CHANGE OF BANK FORM (COB)

- Website: www.icicipruamc.com Email: enquiry@icicipruamc.com
 Toll free numbers: 1800 222 999 (BSNL/MTNL), 1800 200 6666 (Other Service Providers)



FOLIO NO(s). (Mandatory):																																				
1st Holder																																				
	d Holder	Name of the Unitholder(s)														+			PAN	1				_ T	AX ST	ATU	JS:									
	d Holder					Nam	ne i	01 (1										MODE OF HOLDING:																		
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	count Type ease √)		<u></u>	Savings		Current	urrent NRE NRO							Others						Any One Document to be submitted for the respective mandate. All documents should have the First Unit Holder's Name, Account Number, Account type, IFSC, MICR. Bank address details.																
		(Please specify here if others:)														New Bank Mandate :																				
Ba	nk Name																	Original cancelled cheque																		
Ва	nk Address	5														Bank passbook (with current entries not older than 3 months) Self-attested Bank account statement issued by the concerned bank (not older																				
Ва	nk City															than 3 months) OR , Bank letter, on letterhead of the bank duly signed by branch manager/authorized personnel stating the investor's bank details.																				
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		FIRMATION/DECLARATION															Old/Ex	•																		
						ntents of thal														•	cancel ssbook				nt en	tries	not o	lder	than	3 m	nonth	ıs)				
cor	Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We hereby declare that I am/we are not US Person(s). The ARN holder has disclosed to me/us all the commissions (in the form of trail												In case of non-availability of old bank proof, In-Person verification (IPV) is mandatory.																							
cor	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. I/We hereby confirm that I/we have not been											For IPV - Original with self attested copies of PAN Card as per the applicable Mode of Holding/ Photo Identity Proof for PAN Exempt Investors like Passport, Voter ID, Ration Card, Driving License.																								
offe	ffered/communicated any indicative portfolio and/or any indicative yield for this investment.											-	NOTE:		LICEIIS	·.																				
(s)														Ш	1. In cas	e of pl																				
Signature(s)																		for verification at any of the AMC branches or official point of acceptance of transactions. 2. The name printed on the documents should be same as per the folio.																		
Signo	F	First Holder Second Holder Third Holder												-	3. The AMC reserves the right to accept the request, subject to additional verifications, production of additional documents or In Person Verification of unit holder.													ions,								
		(To be signed as per Mode of Holding)													4. Core Banking account (CBS) is mandatory.																					
IN-PERSON VERIFICATION (IPV) Dear Sir/ Madam, This has the reference to my/our investments in the captioned folio(s). I/we would like to add the Bank Mandate for which I/we confirm having submitted the required documents to the AMC/RTA on date But I am unable to provide the documents towards existing bank mandate whose details are provided below.														to																						
Existing Bank Account Details:																		_																		
	Bank Nam	ie:																																		
Branch Name :										Ad	ccour	nt No	ı.:																							
	Account Ty	уре:												IF	SC co	ode :																				
Since, I/we do not have existing bank mandate proof, I/we have personally visited < Branch Name > AMC branch on date for IPV and I request you to process the bank mandate.														ıd																						
	Thanking \ Yours faith	hfully,																															_			
					1st Holder											2r	nd H	Holder										3r	d Ho	olde	er					4
	Signatu	ignature																																		
	Name	Name																																		
	Contact	No.																																		
	Encl.: ID P	roof c	and F	Proof of Ne	ew b	ank (Origir	nal N	lew bar	nk de	tails t	to be	sho	wn l	by I	Inves	tors	for	VE	erificati	on)																
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		•				of Employe			>		Em	p. Cc	ode _					Signature																		
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Acknowledgement - Change of Bank Form (COB)

Folio No. ___ Change of Bank Details Acknowledgement Seal & Stamp