ICICI PRUDENTIAL MUTUAL FUND

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.

ARN-6136	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	E033574

#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

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 in-appropriateness, 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]

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid 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.

Name: Mr. Ms. M/s | FIRST | MIDDLE | LAST | **FOLIO No.** /

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b) & IV)

Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant: Mr. Ms. M/s | FIRST | MIDDLE | LAST

PAN/ PEKRN* | Enclosed (Please ✓)§* ◯ KYC Acknowledgement Letter | Date of Birth** D D M M Y Y Y Y

Name of *# Mr. Ms.

GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

PAN/ PEKRN* | **Relationship with Minor applicant** ◯ Natural guardian ◯ Court appointed guardian | Enclosed (Please ✓)§* ◯ KYC Acknowledgement Letter

2nd Applicant Name (Should match with PAN Card) | **PAN/PEKRN*** (2nd Applicant) ☐ **KYC Proof Attached** (Mandatory)

3rd Applicant Name (Should match with PAN Card) | **PAN/PEKRN*** (3rd Applicant) ☐ **KYC Proof Attached** (Mandatory)

3 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 Number | **Account Type** ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR

Name of Bank

Branch Name | **Branch City**

9 Digit MICR code | **11 Digit IFSC Code** | Enclosed *(Please ✓)*: ☐ **Bank Account Details Proof Provided.**

4 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV)

For Plans & Sub-options please see key features for scheme specific details

◯ **Regular Plan** (Purchase/Subscription routed through Distributor) ◯ **Direct Plan** (Purchase/Subscription made directrly with the Fund)

Scheme Name: ICICI PRUDENTIAL _____

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

OPTION: ◯ **Growth/Cumulative** ◯ **Dividend** | **SUB-OPTION:** ◯ **Divident Reinvestment** ◯ **Dividend Payout OR AEP–** ◯ Regular@ OR ◯ Appreciation

Dividend Frequency: | **AEP Frequency:**

@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)

SIP Date ◯ 1st ◯ 7th ◯ 10th ◯ 15th ◯ 20th ◯ 25th | **SIP Frequency*** ◯ Monthly ◯ Quarterly

Payment details | **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

BANK DETAILS: ☐ Same as above *[Please tick (✓) if yes]* ☐ Different from above *[Please tick (✓) if it is different from above and fill in the details below]*

Account Number | **Account Type** ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR

Name of Bank

Branch Name | **Branch City**

Mandatory Enclosures
(Please tick (✓) if the first instalment is not through cheque) ◯ Cheque Copy ◯ Bank Statement ◯ Banker's Attestation _____

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.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

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

Tax Status [Please tick (✓)]

☐ Resident Individual	☐ NRI	☐ Partnership FIRM	☐ Government Body	☐ Foreign Portfolio Investor	☐ QFI
☐ On behalf of Minor	☐ Foreign National	☐ Company	☐ AOP/BOI	☐ Defence Establishment	☐ NON Profit Organization/Charities
☐ HUF	☐ Body Corporate	☐ Private Limited Company	☐ FII	☐ Public limited company	☐ Bank / FI
☐ Trust/Society/NGO	☐ Limited Partnership (LLP)	☐ Sole Proprietorship	☐ Others (Please specify)		

5 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)

(Please ✓)

◯ **NSDL**

OR

◯ **CDSL**

Depository Participant (DP) ID (NSDL only) | **Beneficiary Account Number** (NSDL only)

Depository Participant (DP) ID (CDSL only)

The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

Address Type: ◯ Residential ◯ Business ◯ Residential/Business ◯ Registered Office

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN | STATE

COUNTRY | PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN | STATE

COUNTRY | PIN CODE

Tel. (Off.) | Tel. (Res.) | Fax

Email£ | Mobile

Please tick (✓) ☐ **I/We would like to register for PRU TRACKER to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for Prutracker registration on the same.**

◯ 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.
** Mandatory in case the Sole/First applicant is minor.
§ For KYC requirements, please refer to the instruction Nos. II b(5) & X

Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
£ Please refer to instruction no. IX

7 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/guardian

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? ◯ Yes ◯ No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorilly fill Annexure I for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

Annexure I and **Annexure II** are available on the website of AMC viz; www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

8 KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	◯ Private Sector Service	◯ Public Sector Service	◯ Government Service	◯ Business	◯ Professional	◯ Agriculturist	◯ Retired
	◯ Housewife	◯ Student	◯ Forex Dealer	◯ Others (Please specify)			
Second Applicant	◯ Private Sector Service	◯ Public Sector Service	◯ Government Service	◯ Business	◯ Professional	◯ Agriculturist	◯ Retired
	◯ Housewife	◯ Student	◯ Forex Dealer	◯ Others (Please specify)			
Third Applicant	◯ Private Sector Service	◯ Public Sector Service	◯ Government Service	◯ Business	◯ Professional	◯ Agriculturist	◯ Retired
	◯ Housewife	◯ Student	◯ Forex Dealer	◯ Others (Please specify)			

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	◯ Below 1 Lac	◯ 1-5 Lacs	◯ 5-10 Lacs	◯ 10-25 Lacs	◯ >25 Lacs-1 crore	◯ >1 crore	
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)						
Second Applicant	◯ Below 1 Lac	◯ 1-5 Lacs	◯ 5-10 Lacs	◯ 10-25 Lacs	◯ >25 Lacs-1 crore	◯ >1 crore **OR** Net worth ₹ _____	
Third Applicant	◯ Below 1 Lac	◯ 1-5 Lacs	◯ 5-10 Lacs	◯ 10-25 Lacs	◯ >25 Lacs-1 crore	◯ >1 crore **OR** Net worth ₹ _____	

Others [Please tick (✓)]

Sole/First Applicant	**For Individuals** [Please tick (✓)]: ◯ I am Politically Exposed Person (PEP) ^ ◯ I am Related to Politically Exposed Person (RPEP) ◯ Not applicable
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services – ◯ YES ◯ NO; (ii) Gaming / Gambling / Lottery / Casino Services – ◯ YES ◯ NO; (iii) Money Lending / Pawning – ◯ YES ◯ NO
Second Applicant	◯ Politically Exposed Person (PEP) ^ ◯ Related to Politically Exposed Person (RPEP) ◯ Not applicable
Third Applicant	◯ Politically Exposed Person (PEP) ^ ◯ Related to Politically Exposed Person (RPEP) ◯ Not applicable

9 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) ☐ (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Relationship with the Nominee	Date of Birth	Name and address of Guardian [To be furnished in case the Nominee is a minor *(Mandatory)*]	Signature of Nominee/Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

10 INVESTOR(S) DECLARATION & SIGNATURE(S)

To the Trustee, **ICICI Prudential Mutual Fund**, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) . 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.

FOR REGISTRATION OF I-PRU TOUCH FACILITY: 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 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 the 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. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. 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.

I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. 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

ICICI PRUDENTIAL MUTUAL FUND

IPRUTOUCH - ONE TIME MANDATE (OTM) FORM (For Individual, Sole Proprietor & HUF only)

UMRN FOR OFFICE USE ONLY Date

Tick (✓)

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

CREATE ✓ / MODIFY / CANCEL

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

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 form 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.

ACKNOWLEDGEMENT

ICICI PRUDENTIAL MUTUAL FUND

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. /

Name of the Investor: _____

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US

ICICI Prudential Asset Management Company Limited

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India

TOLL FREE NUMBER 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL** enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com