

## PAN Based One Time Mandate (OTM) Registration Form



			The	Trans	sactio	n fac	ilitie	s offe	red tl	hroug	h IPR	UTOL	JCH f	orm a	re ap	plical	ble fo	or Ind	ividua	al, So	ole Pr	oprie	tor &	HUF.					
PAN / PEKRN																				С	ate:	D	D	М	M	Υ	Υ	Υ	Υ
1 <sup>st</sup> Holder's Name																													
2 <sup>nd</sup> Holder's Name																													
3 <sup>rd</sup> Holder's Name																													
We hereby request you to register me/us for availing the facility of 'I-PRU TOUCH' and carrying out transactions of additional purchase/edemption/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.															s on und														
MOBILE No.											Е	mail I	D:																
If details provided here are different from the details provided earlier, new details will be updated in our records)  We hereby request you to register for NACH facility through OTM Mandate Form.  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.															are tion vice														
Signature of 1 <sup>st</sup> Holder										Signature of 2 <sup>nd</sup> Holder										Signature of 3 <sup>rd</sup> Holder									
PRUDENTIAL UMRN									PAN Based OTM											Date Date									
MUTUAL FUND							FO	FOR OFFICE USE ONLY Utility Code											FOR OFFICE USE ONLY										
CREATE ✓ I/We hereby authorize ICICI PRUDENT																				debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other									
MODIFY CANCEL	Ва	ank a,	/c nuı	mber																									
with Bank				Name	of c	ıston	ners b	ank		<u>'</u>		IFSC		Ť	T			İ			or	MICF	R	T			Ť		
an amount of Rupees MAXIMUM AMOUNT (RUPEES IN WORDS)																													
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PAN/PEKRN									Mobile										e No.										_
Reference NOT REQUIRED IF FOLIO NUMBER IS MENTIONED Email ID																													
PERIOD — From To	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  Signature Primary Account holder  Signature of Account holder  Signature of Account holder																												
Declaration: I/We he adherence to the ten declaration has be appropriately comm that my/our payment mandate verification,	ns of 0° en care unication toward	clare the fully rendered the fully rendered the fully rendered the full the	nat the ility off ead,un cancel ur inve	ered by derstoo llation/s stment	ICICI F od & m amendi in ICICI	rudenti ade by nent re Pruden	ial Asse / me/us equest ntial Mu	date are et Mana s. I am to the U tual Fur	e correctigement autho	t Compa rizing t stity/co	complet any Lin the use rporate	e and e nited (the er entite or the	xpress he AM( y/corpo bank v	my will C) and a orate to where I	ingness as ame o debit have a	nded for my ac nuthoriz	thorize m time count.	to male to time. I/We debit.	e paym e and o have u This is t	nents r of NAC nders to info	eferred H (Debi tood th rm that	ts). Aut at I/we /we ha	hrough thorisate autho ve regis	t <b>ion to</b> rized to tered fo	ation in Bank: o canc or NACI	NACH. This is el/ame I (Debit	I/We h to con nd this Clearir	ereby of firm the mand g) facil	at the ate by ity and





**PAN Based One Time Mandate (OTM) Registration Form** 

DATE, STAMP & SIGNATURE



## Mandatory fields in OTM forms 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.