PRUDENTIAL TO MUTUAL FUND	Investor must read Key	y Scheme Features and Instructions b	LUMP SUM/SYSTEMATIC II efore completing this form. OLOURED INK and in BLOCK LETTERS.	NVESTMENTS Application No.
BROKER COL	DE (ARN CODE)/ CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
Declaration for "execus as this is an "execus	ution-only" transaction (onlution-only" transaction wit	ly where EUIN box is left blank) (Refer thout any interaction or advice by the		at the EUIN box has been intentionally left blank by me/ the above distributor or notwithstanding the advice of
TRANSACTION CHA		S THROUGH DISTRIBUTORS ONL		SIGNATURE OF THIRD APPLICANT
cable from the purchase/su	bscription amount and paid the d	distributor. Únits will be issued against the bala	re transactions charges, the same are deductible as appli- ince amount invested. • Upfront commission shall be paid is factors including the service rendered by the distributor.	Existing Folio No.
Sole/First			ould be as per Aadhaar) (Mandatory information)	Date of Birth**
Applicant Mr. Ms PAN/PEKRN*	M/s FIRS		Please 🖍 S* () KYC Acknowledgement Letter	AADHAAR No. [Refer Instruction No.II(b)(10)]
	a casa First/Cala applicant is mir		oA HOLDER (in case of Non-Individual Investors)	Date of Birth
Mr. Ms.	FIRST	MIDDLE	DA HOLDER (III Case of Nort-Individual Investors)	Date of Birth
	C Proof Attached (Mandatory)		Natural guardian Court appointed guardian	AADHAAR No. [Refer Instruction No.II(b)(10)]
2 ND APPLICANT (N	Jame should be as per Aa	KYC Id No.* adhaar)		Date of Birth
Mr. Ms. M/s	FIRST	MIDDLE	LAST	D D M M Y Y Y
PAN/PEKRN*		KYC Id No.¥ KYC P	roof Attached (Mandatory)	AADHAAR No. [Refer Instruction No.II(b)(10)]
3RD APPLICANT (N	lame should be as per Aa	adhaar)		Date of Birth
Mr. Ms. M/s PAN/PEKRN*	FIRST	KYC Id No.¥ () KYC P	roof Attached (Mandatory)	AADHAAR No. [Refer Instruction No.II(b)(10)]
			tered under Central KYC Records Registry (CKYCR) has to fil	
Mandatory informa	tion – If left blank the a	application is liable to be rejecte	PLICANT (Please Refer to Instruction N d. (Mandatory to attach proof, in case the pay-out ed with the demat account is mentioned here.	bank account is different from the source bank account.)
Assessment	o note units in demactioni, p	lease crisure that the bank account mine	Account Type Savin	ngs O Current O NRE O NRO O FCNR
Name & Branch				
Number Name & Branch of Bank Branch City		9 Digit MICR Code	11 Digit IFSC Enclose	d (Please ✓): Bank Account Details Proof Provided.
3. INVESTMENT	DETAILS (Refer In	struction No. IV) (For Plans & S	Sub-options please see key scheme featur Plan:	es). Please mention scheme name below: Option:
4. PAYMENT DE	TAILS	Mod	e of Payment O Cheque ODD	Funds Transfer NEFT RTGS
Investment Amount Cheque /	A	DD Charges (if applicable)	To	tal A + B
DD Number BANK DETAILS:	Same as above [Please tid	Date D D M M ick (1) if yes] Different from	$Y \mid X \mid $	and fill in the details below]
A/c Number			Account Type Saving	gs O Current O NRE O NRO O FCNR
Name & Branch of Bank		Mandatory End	losures (Please tick (✔)	ank Banker's Attestation
Applications with Th	ird Party Chemies prefund		nt is not through cheque) Copy S	tatement
circular. Please read	the instruction no. VI(e). T	hird Party Payment Declaration form	s available in www.icicipruamc.com or ICICI Pr	
	DENCE DETAILS O dress (Please provide ful	OF SOLE/FIRST APPLICAN II address)*	T: Overseas Address (Mandatory for	NRI / FII Applicants)
	HOUSE / FL	AT NO.	HC	DUSE / FLAT NO.
