



COMMON APPLICATION FORM FOR SYSTEMATIC INVESTMENTS

Application No. _____

Please read INSTRUCTIONS (Page 18-20) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

ARN- 0032 R CODE	SUB-BROKER CODE	FOR OFFICIAL USE ONLY
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.		SERIAL NUMBER, DATE & TIME OF

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 Mr. Ms. M/s FIRST MIDDLE LAST 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.

1st Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth*

D	D	M	M	Y	Y	Y	Y
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PAN* Enclosed (Please)⁵ Attested PAN Card KYC Acknowledgement Letter

Name of ** Mr. Ms. GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS

PAN* Enclosed (Please)⁵ Attested PAN Card KYC Acknowledgement Letter

2nd Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth

D	D	M	M	Y	Y	Y	Y
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PAN* Enclosed (Please)⁵ Attested PAN Card KYC Acknowledgement Letter

3rd Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth

D	D	M	M	Y	Y	Y	Y
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PAN* Enclosed (Please)⁵ Attested PAN Card KYC Acknowledgement Letter

⁵ For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(l) & X * Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor

Mode of holding [Please tick (✓)] <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor <small>(Default option: Anyone or Survivor)</small>	Status of First Applicant [Please tick (✓)] <input type="radio"/> Others <input type="radio"/> Minor <input type="radio"/> NRI/PIO <input type="radio"/> Resident Individual <input type="radio"/> HUF <input type="radio"/> Trust <input type="radio"/> Bank/FI <input type="radio"/> AOP/Bol <input type="radio"/> Club/Society	PLEASE SPECIFY <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership Firm <input type="radio"/> Company <input type="radio"/> FII
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Correspondence Address (Please provide full address)* <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE	Overseas Address (Mandatory for NRI / FII Applicants) <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE
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Tel. (Off.) Tel. (Res.) Fax

Email Mobile

Occupation [Please tick (✓)] Professional Business Retired Housewife Service Student Others (Please specify)

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. [£] Please refer to instruction no.IX

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected.

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

Name of Bank

Branch Details BRANCH NAME BRANCH CITY

9 Digit MICR code **11 Digit IFSC Code**

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer Instruction No. XI) NSDL OR CDSL

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

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

Application No. _____

SIGNATURE STAMP & DATE

SIGNATURE STAMP & DATE

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 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.



Please read INSTRUCTIONS overleaf carefully. All sections to be completed in ENGLISH in BLACK / DARK COLOURED INK and in BLOCK LETTERS.

ARN- 0032 R CODE	SUB-BROKER CODE	FOR OFFICIAL USE ONLY
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.		SERIAL NUMBER, DATE & TIME OF RECEIPT

Please tick (✓) New Registration Cancellation Change in Bank Account* [*Please provide a cancelled cheque] Date:

D	D	M	M	Y	Y
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The Trustee, ICICI Prudential Mutual Fund,
I/We have read and understood the contents of the Offer Document/Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Sole/First Applicant's Name	Existing Folio No.
Mr. Ms. M/s FIRST MIDDLE LAST	

Scheme Name: ICICI PRUDENTIAL _____
Plan/Option*: _____ Sub-Option*: _____
**Refer to the "Key Scheme Features" on pages 21-22*

SIP Frequency: Monthly Quarterly
(Default SIP frequency is Monthly)
In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

Each SIP Amount: Rs. _____ Rupees in words: _____

SIP Start Month/Year

M	M	Y	Y	Y	Y
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SIP TOP UP (Optional) (Tick to avail this facility) **TOP UP Amount*: Rs.** _____ **TOP UP Frequency:** Half Yearly Yearly
** TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Instruction No. C(6)]*

SIP End Month/Year
 12 / 2014 12 / 2016
 12 / 2021 12 / 2099
 Or other please fill in below

YOUR CONFIRMATION/DECLARATION: 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.

SIP Date:
 7th 10th 15th 25th

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

1st Holder	2nd Holder	3rd Holder
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I/We, Mr. / Ms. / M/s. _____ (NAME AS PER THE BANK RECORD) _____ (NAME AS PER THE BANK RECORD)

hereby authorise ICICI Prudential Mutual Fund and their authorised service providers to debit from my/our Bank Account No. mentioned below (hereinafter referred as "funding account") by ECS (Debit Clearing)/Direct Debit for collection of SIP payments/authorise the bank to record a Standing Instruction for debit to my bank account as mentioned below, as instructed by ICICI Prudential Mutual Fund.

