



One Time Mandate (OTM) Registration Form



The Transaction facilities offered through IPRUTOUCH form are applicable for Resident Individual, Sole Proprietor & HUF.

FOLIO No.											Date:	D	D	M	M	Y	Y	Y	Y
1 st Holder's Name																			
2 nd Holder's Name																			
3 rd Holder's Name																			

I/We hereby request you to register me/us for availing the facility of 'I-PRU TOUCH' and carrying out transactions of additional purchase/redemption/switch in my/our abovementioned 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 ICICI Prudential Asset Management Company Ltd. (AMC), on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes.

MOBILE No.											Email ID:								
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This mobile number will be used as registered mobile number for verification and confirmation of transactions.
(If details provided here are different from the details provided earlier, new details will be updated in our records)

I/We hereby request you to register for NACH facility through OTM Mandate Form.

I/We hereby declare that particulars given above are correct and complete. I/We have read and understood the Terms and Conditions applicable to this facility and that I/we shall abide by the same at all times. Terms and Conditions of this facility as may be amended from time to time are available on our website www.icicipruamc.com. 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.

Signature of 1 st Holder	Signature of 2 nd Holder	Signature of 3 rd Holder
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ONE TIME MANDATE (OTM) FORM

UMRN **FOR OFFICE USE ONLY** Date

Sponsor Bank Code **FOR OFFICE USE ONLY** Utility Code **FOR OFFICE USE ONLY**

Tick **CREATE** I/We hereby authorize **ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED** to debit (tick) **SB/CA/CC/SB-NRE/SB-NRO/Other**

MODIFY
 CANCEL

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees **MAXIMUM AMOUNT TO BE MENTIONED** ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Mobile No.

Reference **NOT REQUIRED IF FOLIO NUMBER IS MENTIONED** Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From To Or Until Cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH. I/We hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH (Debits). **Authorisation to Bank: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.** This is to inform that I/we have registered for NACH (Debit Clearing) facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

One Time Mandate (OTM) Registration Form



ACKNOWLEDGEMENT

Investor Name: _____

Folio No: _____

DATE, STAMP & SIGNATURE

Mandatory fields in OTM form as per NPCI:

- Bank account number and Bank name
 - IFSC and/or MICR Code
 - Mobile no & Email ID
 - Folio number or application number
 - Signatures as per bank records
 - Mandate start date, end date or until cancelled
 - Account type to be selected
 - Name as per bank records
 - Transaction type to be selected.
 - Maximum amount to be mentioned.
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