CITY	STREET AD			FREET ADDRESS
	TOWN	STATE	CITY / TOWN	STATE
Tel.	Office Office	PIN CODE Re	idence COUNTRY Mobile	PIN CODE
Email ^f Please if you wi	sh to receive Annual Re	eport or Abridged Summary via F	Post - (Default communication mode is E-n	nail) [Refer Instruction No.IX(a)]
			nation via Post instead of Email [Refer Instr	
* Mandatory inform ** Mandatory in case			_ , , , , ,	ndatory in case of Minor/Non-Individual Investor.
PRUDENTIAL TO	ACKNOWLEDG To be filled in by the Inve	GEMENT SLIP (Please Retain estor. Subject to realization of cheque an		ication No.
MUTUAL FUND TOLL FREE N	_		(OTHERS) EMAIL: enquiry@icicipruamc.	com WEBSITE: www.icicipruamc.com

6. MODE OF HOLDING [Please tick (✓)] ○ Single ○ Joint ○ Anyone or Survivor (<i>Default</i>)									
7. TAX	STATUS [Please tie	ck (√)]							
Residen	nt Individual NR		☐ Partnersh	nip FIRM	☐ Government Bod	y 🔲 Foreign Porti	olio Investor	☐ QFI	
On beha		eign National	☐ Company		AOP/BOI	☐ Defence Esta		NON Profit Org	anization/Charities
HUF		dy Corporate st/Society/NGO		imited Company Partnership (LLP)	☐ FII ☐ Sole Proprietorsh	☐ Public limiter ip ☐ Others (Plea		Bank	
Financia	al institution	St/Society/NGO	Limited P	rarthership (LLP)	Sole Proprietorsi	ip 🗀 Others (Plea	se specify)		
	AT ACCOUNT D				o. XI)				
NSDL: Depo	NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only)								
O EATC	A AND CRS DE	TAILS FOD INIT	אווטוועו פ	(Including So	la Propriator\ /Mar	datorul			
						w information is requ	ired for all ap	olicants/guardia	n
		Place/City of			Country of Birth			itizenship / Nationa	
First App	licant / Guardian					○ Indian ○ I	J.S. Others (Please specify)	
Second A	Annlicant						J.S. Others (I		
						- 			
Third App	olicant					◯ Indian ◯ l	J.S. Others (I	Please specify)	
	x resident (i.e., are you				○ Yes ○ No	[Please tick (🗸)]	C	Danidant in the	
IT 'YES' pleas	se till for ALL countries	(other than India) in wh	ich you are a Re		ation Number or	a Citizen/Resident / Greer Identification			spective countries. ilable please tick (✓
		Country of Tax Res	idency		al Equivalent	(TIN or other pleas			or C (as defined below
First Ann	licant / Guardian				•	,		Reason: A	B □ C □
								_	
Second A	applicant							Reason: A	B□ C□
Third App	olicant							Reason: A	B□ C□
						dentification Number			
				he authorities of	of the respective co	untry of tax residence	e do not requi	re the TIN to be	collected)
	on C ⇒ Others, plea Type of Sole/1st Hol			ress Type of 2n	d Holder		Address Tuno	of 3rd Holder:	
	ntial () Registered Offi				u Holdel . jistered Office () Busir			Registered Office	e O Business
			of AMC i.e. ww	w.icicipruamc.cor	n or at the Investor Ser	vice Centres (ISCs) of ICIC	I Prudential Muti	ual Fund.	0 0 240000
10. KYC	DETAILS (Man	datory)							
Occupation	on [Please tick (✓)]								
Sole/First	O Private Sector S		Sector Service	O Governm			rofessional	O Agriculturist	O Retired
Applicant Second	O Housewife O Private Sector S	O Studen	Sector Service	O Forex Dea		ers (Please specify) siness OP	rofessional	O Agriculturist	O Retired
Applicant	O Housewife	O Studen		O Forex Dea		ers (Please specify)			
Third	O Private Sector S		Sector Service	Governm			rofessional	O Agriculturist	○ Retired
Applicant	O Housewife	O Studen	t	O Forex Dea	aler Ott	ers (Please specify)			
Gross Annual Income [Please tick (✓)]									
