons. AMC/Fund shall not be held liable for
  any disputes in this regard.
- The card under the Facility shall be issued by the Service Provider either in physical
  or electronic form on the registered contact details as per MAF folio. In case of
  unavailability of / incomplete contact details/non receipt of card, I/we shall co-ordinate
  directly with Service Provider for updation of details.
- I/We agree and understand that in case of the Facility being used for the Designated Persons, Redemption Request Form under the Facility shall be signed only by me/the Authorised Signatories of the MAF Folio.
- Under the Facility, I/We hereby authorise Service Provider to submit the Redemption Request Form on my/our behalf to Fund/AMC/ Registrar and Transfer Agent of the Fund (R&T). I/We also authorise the Service Provider to submit the instructions to the Fund/ AMC/R&T to block/freeze the units in the Folio to be utilised towards the Facility. I/We understand that the Service Provider shall provide transaction feeds of such redemption request to the AMC/Fund and the AMC/Fund shall rely and act upon such transaction feeds/request.
- I/We agree and understand that in case of blocked/freezed units, redemption request(s) by me/us shall not be processed and can be rejected by the AMC. I/We hereby authorise the Service Provider to submit unfreeze/unblocking request for processing the redemption under the Facility.
- For the purpose of processing redemption under this Facility, only specific redemption request form in the prescribed format shall be used.
- In case of my/our inability on account of medical reasons to specify the scheme for redemption and / or to sign the redemption request form under the Facility for any reason, I/We hereby authorise the Service Provider to submit the redemption request on my/our behalf and the AMC/Fund is authorised to process such redemption request. In such case if the holding is in multiple designated schemes, I/we explicitly authorize the Service Provider to submit redemption request on my/our behalf in such order as mutually agreed between the AMC and the Service Provider. Such order matrix is subject to change from time to time and same shall be available on the website of the Fund and /or of the Service Provider.
- I/We also understand that Service Provider shall submit the redemption request on my/ our behalf in such order of designated schemes as mutually agreed between the AMC and the Service Provider, if such request is specifically given by me/us while signing the redemption request form.
- The AMC/Fund reserves the right to call for confirmation from the hospital authority about my/ our inability of to sign the redemption request and to carry out further checks to validate the authenticity of the transaction/application by seeking further information or reject the transaction.
- I/We hereby explicitly authorise the AMC/the Fund to credit the redemption proceeds under the Facility to the designated bank account of the Service Provider.
- I/We hereby explicitly authorise the Service Provider to access my/our/designated persons' medical details from hospitals/diagnostic centres during utilisation of the Feature.
- I/We hereby explicitly authorise the Service Provider to refund excess amount into
  my/our bank account in case, the actual hospitalisation expenses are less than the
  redemption request as submitted by the Service Provider and processed under the
  terms of this Facility. I/We agree and understand that Service Provider shall be solely
  responsible to refund such excess redemption amount to me/us and AMC/Fund/R&T

