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PICICI PRUDENTIAL **ACKNOWLEDGEMENT SLIP** (Please Retain this Slip)
To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Applicat	ion No.	
	EXISTING FOLIO NO.	/

Name of the Investor:_ MUTUAL FUND TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

6. MODE OF HOLDI	IG [Please tick (✓)] ○	Single 🔾 Joi	nt O Anyone	or Survivor (Default)						
7. TAX STATUS [Pleas	· · · ·	¬	ъ.							
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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 • 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) to call/cenail 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).

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.

INSTRUCTIONS FOR EXISTING OTM AND PAN BASED MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the PAN in the respective folio(s).
- 2) If more than one bank accounts are registered for OTM facility, investor is requested to mention the bank account number and bank name from where amount is to be debited. If the same is not mentioned or no OTM mandate is registered for the given bank details, AMC reserves the right to initiate the debit through any of the valid OTM's registered or reject the request.
- 3) For any transaction above Rs. 2 lacs and/or transactions in Liquid schemes or plans, units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 4) Registration request or any other subsequent transaction may be liable for rejection, if the frequency for the registered OTM is other than "As and when presented" and/or if the transaction amount is other than fixed amount or more than maximum amount registered in the mandate.
- 5) AMC reserves right to reject or process the application subject to internal verification.
- 6) PAN based mandate will be mapped to all the folios wherever investor is the Sole/First holder subject to completion of mandate registration with the banker.
- 7) PAN based mandate will not be applicable, if bank details provided is for Minors Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- 9) Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/periodical commitments for transactions under the relevant mandates. Investor agrees that his bank may charge service fees for any dishonor.

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)

Sole/First Holder	2nd Holder	3rd Holder

COMMON APPLICATION FORM - MEDICAL ADVANTAGE FEATURE FOR LUMP SUM/SYSTEMATIC INVESTMENTS **PICICI** 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. PRI DENTIAL Application No. MUTUAL FUND ARN-BROKER ARN CODE SUB-BROKER CODE Employee Unique ARN-183038 Ε (As allotted by ARN holder) #By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund. Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). — I/We hereby confirm that the EUIN 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 has not charged any advisory fees on this transaction. 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. **Existing Folio No** 1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Mandatory information) SOLE / 1ST APPLICANT Mr. Ms. M/s LAST Enclosed (Please ✓)§* () KYC Acknowledgement Letter Date of Birth** KYC Id No.¥ PAN/PEKRN* NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors) LAST PAN/PEKRN* | 🗌 KYC Proof Attached (Mandatory) | Relationship with Minor applicant: 🔾 Natural guardian 🔾 Court appointed guardian Date of Birth 2ND APPLICANT Mr. Ms. M/s LAST PAN/PEKRN* KYC Proof Attached (Mandatory) Date of Birth KYC Id No.Y D 3RD APPLICANT Mr. Ms. M/s KYC Proof Attached (Mandatory) PAN/PEKRN³ KYC Id No.¥ Date of Birth If mandatory information left blank, the application is liable to be rejected. ¥Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN) 2. 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 ○ Savings ○ Current ○ NRE ○ NRO ○ FCNR Account Type Number Name & Branch of Bank 9 Diait 11 Digit **Branch City** MICK Code Enclosed (Please ✓): Bank Account Details Proof Provided. 3. INVESTMENT DETAILS (Refer Instruction No. IV & XV) - Investment Options [Please tick (/) below]: (For Plans & Sub-options please see key scheme features) **■ SCHEME: ICICI Prudential 2** MAF - POWER OF THREE^s **PLAN & OPTION** Schemes under MAF - Power of Three: • ICICI PRUDENTIAL FLOATING INTEREST FUND (50% of Total Investment Amount) • ICICI PRUDENTIAL VALUE DISCOVERY FUND (5% of Total Investment Amount). Minimum Investment Amount under this option should suffice eligibility criteria associated with all the 3 products mentioned. E.g. with minimum purchase amount for ICICI Prudential Floating Interest Fund, ICICI Prudential Balanced Advantage Fund, and ICICI Prudential Value Discovery Fund as Rs. 5000, Rs. 5000 and Rs. 1000 respectively, minimum investment amount under MAF - Power of Three option should be Rs. 20000. For investors investing in Income Distribution cum Capital Withdrawal (IDCW) option of the Scheme may note that the amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains. 4. PAYMENT DETAILS Mode of Payment O Cheque O DD Funds Transfer Investment Amount DD Charges Ţotal (if applicable) Amount Cheque / Date DD Number 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 Type Savings Current NRE A/c Number ○ NRO ○ FCNR Name & Branch of Bank Mandatory Enclosures (Please tick (✔) if the first instalment is not through cheque) Cheque O Bank Banker's Attestation **Branch City** Statement Copy 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. 5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT: Overseas Address (Mandatory for NRI / FII Applicants) Correspondence Address (Please provide full address) Mobile Tel. Email [£] Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)] Please tick (🗸) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)] Please ✓ any of the frequencies to receive **Account Statement through e-mail** : ○ Daily ○ Weekly Monthly Quarterly O Half Yearly ○ Annually *Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2) Mandatory information – If left blank the application is liable to be rejected. Mandatory in case the Sole/First applicant is minor. § For KYC requirements, please refer to the instruction Nos. II b(5) & X ^f Please refer to instruction no. IX **ACKNOWLEDGEMENT SLIP** (Please Retain this Slip) Application No. A ICICI To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information. PRUDENTIAL* Name of the Investor:

6. MODE OF HOLD	NG [Please tick (✓)] ○S	ingle O Joint	t O Anyon	e or Survivor (Default)				
On behalf of Minor	NRI	Partnership FIRM Company Private Limited Co Limited Partnershi	ompany \Box	Government Body AOP/BOI Public limited company Sole Proprietorship		ory II	☐ Defence Establishmer ☐ NON Profit Organizatio ☐ Bank	
8. FATCA AND CRS	DETAILS FOR IND	IVIDUALS ((Including Sc	ole Proprietor) <i>(Mai</i>	ndatory)			
Non-Individual investors	should mandatorily fill Place/City of		CA Form (An	nexure II). The belo Country of Birth	ow information		all applicants/guardia y of Citizenship / Nationa	
First Applicant / Guardian				,	◯Ind	ian OU.S. Ot	hers (Please specify)	
Second Applicant					○Ind	ian OU.S. Ot	hers (Please specify)	
Third Applicant					◯Ind	ian OU.S. Ot	hers (Please specify)	
Are you a tax resident (i.e., and if 'YES' please fill for ALL cour				Yes No	[Please		or / Tay Resident in the re	spective countries
TEO picase illi for ALE cour	Country of Tax Resi		Tax Identific	ation Number or	lden	tification Type	If TIN is not ava	ilable please tick (✔)
First Applicant / Guardian	,	,	Function	al Equivalent	(IIIV or o	ther please specify)	Reason : A	B C C
Second Applicant							Reason: A	B□ C□
Third Applicant							Reason: A	B□ C□
☐ Reason A ⇒ The cou	ntry where the Account	Holder is liabl	le to pay tax o	does not issue Tax	dentification N	Numbers to its re		
□ Reason B ⇒ No TIN□ Reason C ⇒ Others	required (Select this rea	son Only if the						collected)
Address Type of Sole/1s	Holder:	Addre	ss Type of 2n				Type of 3rd Holder:	_
Residential Registere Annexure I and Annexure II		Res Of AMC i.e. www.	sidential (Reg ¿icicipruamc.com	gistered Office () Busi m or at the Investor Ser	ness vice Centres (ISC	Reside (Ss) of ICICI Prudentia	ntial () Registered Offic Il Mutual Fund.	e O Business
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9. KYC DETAILS (Ma Occupation [Please tick (**							
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Third O Private Se	tor Service O Public S	ector Service	○ Governm	ent Service OBu	siness	○ Professional	O Agriculturist	○ Retired
Applicant O Housewife	○ Student		O Forex De	aler Ot	ners (Please spec	city)		
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OR	let worth (Mandatory for No elow 1 Lac ○ 1-5 Lacs		○ 10-25 L	as		M M Y Y Y Y 1 crore OR Net wort	(**************************************	year)
Second Applicant OR Third Applicant O		0 5-10 Lacs		acs	crore O >		h₹	year)
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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 surviyor'.
- 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 MUTUAL FUND

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

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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 • 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) to call/cenail 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).

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.

INSTRUCTIONS FOR EXISTING OTM AND PAN BASED MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the PAN in the respective folio(s).
- 2) If more than one bank accounts are registered for OTM facility, investor is requested to mention the bank account number and bank name from where amount is to be debited. If the same is not mentioned or no OTM mandate is registered for the given bank details, AMC reserves the right to initiate the debit through any of the valid OTM's registered or reject the request.
- 3) For any transaction above Rs. 2 lacs and/or transactions in Liquid schemes or plans, units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 4) Registration request or any other subsequent transaction may be liable for rejection, if the frequency for the registered OTM is other than "As and when presented" and/or if the transaction amount is other than fixed amount or more than maximum amount registered in the mandate.
- 5) AMC reserves right to reject or process the application subject to internal verification.
- 6) PAN based mandate will be mapped to all the folios wherever investor is the Sole/First holder subject to completion of mandate registration with the banker.
- 7) PAN based mandate will not be applicable, if bank details provided is for Minors Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- 9) Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/periodical commitments for transactions under the relevant mandates. Investor agrees that his bank may charge service fees for any dishonor.

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)

Sole/First Holder	2nd Holder	3rd Holder	