	O Dalan		○ E 10 Lacc	○ 10.2E Lacc	O > 25 Lace 1 erore	O > 1 erere			
Sole/First A	Applicant O Below	√1 Lac ○1-5 Lacs	○ 5-10 Lacs on-Individuals) `	O 10-25 Lacs	O >25 Lacs-1 crore		Y Y Y Y	(Not older than 1	year)
	Applicant OR Net v	v 1 Lac ○ 1-5 Lacs vorth (Mandatory for N			as o	n D D M M	Y Y Y Y Y R Net worth `	(Not older than 1	year)
Sole/First A	Applicant O Below OR Net with plicant O Below	v 1 Lac 01-5 Lacs vorth (Mandatory for N v 1 Lac 01-5 Lacs	on-Individuals) `	s 0 10-25 La	as c	on D D M M crore O >1 crore O		(Not older than 1	year)
Sole/First A Second App Third Applie	Applicant O Below OR Net with plicant O Below	v 1 Lac 01-5 Lacs vorth (Mandatory for N v 1 Lac 01-5 Lacs	on-Individuals) `	s 0 10-25 La	as c	on D D M M crore O >1 crore O		(Not older than 1	year)
Sole/First A Second App Third Applie	Applicant O Below OR Net w plicant O Below cant O Below Please tick ()	v 1 Lac O 1-5 Lacs vorth (Mandatory for N v 1 Lac O 1-5 Lacs v 1 Lac O 1-5 Lacs	on-Individuals) `	ss	as c as c acs 0 > 25 Lacs-1 (on D D M M crore O >1 crore O	R Net worth `_		year)
Sole/First A Second App Third Applic Others [P	Applicant O Below OR Net with plicant O Below Cant O Below Please tick (1/2) For Individuals [P	v 1 Lac ○1-5 Lacs vorth (Mandatory for N v 1 Lac ○1-5 Lacs v 1 Lac ○1-5 Lacs v 1 Lac ○1-5 Lacs	on-Individuals) `	25	as c cics	n	R Net worth `_	pplicable	year)
Sole/First A Second App Third Applie Others [P	Applicant O Below OR Net woolicant O Below Cant O Below Clease tick (1) For Individuals [P For Non-Individuals (1) Foreign Exchange	v 1 Lac O 1-5 Lacs worth (Mandatory for N v 1 Lac O 1-5 Lacs v 1 Lac O 1-5 Lacs v 1 Lac O 1-6 Lacs lease tick (🗸): O I an nls [Please tick (🗸)] (PI / Money Changer Servi	on-Individuals) \(\times 5-10 Lac \) \(\times 5-10 Lac \) \(\times 5-10 Lac \) \(\times 1-10 Lac \) \(\ti	is O 10-25 La is O 10-25 La ised Person (PEP) indatory Ultimate B O NO; (ii) Gamin	as compared as a scalar of the	n D D M M crore O >1 crore 0 crore O >1 crore 0 itically Exposed Person (F BO) declaration form - Ref Casino Services - O YES	R Net worth ` PEP) O Not a er instruction no.	pplicable IV(h)):	
Sole/First A Second Applic Others [P Sole/First Applicant Second Ap	Applicant O Below OR Net wood on Net wood on Net wood on Net work on Net wood on Net work	v 1 Lac ○ 1-5 Lacs vorth (Mandatory for N v 1 Lac ○ 1-5 Lacs v 1 Lac ○ 1-5 Lacs v 1 Lac ○ 1-6 Lacs lease tick (✔)]: ○ I am vis [Please tick (✔)] (PI / Money Changer Servi lly Exposed Person (PEI	on-Individuals) \(\) 5-10 Lac \(\) 5-10 Lac \(\) 5-10 Lac \(\) 1 Politically Exposesse attach mances - \(\) YES \(\) \(\) Related to	is O 10-25 Lass O 10-25 Lass O 10-25 Lass O 10-25 Lass O 10-25 Lassed Person (PEP) indatory Ultimate B O NO; (ii) Gamin o Politically Expos	as compared to the compared to	rore O >1 crore 0 crore O >1 crore 0	R Net worth ` PEP) O Not a er instruction no.	pplicable IV(h)):	
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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 ***

7

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 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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PRUDENTIAL TO MUTUAL FUND	Investor must read Key Sch	TION FORM - MEDICAL ADV neme Features and Instructions befor nd in ENGLISH in BLACK / BLUE COLO	e completir	ng this form.	•	MATIC INVESTMENTS plication No.