PARTICULARS OF BANK ACCOUNT

Account Type: Current Savings NRO NRE FCNR Account Number: _____

Name of Bank: _____

Branch Name: _____ BRANCH CITY: _____

9 Digit MICR code: _____ (Please enter the 9 digit number that appears next to the cheque number). In case of At Par accounts, kindly provide the correct MICR number of the bank branch. MICR code starting and/or ending with 000 are not valid for ECS.

Enclosed [please tick (✓)]: Blank cancelled cheque Photocopy of Cheque [Please refer to Instruction No. C(5)]

Authorisation of the Bank Account Holder for Auto Debit (ECS)/Standing Instruction/Direct Debit

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform ICICI Prudential Mutual Fund, about any changes in my bank account. I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme. I/We apply for the units of the Scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in ICICI Prudential Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non banking/business day as defined in the Scheme Information Document of the said Scheme of ICICI Prudential Mutual Fund, execution of the debit will happen as per the normal practice of the bank mandated by the investor and allotment of units will happen as per the Terms and Conditions listed in the Scheme Information Document of the Mutual Fund. I/We have read and understood the Scheme Information Document(s) of the Fund. I/We apply for the units of the scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme(s). I/We agree to abide by the terms, conditions, rules and regulations of the Plan(s). I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay / wrong debits on the part of the bank for executing the standing instructions of additional sum on a specified date from my account. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS (Mandatory)

1st Holder	2nd Holder	3rd Holder
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BANK MANDATE SECTION (Mandatory)

	ACKNOWLEDGEMENT SLIP (To be filled in by the investor) SIP Amount Rs. _____ SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Scheme Name: _____ Option: _____ Sub-Option: _____	Folio No./ Application No. _____
<input type="checkbox"/> SIP TOP UP Amount Rs. _____ Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Acknowledgement Stamp		



SMART FEATURES FORM

Application No.

STP / SWP / DTP

Please read INSTRUCTIONS (Page 24-26) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

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

1st Applicant	<input type="text"/> Mr. <input type="text"/> Ms. <input type="text"/> M/s <input type="text"/> FIRST <input type="text"/> MIDDLE <input type="text"/> LAST	Date of Birth*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
PAN*	<input type="text"/>	Enclosed (Please <input checked="" type="checkbox"/>) [§]	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter
Name of **	<input type="text"/> Mr. <input type="text"/> Ms. <input type="text"/> GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS		
PAN*	<input type="text"/>	Enclosed (Please <input checked="" type="checkbox"/>) [§]	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter
2nd Applicant	<input type="text"/> Mr. <input type="text"/> Ms. <input type="text"/> M/s <input type="text"/> FIRST <input type="text"/> MIDDLE <input type="text"/> LAST	Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
PAN*	<input type="text"/>	Enclosed (Please <input checked="" type="checkbox"/>) [§]	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter
3rd Applicant	<input type="text"/> Mr. <input type="text"/> Ms. <input type="text"/> M/s <input type="text"/> FIRST <input type="text"/> MIDDLE <input type="text"/> LAST	Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
PAN*	<input type="text"/>	Enclosed (Please <input checked="" type="checkbox"/>) [§]	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter

[§] For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(l) & X

* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor

* Mandatory information - if left blank the applicable is liable to be rejected.

3 SYSTEMATIC TRANSFER PLAN (STP) (Please refer to instruction No. XII)

Name of scheme **ICICI PRUDENTIAL** (SCHEME FROM WHICH YOU WISH TO TRANSFER AMOUNT)

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

Retail Option Institutional Option Growth OR Dividend - Reinvestment or Payout OR AEP ^ - Regular* or Appreciation

* Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly **AEP Frequencies** Monthly Quarterly Half Yearly

Name of scheme **ICICI PRUDENTIAL** (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT)

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

Retail Option Institutional Option Growth OR Dividend - Reinvestment or Payout OR AEP ^ - Regular* or Appreciation

* Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly **AEP Frequencies** Monthly Quarterly Half Yearly

Transfer Frequencies Weekly Monthly Quarterly **STP Date** (Monthly frequency only) 7th 10th 15th 25th Last business day of Month