- shall not be liable for such refund
- The Service Provider/the Fund is authorised to call/sms/email me/us with regard to this Facility. Such call/sms made by the Service Provider/ the Fund shall override the Do not Disturb (DnD) registrations, if any, made earlier or anytime hereinafter by me/us.
- I/We shall read the details of services offered by Service Provider as available on the website of ICICI Prudential Mutual Fund i.e. www.icicipruamc.com and/or on the website of the Service Provider currently www.health4sure.in/iprumf.
- As part of this Facility, I/We authorise the Fund/ the AMC to share with the Service Provider the Folio related information including but not limited to contact details, demographic details, available balance in folio (units and valuation), scheme details.
- In terms of this Facility, the AMC and/or the Fund is authorised to receive and execute
  instructions on my/our behalf to redeem such number of units held in my/our folio.
   Further, the AMC and/or the Fund is authorised to redeem the units in my/our Folio and
  pay the redemption amount to the designated bank account of the Service Provider.
- The AMC acting in good faith, shall take necessary steps in connection with such redemption requests received from the Service Provider regardless of the value involved and the same shall be binding on me/us.
- I/We understand that my/our investments in schemes other than designated scheme(s)
  will not be available for medical redemption, and medical redemption request in such
  schemes may be rejected by the AMC and/or R&T.
- In case of any discrepancies between the transaction feeds submitted by Service
  Provider and Redemption Request, the AMC/Fund reserves the right to rely on the
  transaction feeds and process the redemption request based on the same.
- The Service Provider shall be solely responsible for meeting the health care expenses
  on my/ our behalf out of the redemption proceeds. Further, the AMC shall not be held
  responsible in the event of any discrepancy / delay on the part of the Service Provider
  in making the payment to the hospital for the Facility availed by me/us.
- This Facility will be provided subject to provisions of cut off timing for applicability of NAV and time stamping requirements, as amended by Securities and Exchange Board of India (SEBI) from time to time and any other applicable laws, rules and regulations as may be enforced from time to time.
- All the transactions received in respect of my/our Folio shall be processed by the R&T in its normal course of business. In other words, in case the redemption request is received from both, me/us and the Service Provider, the R&T shall not prioritize either of the redemption request over the other.
- In case of my/our demise, if the AMC receives the redemption request (where there
  are joint holders in the folio) OR transmission request from my/our legal heirs/joint
  holder(s)/nominees, prior to the Redemption Request Form from the Service Provider,
  the AMC shall process the request from the joint holders/legal heir/nominee, after
  considering any existing requests for blocking the additional units provided by the
  Service Provider. Balance, if any in the Folio of the Investor after processing redemption
  request of the Service Provider shall be available for Transmission/redemption request
  from other joint holders.
- In case of my/our demise, the nominee(s)/legal heir(s) in the folio will not be eligible to avail this Facility.
- Any redemption pay-out made to the Service Provider will be the valid discharge of the AMC's obligation towards the investor.
- Any dispute/complaint regarding the services offered by the Service Provider, its
  agents or representatives shall be addressed directly to the Service Provider and
  the AMC and/or the Fund shall not be held responsible for any dispute arising out of
  services rendered by the Service Provider. The AMC does not warrant, guarantee or
  ensure efficiency of any services provided by the Service Provider.
- The Fund, its Trustees, the AMC, its directors, affiliates, promoters, employees, successors in interest and permitted assigns shall not be responsible or liable in any manner whatsoever for any acts or omission or negligence, misrepresentation, fraud or mistake, deficiency or inadequacy in the services rendered by Service Provider, its agents or representatives or for any actions, claims, demands, losses, damages, costs, charges and expenses that I/We may suffer on account of the services rendered by the Service Provider.
- The Fund, its Trustees, the AMC, its directors, affiliates, promoters, employees, successors in interest and permitted assigns shall at all times be indemnified and held harmless by me/us from and against all actions, suits, proceedings, loss, damages, claims, charges, costs, which the AMC and/or the Fund may incur, sustain or suffer in consequence of or by reason of processing redemption request submitted by the Service Provider on my/our behalf.
- The AMC reserves the right to change the terms and conditions of the Facility and/ or
  the Service Provider without assigning any reasons. I/We understand that, in case of
  termination of the agreement with the Service Provider, this Facility shall be terminated
  and the AMC and/or the Fund shall inform me/us about discontinuation of the Facility.
- In case of non-availability of signatures in the Medical Advantage Feature Terms & Conditions, AMC reserves the right to reject to the application and initiate the refund within the appropriate time-line (not more than 5 business days).
- Terms and conditions of the Facility shall be applicable to current and future investment in the designated scheme(s) in the MAF folio.
- It shall be deemed that I/We have read, understood and accepted the terms and conditions of the Facility as may be amended from time to time.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

PRUDENTIAL TO

SIP TOP UP Amt. Rs.