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Declaration for "e us as this is an "e	xecution-only" transaction (oxecution-only" transaction w		fer Instructi e employee	on No. XIII). – I/We hereby co /relationship manager/sales p	onfirm that the EU person of the abo	IIN box has been intentionally left blank by me/ we distributor or notwithstanding the advice of
SIGNATUR	RE OF SOLE / FIRST APPL	LICANT SIGNATUR	RE OF SEC	OND APPLICANT	SIGI	NATURE OF THIRD APPLICANT
In case the purchase cable from the purchase	e/subscription amount Rs 10,000/- se/subscription amount and paid the	TS THROUGH DISTRIBUTORS ON or more and your Distributor has opted to rece e distributor. Units will be issued against the b rs based on the investors' assessment of varie	eive transacti alance amoun	ons charges, the same are deductib t invested. • Upfront commission sl	hall be paid	ing Folio No.
Sole/First	Ms. M/s Please	refer to Instruction No. II (b) & IV) (Name		as per Aadhaar) (Mandatory inf	ormation) Date	of Birth**
Applicant PAN/PEKRN*	IVIS. IVI/S FIN			§* KYC Acknowledgement L	etter AADHA	AAR No. [Refer Instruction No.II(b)(10)]
NAME OF GUARDIA	N (in case First/Sole applicant is r	minor)/CONTACT PERSON-DESIGNATION	I/PoA HOLDE	R (in case of Non-Individual Inves	tors) Date	of Birth
Mr. Ms. PAN/PEKRN*	FIRST KYC Proof Attached (Mandato	ry) Relationship with Minor applican	t: O Natura	LAST	guardian AADHA	D M M Y Y Y Y AAR No. [Refer Instruction No.II(b)(10)]
		KYC Id No.*				
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Mr. Ms. M/s PAN/PEKRN*	FIRST	KYC Id No.¥ OKYC	Proof Attacl	LAST	AADHA	AAR No. [Refer Instruction No.II(b)(10)]
If mandatory informatio	n left blank, the application is liable	to be rejected. ¥Individual client who has req	gistered under	Central KYC Records Registry (CKYC	CR) has to fill the 14 di	git KYC Identification Number (KIN).
PLAN & OPTION Schemes under MA of Total Investmee eligibility criteria ass	ENT DETAILS (Refer E: ICICI Prudential — AF - Power of Three: • ICICI PRUDI AF - Power of Three: • ICICI PRUDI BOOK AF - POWER OF THE AFFECT OF THE AFFEC	mentioned. E.g. with minimum purchase is. 1000 respectively, minimum investments. Mo DD Charges (if applicable) Date D M Different from tick (if yes] Different from the purchase of the pu	FUND (45 amount for ent amount or ent amount	Options [Please tick () below OPTION/SUB-OPT 50% of Total Investment Amount of Total Investment Amount of Total Investment Amount of Total Investment of Three operations of Three operat	v]: (For Plan V]: (F	ds Transfer
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11		nded instruments etc. and in circumsta Third Party Payment Declaration form				all be processed in accordance with the said Mutual Fund branch offices.