Installment Amount ₹ No. of Installments (Minimum 6 installments)

4 SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please refer to instruction No. XIII)

Name of scheme **ICICI PRUDENTIAL** (SCHEME FROM WHICH YOU WISH TO WITHDRAWAL AMOUNT)

Option & Sub option (Please the appropriate boxes only if applicable to the scheme from which you wish to Systematically withdraw)

Retail Option Institutional Option Growth OR Dividend - Reinvestment or Payout OR AEP ^ - Regular* or Appreciation

* Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly **AEP Frequencies** Monthly Quarterly Half Yearly

Withdrawal Amount ₹ **Frequency** Monthly Quarterly

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

SIGNATURE STAMP & DATE

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 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.

5 DIVIDEND TRANSFER (DTP) (Please refer to instruction No. XIV)

Name of Source scheme	ICICI PRUDENTIAL	(SCHEME FROM WHICH YOU WISH TO OPT FOR DTP)
Name of Target scheme	ICICI PRUDENTIAL	(SCHEME INTO WHICH YOU WISH TO TRANSFER DIVIDEND)
Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme into which you wish to transfer dividend)		
<input type="radio"/> Retail Option <input type="radio"/> Institutional Option	<input type="radio"/> Growth OR Dividend – <input type="radio"/> Reinvestment OR <input type="radio"/> Payout OR AEP ^ – <input type="radio"/> Regular* OR <input type="radio"/> Appreciation	
* Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)		
Dividend Frequencies	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly	AEP Frequencies <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly

6 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 FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	D	D	M	M	Y	Y
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ACKNOWLEDGEMENT SLIP To be filled by investor Subject to realization of cheque & furnishing of mandatory information / documents.
Please Retain this Slip

Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	Rs.	AMOUNT	UNITS
<input type="radio"/> STP <input type="radio"/> SWP <input type="radio"/> DTP	EXISTING FOLIO NO. /				
SOURCE / FROM SCHEME	TARGET / TO SCHEME	FREQUENCY & NO. OF INSTALLMENTS			



Investment Manager: ICICI Prudential Asset Management Company Limited

Regd. Office: 12th Floor, Narain Manzil, 23, Barakhamba Road, New Delhi 110 001.

Corporate Office: 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051, Tel: (91) (022) 26428000, Fax: (022) 2655 4165.

Central Service Office: 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

Third Party Payment Declaration

(This should be enclosed with each payment/SIP Enrolment)

Payments by : Parent/Grand-Parents/Related Persons Other than the Registered Guardian

Payments to : To a Minor Folio only; In consideration of: Natural love and affection or as gift only

Maximum Value : Not Exceeding Rs 50,000/- (each regular purchase or per SIP installment)

Folio No.		Application No.		PAN	
(For existing unitholders only)		KYC Acknowledgement :		<input type="checkbox"/> Attached	

Beneficial Minor's Name:					
Mr. / Ms.					
Investment Amount	Payment Cheque No.	Cheque Date		Cheque Drawn on A/c. No.	
₹		D	D	M	M
Cheque Drawn on Bank:					

DECLARATION & SIGNATURES

	Parent/Grand Parents/Related Persons other than the Registered Guardian	Guardian of Minor, as registered in the folio
Name		
Relationship with Minor:		
IT PAN		
KYC Acknowledgement (Mandatory - any amount)	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
Declaration	I hereby declare and confirm that the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor.
Signature		
Contact Number		

Bankers Certificate in case of Demand Draft/Pay Order/Any Other pre-funded instrument:

To whomsoever it may concern, we hereby confirm the following details regarding the instrument issued by us:

Instrument Type:	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order
Instrument Number:	Dated: D D M M Y Y	
Investment Amount:		
In Favour of / Favours:		
Payable At:		

Details of Bank Account Debited for issuing the instrument

Bank Account Number:	Account Type
<input type="checkbox"/> Demand Draft OR <input type="checkbox"/> Pay Order } Issued through cash <input type="checkbox"/> Yes / <input type="checkbox"/> No Debit from account <input type="checkbox"/> Yes / <input type="checkbox"/> No (Cash shall not be accepted for investment of Rs.50,000/- or more)	
Account Holder/Applicant Details	Income Tax PAN
1.	
2.	
3.	

If the issuing bank branch is outside India

We further declare that we are registered as a Bank/branch as mentioned below:

Under the Regulator	Name of Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer due diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws in our country.