### PAN BASED MANDATE CUM SIP REGISTRATION FORM - Medical Advantage Feature [For investment through NACH (Not eligible for Minors Bank Account)]

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PRUDENTIAL UMRN		FOR	OFFICE	USE ONL	_Y		Date
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Or 🖂 -Until Cancelled	1	Name as in bar	nk records	2. Nam	e as in banl	k records	3. Name as in bank records
<b>Declaration:</b> I/We hereby declare that the particulars							through participants in NACH/SI/any other mode as may be scified in Terms & Conditions under Registration of OTM/PAN
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#ICICI		EGISTRATIO					
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#By mentioning RIA code, I/We authorize TRANSACTION CHARGES FOR APPLICAN	<u>,                                      </u>						ICI Prudential Mutual Fund. istributor has opted to receive transactions charges,
the same are deductible as applicable from the p the AMFI registered Distributors based on the in	urchase/subscription an	nount and paid the dis	stributor. Units will b	be issued against the	balance amou	int invested. Upfro	nt commission shall be paid directly by the investor to
Declaration for "execution-only" transact	tion (only where EUI	N box is left blank	c) - I/We hereby	confirm that the E	UIN box ha	s been intention	nally left blank by me/ us as this is an "execu-
any, provided by the employee/relationshi	ction or advice by the ip manager/sales per	e employee/relatio rson of the distribu	inship manager/s itor and the distr	sales person of the ibutor has not cha	e above dist irged any ad	ributor or notwi visory fees on t	thstanding the advice of in-appropriateness, if his transaction.
SIGNATURE OF SOLE / FIRST	APPLICANT	SIGN	NATURE OF SEC	COND APPLICAN	JT	SI	GNATURE OF THIRD APPLICANT
The Trustee ICICI Prudential Mutual Fund 1/	We have read and unc	lerstand the content	ts of the Scheme I	Information Docume	ent of the foll	owing Scheme a	and the terms and conditions of the SIP Enrolment.
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Please refer instructions and Key Scheme Fea	atures for options, sub	o-options and other t	facilities available	under each schem	e of the Fund	1.	other (multiples of 5% only)
Each SIP Amount: Rs.		ords:					TOP UP Amount: Rs
Cheque/Demand Draft should be drawn in fa							* TOP UP amount in multiples of Rs.500 only.
SIP Frequency: Monthly Quarter	rly* (Default is Mont	hly) "In case of u	uarteriy Sir, only	Yearly frequency is	avaiiabie un	aer SIP TUP UP.	Frequency: Half Yearly Yearly If investor opts for SIP TOP-UP facility under
Date: Month / Year	M M Y	YYY	SIP End Month / Yea		ΥΥ	Y	Medical Advantage Feature Power of Three, TOP-UP (Fixed or Variable) will be applicable
EXISTING OTM / FIRST INSTALLMENT BA				I-			at each scheme level. Please turnover for the details given under Terms & Conditions no. B(8).
Cheque/DD No Che			A/c. N	NO			SIP TOP UP CAP Amount:
Bank Name:			not be	oting Mi CID	blob t ''	unith the end of	OR
YOUR CONFIRMATION/DECLARA application will result in a total investments earn holder has disclosed to me/us all the co	xceeding Rs.50, 000 in mmissions (in the form	n a year as describe m of trail commission	ed in the Instructio on or any other m	n No.IV(d) of the c ode), payable to hii	ommon appli m for the diff	cation form. The erent competing	Month-Year#:
Schomoc at various Mutual Funds from ama					not be liable	tor any delay in	#Investor has to choose only one option — either CAP
Schemes of various Mutual Funds from amo crediting the scheme collection accounts by the scheme collection accounts by the scheme collection accounts by the scheme scheme in the schem	the Service Providers	WillCit may result in	n a delay in applica	ation of NAV.			
crediting the scheme collection accounts by the Signature(s) as per ICICI Prudential N		,	n a delay in applica	ation of NAV.			Amount or CAP Month-Year
crediting the scheme collection accounts by signature(s) as per ICICI Prudential N		,	n a delay in applica	ation of NAV.		3rd Holder	
Signature(s) as per ICICI Prudential N	Autual Fund Recor	ds (Mandatory)		ation of NAV.			Amount or CAP Month-Year
crediting the scheme collection accounts by signature(s) as per ICICI Prudential N	Nutual Fund Recor	ds (Mandatory)					

TOP UP CAP: Amt:Rs.