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Please ✓ any o * Mandatory in ** Mandatory in	f the frequencies to receive	ve Account Statement through energy application is liable to be reject is minor.	e-mail [£] : C ted. # Nai For d) Daily \(\) Weekly \((Monthly On is Mandatory n behalf of minor	Ouarterly Half Yearly Annually in case of Minor/Non-Individual Investor.
PRUDENTIAL MUTUAL FUN TOLL FRE	To be filled in by the In Name of the Investor:	GEMENT SLIP (Please Reta evestor. Subject to realization of cheque	and furnishi	ng of Mandatory Information.		No. STING FOLIO NO. VEBSITE: www.icicipruamc.com

6. MODE OF HOLD	NG [Please tick (✓)] ○	Single O Join	t O Anyone	or Survivor (Default)							
☐ On behalf of Minor ☐ HUF ☐	se tick (🗸)]] NRI] Foreign National] Body Corporate] Trust/Society/NGO		p FIRM nited Company artnership (LLP)	Government Boo	☐ Defence Es ☐ Public limite	tablishment ed company	☐ QFI ☐ NON Profit Org ☐ Bank	anization/Charit	ties		
8. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory) Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants/quardian											
Non-Individual investors	should mandatorily fi Place/City o		_	nexure II). The belo Country of Birth	ow information is req		pplicants/guardia Citizenship / Nation				
First Applicant / Guardian		☐ Indian ☐ U.S. ☐ Others (Please specify)									
Second Applicant		Indian U.S. Others (Please specify)									
Third Applicant					O Indian	U.S. Others	(Please specify)				
Are you a tax resident (i.e., ar If 'YES' please fill for ALL cour		nich you are a Res	ident for tax purp Tax Identifica	ation Number or	Identification	se tick (🗸)] ident / Green Card Holder / Tax Resident in the respective countries. dentification Type					
First Applicant / Guardian	,		Functiona	al Equivalent	(TIN or other plea	ase specify)	Reason: A	or C (as defined B □	d below)		
Second Applicant							Reason: A	B□	C \square		
Third Applicant							Reason: A	B□	C \square		
□ Reason A ⇒ The coul	ntry where the Accour	t Holder is liab	le to pay tax d	oes not issue Tax	 dentification Numbe	rs to its resid		ь			
□ Reason B ⇒ No TIN□ Reason C ⇒ Others	required (Select this re	eason Only if th						collected)			
Address Type of Sole/1s	Holder:	Addre	ess Type of 2nd		1		e of 3rd Holder:	_			
Residential Registere Annexure I and Annexure II	I Office O Business are available on the website	Res of AMC i.e. www	sidential (Regi v.icicipruamc.com	istered Office O Busi n or at the Investor Ser	ness vice Centres (ISCs) of ICI	Residential CI Prudential Mi	I \(\rightarrow\) Registered Offic utual Fund.	e O Business			
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9. KYC DETAILS (M. Occupation [Please tick (
Sole/First O Private Se O Housewife	tor Service O Public O Studer	Sector Service	O Governme		siness O hers (Please specify)	Professional	O Agriculturist	○ Retired			
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Third O Private Se	tor Service O Public	Sector Service	O Governme	ent Service O Bu	isiness O	Professional	O Agriculturist	O Retired			
Applicant O Housewife	O Studer	ıı	O Forex Dea	iller Out	hers (Please specify)						
	Below 1 Lac O 1-5 Lacs	○ 5-10 Lacs	O 10-25 Lacs	O > 25 Lacs-1 crore	e O >1 crore						
OR Net worth (Mandatory for Non-Individuals) as on as on D MMY_Y_Y_Y_Y_Y_ (Not older than 1 year)											
OR	Net worth (Mandatory for Notes Selow 1 Lac 01-5 Lacs	lon-Individuals) `_ O 5-10 Lacs		as (Y Y Y Y OR Net worth `	(Not older than 1	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 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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#By mentioning RIA code, I/We authoriz TRANSACTION CHARGES FOR APPLICAL	NTS THROUGH DISTR	RIBUTORS ONLY: In	case the purchase	/subscription amount	Rs 10 000/- or more and your D	istributor has opted to receive transactions charges
the same are deductible as applicable from the the AMFI registered Distributors based on the in	ourchase/subscription am	nount and paid the dis	stributor. Units will b	oe issued against the l	palance amount 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	JIN box has been intention	nally left blank by me/ us as this is an "execu-
tion-only" transaction without any intera any, provided by the employee/relationsh	ction or advice by the ip manager/sales per	e employee/relatio son of the distribu	nship manager/s itor and the distr	sales person of the ibutor has not cha	above distributor or notwi ged any advisory fees on t	thstanding the advice of in-appropriateness, if his transaction.