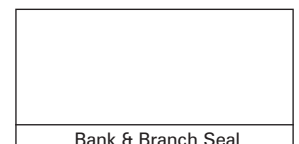
Branch Manager/Declarant(s):

Signature: _____

Name: _____ Address: _____

_____ City _____

Postal Code: _____ Country: _____ Contact No. _____



Custodian on behalf of an FII or client:

Should be enclosed with each payment

To whomsoever it may concern

Application and Payment Details

(All details below are mandatory)

Folio No.		Application Form no.	
Beneficial Applicant/ Investor Name:			
Investment Amount			
Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT
Payment Cheque /UTR No.		Dated:	D D M M Y Y
Payment from Bank:			
Payment from A/c No.:			

We further declare that we are registered as a Custodian with SEBI under Registration No: _____

We confirm that the beneficial owner stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor.

Signature of Declarant(s): _____
(Acting as a Banker/Custodian)

Name(s) of Declarant(s): _____

Income Tax PAN : _____

Address of Declarant(s): _____

City _____

Postal Code: _____ State: _____ Country: _____

Payment by Employer on behalf of Employee under Systematic Investments Plans through Payroll deductions, if applicable

To whomsoever it may concern

We hereby declare that the application form no: _____ for subscription of units in _____

_____ (Name of the Scheme /Plan/ Option) is accompanied by cheque no: _____

dated _____ drawn on _____ (Name of the Bank / Branch).

We confirm that the beneficial owner(s) of the investment in these units is/are _____

_____ (Name of the Employee, with employee number), who is my / our employee and am providing the funds for these investments through the payroll deduction.

Signature of Declarant(s): _____

Name(s) of the Declarant(s): _____

Income Tax PAN : _____

Address of Declarant(s): _____

City _____

Postal Code: _____ State: _____ Country: _____

Signature(s) of Beneficiary(ies)

1. _____ 2. _____ 3. _____

Please refer to the instruction no.IX for the details on Third Party Declaration.



Investment Manager: ICICI Prudential Asset Management Company Limited

Regd. Office: 12th Floor, Narain Manzil, 23, Barakhamba Road, New Delhi 110 001.

Corporate Office: 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051, Tel: (91) (022) 26428000, Fax: (022) 2655 4165.

Central Service Office: 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

Multiple Bank Accounts Registration Form

Please strike unused sections to avoid unauthorised use.

Folio No.		Application No.		PAN	
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(For existing unitholders only)

Name of Sole/First Unitholder

Mr. / Ms. / M/s.	
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A – ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

For each bank account, investors should produce originals for verification or submit originals of the documents mentioned below.

Name of the Bank			
Account Number		Account Type	
		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> _____	
Branch Address			
			City
PIN	9 Digit MICR code ^	IFSC Code ^ ^ (11 digit)	
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

^ 9 digit code on your cheque next to the cheque number. ^ ^ 11 digit code printed on your cheque.

Name of the Bank			
Account Number		Account Type	
		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> _____	
Branch Address			
			City
PIN	9 Digit MICR code ^	IFSC Code ^ ^ (11 digit)	
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

Name of the Bank			
Account Number		Account Type	
		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> _____	
Branch Address			
			City
PIN	9 Digit MICR code ^	IFSC Code ^ ^ (11 digit)	
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

Name of the Bank			
Account Number		Account Type	
		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> _____	
Branch Address			
			City
PIN	9 Digit MICR code ^	IFSC Code ^ ^ (11 digit)	
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate			

B - DEFAULT BANK ACCOUNT

From among the bank accounts registered with you or mentioned above, please register the following bank account as a Default Bank Account into which future redemption and/or dividend proceeds, if any of the above mentioned folio will be paid:

Bank Account Number	Bank Name
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SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES)

Sole / First Applicant / Unit holder	Second Applicant / Unit holder	Third Applicant / Unit holder



Investment Manager: ICICI Prudential Asset Management Company Limited

Regd. Office: 12th Floor, Narain Manzil, 23, Barakhamba Road, New Delhi 110 001.

Corporate Office: 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051, Tel: (91) (022) 26428000, Fax: (022) 2655 4165.

