



COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Application No. _____

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE) ARN-52719	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E079989	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.				
SIGNATURE OF SOLE/FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT		SIGNATURE OF THIRD APPLICANT

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII and please tick (✓) any one]

I confirm that I am a **First time** investor across Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds.
(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

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.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to Step 4

Name _____ FOLIO No. _____ / _____

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant _____ Date of Birth** D D M M Y Y Y Y

PAN* _____ Enclosed (Please ✓) KYC Acknowledgement Letter

Name of *# _____

PAN* _____ Relationship with Minor applicant Natural guardian Court appointed guardian Enclosed (Please ✓) KYC Acknowledgement Letter

3 KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant [Please tick (✓)] Indian Resident Individual On behalf of Minor NRI (Repatriable) NRI (Non-Repatriable) On behalf of NRI - Minor (Repatriable) On behalf of NRI - Minor (Non-Repatriable) Sole Proprietorship HUF - Indian HUF - NRI Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corporate Bank / FI Insurance Company Government Body AOP/BOI Trust/Society Provident Fund Superannuation / Pension Fund Gratuity Fund FOF - MF Schemes FII Private Limited Company Non Government Organisation People of Indian Origin Foreign Portfolio Investor Defense Establishment NPS Trust Global Development Network Foreign National _____ [Please specify category] Others _____ (Please specify)

3b. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

3c. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y (Not older than 1 year)

3d. For Individuals [Please tick (✓)] I am Politically Exposed Person (PEP) ^ I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individual Investors (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XX)

i. Foreign Exchange / Money Changer Services YES NO

ii. Gaming / Gambling / Lottery / Casino Services YES NO

iii. Money Lending / Pawning YES NO

^ Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc"

PEP/RPEP information is also applicable for authorised signatories/Promoters/Karta/Trustee/Whole Time Directors/etc.

3e. Any other information: _____

4 JOINT APPLICANTS, IF ANY AND THEIR DETAILS

Mode of Holding [Please tick (✓)] Joint (Default) Anyone or Survivor

2nd Applicant Name (Should match with PAN Card) _____ PAN (2nd Applicant) _____ KYC Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

b. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

c. Others [Please tick (✓)] Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Not Applicable

3rd Applicant Name (Should match with PAN Card) _____ PAN (3rd Applicant) _____ KYC Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

b. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

c. Others [Please tick (✓)] Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Not Applicable

5 Power of Attorney (PoA) Holder Details:

Name of PoA Mr. Ms. M/s. (Should match with PAN Card) _____ PAN (PoA Holder) _____ KYC Proof Attached (Mandatory)

6 Correspondence Details of Sole/First Applicant:

Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO.		STREET ADDRESS		HOUSE / FLAT NO.		STREET ADDRESS	
STREET ADDRESS		CITY / TOWN		STREET ADDRESS		CITY / TOWN	
STATE		PIN CODE		STREET ADDRESS		STATE	
COUNTRY		PIN CODE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. (Off.)		Tel. (Res.)		Fax		Mobile	
Email [†]				Mobile			

Please if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Please any of the frequencies to receive **Account Statement through e-mail[‡]** : Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected. * Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.

** Mandatory in case the Sole/First applicant is minor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

[§] For KYC requirements, please refer to the instruction Nos. II b(5) & X [‡] Please refer to instruction no. IX

7 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY

Account Type Current Savings NRO NRE FCNR Account Number _____

Name of Bank _____

Branch Name _____ Branch City _____

9 Digit MICR code _____ 11 Digit IFSC Code _____ Enclosed (Please): Bank Account Details Proof Provided.

8 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

Name of scheme **ICICI PRUDENTIAL**

Option & Sub option (Please the appropriate boxes only if applicable to the scheme in which you plan to invest)

PLAN: Regular Direct OPTION: Growth/Cumulative Dividend Bonus ^ SUB-OPTION: Dividend Reinvestment Dividend Payout OR AEP- Regular[®] OR Appreciation

Dividend Frequency: _____ AEP Frequency: _____

^ Bonus Option, refer instruction no. IV(h) ^Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

Micro Investment upto Rs. 50,000/- (Please **Mandatory**). [Please refer instruction No. IV(d)]

Sole/First Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

2nd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

3rd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

SIP Through ECS/Standing Instruction / Direct Debit PDCs[†] SIP Date 7th 10th 15th 25th SIP Frequency* Monthly Quarterly

Payment details for Lump Sum Investment/details of first cheque for SIP payment through PDCs

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ A DD Charges (if applicable) ₹ B Amount Invested ₹ A + B

Cheque / DD Number _____ Date D D M M Y Y Account Number _____

Bank Name _____

Bank Branch & City _____ Account Type Current Savings NRO NRE FCNR

Subsequent SIP Installment Details

From Cheque No. _____ To Cheque No. _____ Amount Invested ₹ PER CHEQUE

No. of Cheques _____ Drawn on _____ BANK / BRANCH

Start Month/Year M M Y Y Y Y End Date 12 / 2016 12 / 2018 Or other please fill in alongside M M Y Y Y Y

Please applicable check boxes. [†]PDCs - Post Dated Cheques *Default SIP Frequency is Monthly.

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

9 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI) NSDL OR CDSL (Please

Do you want units in demat form : Yes OR No (Please

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10 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee to receive the amount to my/our credit in event of my/our death.

Nominee			Date of Birth	D	D	M	M	Y	Y	
Guardian			(Mandatory if nominee is minor)							
Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian (Please tick (✓))										
Nominee's Address (Mandatory)	HOUSE / FLAT NO			STREET ADDRESS						
	CITY / TOWN			PIN CODE			SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR			

11 INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd. (the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I am/we are not US Person(s). I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail 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 interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

EXISTING FOLIO NO. /

Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹	TOTAL AMOUNT	₹	AMOUNT PER CHEQUE			
From Cheque/DD No.	<input type="text"/>	To Cheque/DD No.	<input type="text"/>	BANK AND BRANCH					
From Date	M	M	Y	Y	Y	Y			
End Date	<input type="radio"/> 12/2016 <input type="radio"/> 12/2018 <input type="radio"/> 12/2023 <input type="radio"/> 12/2099 <input type="radio"/> Other (Specify)			M	M	Y	Y	Y	Y

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US

ICICI Prudential Asset Management Company Limited

3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051. India

SIGNATURE, STAMP & DATE

TOLL FREE NUMBER 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL** enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com
 Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Mutual Fund Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where application was lodged.