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	VVe have read and und	erstood the content	ts of the Scheme I	Information Docume		nd the terms and conditions of the SIP Enrolment.
FOLIO NO. Sole/First Applicant's Name (As per Aadh	aar): Mr. /Ms. / M/s				Registr	ation via Existing OTM [Please tick (✓)]
FIRST	•			MIDDLE		LAST
Investment Options [Please tick (🗸)						
SCHEME: ICICI Prudent	ial				🗆 2	MAF - POWER OF THREE ^{\$}
PLAN & OPTION	IOLOL DRUBENTIAL	FI OATING INT	EDEAT FUND	/F00/ 6.T.I.I.I		CID TOD LID (Ontional)
*Schemes under MAF - Power of Three: • PRUDENTIAL VALUE DISCOVERY FUN						
of Total Investment Amount). Minimum Inv						Percentage: ☐ 10% ☐ 15% ☐ 20%
Please refer instructions and Key Scheme Fe	atures for options, sub	options and other	facilities available	under each scheme	e of the Fund.	other (multiples of 5% only)
Each SIP Amount: Rs	In wo	ords:				
Cheque/Demand Draft should be drawn in fa	avour of "ICICI Prudei	ntial Mutual Fund"	in case the inves	tment is under MAI	- POWER OF THREE.	* TOP UP Amount: Rs* * TOP UP amount in multiples of Rs.500 only.
SIP Frequency: Monthly Quarte	erly* <i>(Default is Mont</i>	hly) *In case of Q	luarterly SIP, only	Yearly frequency is	available under SIP TOP UP.	Frequency: Half Yearly Yearly
SIP Date: SIP Start Month / Year	M M Y	Y Y Y	SIP End Month / Yea		Y Y Y Y	If investor opts for SIP TOP-UP facility under Medical Advantage Feature Power of Three, TOP-UP (Fixed or Variable) will be applicable
EXISTING OTM / FIRST INSTALLMENT B	ANK DETAILS:		World17 Tea			at each scheme level. Please turnover for the
Cheque/DD No Che			A/c. N	No		details given under Terms & Conditions no. B(8). SIP TOP UP CAP Amount:
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YOUR CONFIRMATION/DECLARA						OR
application will result in a total investments of ARN holder has disclosed to me/us all the co						
Schemes of various Mutual Funds from amo	ongst which the Scher	me is being recomi	mended to me/us	. The AMC would r		
crediting the scheme collection accounts by		,	n a delay in applic	ation of NAV.		*Investor has to choose only one option — either CAP Amount or CAP Month-Year
Signature(s) as per ICICI Prudential I	viutuai Fuiid Recor				<u> </u>	
Sole/First Holder		2nd Holder			3rd Holder	
ACKNOWLEDGEM	I ENT SLIP (To be f	filled in by the in	vestor)		Folio N	o./ Application No.
PRUDENTIAL Name of the Investor:						Acknowledgement Stamp
Scheme Name:	Ontion:					p

OR Month-Year: M M Y

__ TOP UP CAP: Amt:Rs.