Central Service Office: 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

C - Bank Account Deletion Form

Folio No.		/		Application No.		PAN	
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(For existing unitholders only)

Name of Sole/First Unitholder

Mr. / Ms. / M/s.	
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Please delete the following Bank accounts as registered accounts for my/our above folio:

Bank Account Number	Bank Name
Bank Account Number	Bank Name
Bank Account Number	Bank Name
Bank Account Number	Bank Name

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.

SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES)		
Sole / First Applicant / Unit holder	Second Applicant / Unit holder	Third Applicant / Unit holder

Instructions and Terms & Conditions:

- This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/HuF can register upto 5 different bank accounts for a folio by using this form. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
- Please enclose a cancelled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
- If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
- Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
- The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
- The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
- A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request.
- If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/ alter it from of our records.
- The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts/ Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
- In case redemption request accompanied with request for change of Bank mandate, the Asset Management Company will process the redemption but the release of redemption proceeds shall be deferred on account of additional verification, but will be within the regulatory limits as specified by Securities and Exchange Board of India time to time.
- If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/NRO/NRE.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.



NOMINATION FORM

ANNEXURE "1"

ICICI Prudential Asset Management Company Limited
 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063.
 Phone: (91)(22) 26852000, Fax: (91)(22) 2686 8313 • e-mail: enquiry@icicipruamc.com

Date: _____

1. I/We, Mr/Ms/Mrs _____ hereby nominate the following to receive the amounts under folio no (mentioned below)/ application number (printed below) in the event of my/our death. For existing investors folio no. is mandatory, in the absence of which the nomination will be rejected.

Nominee 1 Folio No. _____ Application No. _____

Name
 Mr. Ms. M/s. _____

Percentage of nomination _____ **DOB (Mandatory if "Nominee 1" is minor)** _____

Guardian's Name & Address (if "Nominee 1" is minor) _____ **Guardian's Signature (if "Nominee 1" is minor)** _____

Address

 City _____ PIN _____
 State _____ Country _____

Nominee 2
Name
 Mr. Ms. M/s. _____

Percentage of nomination _____ **DOB (Mandatory if "Nominee 2" is minor)** _____

Guardian's Name & Address (if "Nominee 2" is minor) _____ **Guardian's Signature (if "Nominee 2" is minor)** _____

Address

 City _____ PIN _____
 State _____ Country _____

Nominee 3
Name
 Mr. Ms. M/s. _____

Percentage of nomination _____ **DOB (Mandatory if "Nominee 3" is minor)** _____

Guardian's Name & Address (if "Nominee 3" is minor) _____ **Guardian's Signature (if "Nominee 3" is minor)** _____

Address

 City _____ PIN _____
 State _____ Country _____

2. I/We agree and accept that: (a) All payments and settlements made to nominee(s) and signature of nominee(s) acknowledging will constitute a full & valid discharge of the liability of the AMC/Mutual Fund/Trustees. (b) This nomination will stand cancelled in the event of the nominee(s) pre-deceasing me/us. In case of multiple nominations, if any of the nominee(s) is/are deceased, the said nominee(s) share will be distributed equally amongst the surviving nominees or in such proportion as may be communicated by me/us. (c) I/We have read the AMC's instructions on nomination in the KIM/Scheme Information Document and I/we hereby confirm to adhere to such rules or amendments thereto as may be made from time to time. (d) The nomination will be registered only when it is complete in all respects to the satisfaction of the AMC. (e) The AMC will not entertain any claim other than that of a registered nominee(s), unless so directed by any competent court. (f) This instruction supercedes all previous nominations made by me/us in respect of the folio(s) indicated above.

Signature

First Holder _____ Second Holder _____ Third Holder _____

Instructions

- The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. If the units are held jointly, all joint holders will sign the nomination form. Space is provided as a specimen, if there are more joint holders more sheets can be added for signatures of holders of units and witnesses.
- A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- Nomination in respect of the units stands rescinded upon the transfer of units.
- Transfer of units in favour of a Nominee shall be valid discharge by the asset management company against the legal heir.
- The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.
- On cancellation of the nomination, the nomination shall stand rescinded and the asset management company shall not be under any obligation to transfer the units in favour of the Nominee."
- If the sum of the percentage entered in the nomination is less than 100% then this application will be rejected.
- If the nomination percentage is not mentioned, equal weightage would be given to each nominee.
- In case of existing customer the folio no. is mandatory. In the absence of which, the nomination will be rejected.