

[For investment through ECS (Debit Clearing)/Direct Debit Facility/Standing Instruction]

SIP Pause

is a facility that allows you to "Pause" your SIP for a specified period of time and restart your SIP without going through the paper work of starting a fresh SIP.

SIP Cancellation

is a facility that allows you to "Discontinue" your SIP.

 Date:

D	D	M	M	Y	Y
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Please read INSTRUCTIONS overleaf carefully. All sections to be completed in ENGLISH in BLACK / DARK COLOURED INK and in BLOCK LETTERS.

ARN-	BROKER CODE	SUB-BROKER CODE	FOR OFFICIAL USE ONLY														
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.			SERIAL NUMBER, DATE & TIME OF RECEIPT														
Please tick (✓) <input type="checkbox"/> Pause		<input type="checkbox"/> Cancellation															
SIP Pause Start Date <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>				M	M	Y	Y	Y	Y	SIP Pause End Date <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		M	M	Y	Y	Y	Y
M	M			Y	Y	Y	Y										
M	M	Y	Y	Y	Y												
[Please refer Instruction No. C. Please note the SIP shall restart from the immediate month after the completion of Pause period.]																	

Sole/First Applicant's Name	Existing Folio No.
Mr. Ms. M/s FIRST MIDDLE LAST	

Scheme Name: ICICI PRUDENTIAL _____
 Plan/Option: _____ Sub-Option: _____

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

SIP Frequency Please tick (✓) Monthly Quarterly **SIP Date** Please tick (✓) 7th 10th 15th 25th

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

1st Holder	2nd Holder	3rd Holder
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I/We, Mr. / Ms. / M/s. _____ (NAME AS PER THE BANK RECORD) _____ (NAME AS PER THE BANK RECORD)

I hereby authorise ICICI Prudential Mutual Fund and their authorised service providers to Pause/Cancel my/our SIP and then debit from my/our Bank Account No. mentioned below (hereinafter referred as "funding account") as per the restart date 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

Account Type Current Savings NRO NRE FCNR **Account Number** _____

Name of Bank _____

Branch Name _____ **Branch City** _____

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.

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

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP Pause/Cancellation and ECS (Debit Clearing) / Direct Debit / Standing Instruction and agree to abide by the same. I/We hereby apply to the Trustee of ICICI Prudential Mutual Fund for Pause/Cancellation under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. 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 delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. 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.

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

1st Holder	2nd Holder	3rd Holder
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BANK MANDATE SECTION (Mandatory)