

COMMON APPLICATION FORM FOR LUMP SUM INVESTMENTS

Application No.

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

ARN- 0032	BROKER 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

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.								
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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 ✓) [§]	<input type="radio"/> Attested PAN Card	<input type="radio"/> KYC Acknowledgement Letter
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Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR	OR	CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS
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PAN*		Relationship with Minor applicant	<input type="radio"/> Natural guardian	Enclosed (Please ✓) [§]	<input type="radio"/> Attested PAN Card	<input type="radio"/> KYC Acknowledgement Letter
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		<input type="radio"/> Court appointed guardian				
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2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
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PAN*		Enclosed (Please ✓) [§]	<input type="radio"/> Attested PAN Card	<input type="radio"/> KYC Acknowledgement Letter
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3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
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PAN*		Enclosed (Please ✓) [§]	<input type="radio"/> Attested PAN Card	<input type="radio"/> KYC Acknowledgement Letter
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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 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

1 Name of scheme **ICICI PRUDENTIAL**

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

Payment Details for Scheme 1

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

Amount Paid ₹

DD Charges (if applicable) ₹

Amount Invested ₹

Cheque / DD Number

Date

BANK / BRANCH

BANK ACCOUNT DETAILS

(For Payment Details of Scheme 1)

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

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR

Account Number

Bank Details

NAME OF BANK

BRANCH NAME / CITY

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. For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively.

2 Name of scheme **ICICI PRUDENTIAL**

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

Payment Details for Scheme 2

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

Amount Paid ₹

DD Charges (if applicable) ₹

Amount Invested ₹

Cheque / DD Number

Date

BANK / BRANCH

BANK ACCOUNT DETAILS

(For Payment Details of Scheme 2)

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

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR

Account Number

Bank Details

NAME OF BANK

BRANCH NAME / CITY

For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively and refer instruction VI(e).

Please ensure that the Bank Account details are mentioned separately, for Cheque and Demand Draft (DD) payments for Investments in Scheme 1 and in Scheme 2. ^ AEP - Automatic encashment plan

6 NOMINATION DETAILS

(Refer instruction VII) • For Multiple nominations, please use the form on page 23. • Nomination is mandatory if the mode of holding is SINGLE.

☐ I/We do not wish to nominate
(Please tick (✓) & sign)

SIGNATURE OF FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

I/We hereby nominate the under-mentioned nominee to receive the amount to my/our credit in the event of my/our death and confirm that I/we have read and understood the nomination clause under instruction no. VII.

Date of Birth is MANDATORY in case Nominee is a minor

Nominee

Date of Birth

Guardian

Relationship with ☐ Natural guardian

Minor applicant (✓) ☐ Court appointed guardian

Nominee's Address

STREET ADDRESS

CITY / TOWN

PIN CODE

SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR

7 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



ACKNOWLEDGEMENT SLIP

Please Retain this Slip

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

1 Scheme **ICICI PRUDENTIAL**

SCHEME AND OPTION

₹ AMOUNT

CHEQUE / DD No.

2 Scheme **ICICI PRUDENTIAL**

SCHEME AND OPTION

₹ AMOUNT

CHEQUE / DD No.

1 DRAWN ON BANK & BRANCH

2 DRAWN ON BANK & BRANCH

EXISTING FOLIO NO.

5 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)

☐ 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

☐ Micro SIPs (Please ✓) Mandatory for Investment of equal to or less than ₹ 50,000/- per annum under SIP registration (Please refer instruction No. V(II))

1 st Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
2 nd Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
3 rd Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER

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

Payment Details for First Cheque/DD

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 / BRANCH	

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 / 2014 ☐ 12 / 2016 ☐ Or other please fill in alongside M M Y Y Y Y

^ AEP - Automatic encashment plan, Please ✓ applicable check boxes. *Default SIP Frequency is Monthly. † PDCs - Post dated Cheques

<input type="checkbox"/> SIP Top Up[‡] (Optional)	₹ AMOUNT	Top Up Frequency[‡] <input type="radio"/> Half Yearly <input type="radio"/> Yearly	#Top Up amount has to be in multiples of ₹ 500 only. \$ In case of quarterly SIP, only yearly frequency is available under SIP TOP UP. Please refer to instructions V (k).
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BANK ACCOUNT DETAILS (For Payment Details of SIP first Cheque/DD & Installments) 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 NAME / CITY

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. For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively.

Please ensure that the Bank Account details are mentioned separately, for Cheque and Demand Draft (DD) payments for Investments in Scheme 1 and in Scheme 2. ^ AEP - Automatic encashment plan

6 NOMINATION DETAILS (Refer instruction VII) • For Multiple nominations, please use the form on page 23. • Nomination is mandatory if the mode of holding is SINGLE.

☐ I/We do not wish to nominate (Please tick (✓) & sign)

SIGNATURE OF FIRST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT

I/We hereby nominate the under-mentioned nominee to receive the amount to my/our credit in the event of my/our death and confirm that I/we have read and understood the nomination clause under instruction no. VII.

Nominee NAME OF NOMINEE Date of Birth is MANDATORY in case Nominee is a minor

Guardian MANDATORY, IF NOMINEE IS A MINOR Date of Birth D D M M Y Y Relationship with ☐ Natural guardian Minor applicant (✓) ☐ Court appointed guardian

Nominee's Address HOUSE / FLAT NO STREET ADDRESS CITY / TOWN PIN CODE SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR

7 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
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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.

Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹ TOTAL AMOUNT	₹ AMOUNT PER CHEQUE
From Cheque/DD No.		To Cheque/DD No.	BANK AND BRANCH	
From Date	M M Y Y Y Y	End Date**	<input type="radio"/> 12 / 2014 <input type="radio"/> 12 / 2016 <input type="radio"/> 12 / 2021 <input type="radio"/> 12 / 2099	<input type="radio"/> M M Y Y Y Y



REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing)/ STANDING INSTRUCTION / DIRECT DEBIT FACILITY SIP via ECS Application No. (Debit Clearing) in select cities or via Standing Instruction/Direct Debit in select banks / branches only.

Please read INSTRUCTIONS (Page 8) carefully. All sections to be completed in ENGLISH in BLACK / DARK COLOURED INK and in BLOCK LETTERS.

ARN- 0032R 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	SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default SIP frequency is Monthly)
Plan/Option*: Sub-Option*:	In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.
*Refer to the "Key Features" on pages 27-31	

Each SIP Amount: Rs. Rupees in words:	SIP Start Month/Year						
	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y		

<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility)	TOP UP Amount*: Rs. TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly * TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Instruction No. C(6)]	SIP End Month/Year						
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

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.

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

1st Holder	2nd Holder	3rd Holder

I/We, Mr. / Ms. / M/s.	(NAME AS PER THE BANK RECORD)	(NAME AS PER THE BANK RECORD)
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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	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> 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 (✓)]:	<input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> 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



ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

SIP Amount Rs.	SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> SIP TOP UP Amount Rs.	Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Scheme Name:	Option:
Sub-Option:	

Folio No./
Application No.

Acknowledgement Stamp

COMMON APPLICATION FORM FOR SYSTEMATIC INVESTMENTS

Application No.

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. 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

PAN* Enclosed (Please ✓)[§] ☐ 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* Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian Enclosed (Please ✓)[§] ☐ Attested PAN Card ☐ KYC Acknowledgement Letter

2nd Applicant Mr. Ms. FIRST MIDDLE LAST Date of Birth D D M M Y Y Y Y

PAN* Enclosed (Please ✓)[§] ☐ Attested PAN Card ☐ KYC Acknowledgement Letter

3rd Applicant Mr. Ms. FIRST MIDDLE LAST Date of Birth D D M M Y Y Y Y

PAN* Enclosed (Please ✓)[§] ☐ Attested PAN Card ☐ KYC Acknowledgement Letter

[§] For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(I) & 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 IIb(2)

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

5 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)

☐ 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

☐ Micro SIPs (Please ✓) Mandatory for Investment of equal to or less than ₹ 50,000/- per annum under SIP registration (Please refer instruction No. V(II))

1 st Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
2 nd Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
3 rd Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER

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

Payment Details for First Cheque/DD

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 / BRANCH	

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	<input type="radio"/> 12/2014 <input type="radio"/> 12/2016 <input type="radio"/> Or other please fill in alongside	M M Y Y Y Y	

^ AEP - Automatic encashment plan, Please ✓ applicable check boxes. *Default SIP Frequency is Monthly. †PDCs - Post dated Cheques

SIP Top Up* (Optional)	₹ AMOUNT	Top Up Frequency* <input type="radio"/> Half Yearly <input type="radio"/> Yearly	#Top Up amount has to be in multiples of ₹ 500 only. \$ In case of quarterly SIP, only yearly frequency is available under SIP TOP UP. Please refer to instructions V (k).
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BANK ACCOUNT DETAILS

(For Payment Details of SIP first Cheque/DD & Installments)

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

Account Type	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	Account Number	
Name of Bank	BRANCH NAME / CITY		

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. For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively.

Please ensure that the Bank Account details are mentioned separately, for Cheque and Demand Draft (DD) payments for Investments in Scheme 1 and in Scheme 2. ^ AEP - Automatic encashment plan

6 NOMINATION DETAILS

(Refer instruction VII)

For Multiple nominations, please use the form on page 23. • Nomination is mandatory if the mode of holding is SINGLE.

<input type="checkbox"/> I/We do not wish to nominate (Please tick (✓) & sign)	SIGNATURE OF FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
--	------------------------------	-------------------------------	------------------------------

I/We hereby nominate the under-mentioned nominee to receive the amount to my/our credit in the event of my/our death and confirm that I/we have read and understood the nomination clause under instruction no. VII.

Date of Birth is MANDATORY in case Nominee is a minor

Nominee	NAME OF NOMINEE	Date of Birth	D D M M Y Y
Guardian	MANDATORY, IF NOMINEE IS A MINOR	Relationship with	<input type="radio"/> Natural guardian
Nominee's Address	HOUSE / FLAT NO	STREET ADDRESS	
	CITY / TOWN	PIN CODE	
	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR		

7 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
Please Retain this Slip

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

Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹ TOTAL AMOUNT	₹ AMOUNT PER CHEQUE
From Cheque/DD No.		To Cheque/DD No.	BANK AND BRANCH	
From Date	M M Y Y Y Y	End Date**	<input type="radio"/> 12/2014 <input type="radio"/> 12/2016 <input type="radio"/> 12/2021 <input type="radio"/> 12/2099 <input type="radio"/>	M M Y Y Y Y



REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing)/ STANDING INSTRUCTION / DIRECT DEBIT FACILITY SIP via ECS Application No. (Debit Clearing) in select cities or via Standing Instruction/Direct Debit in select banks / branches only.

Please read INSTRUCTIONS (Page 12) carefully. All sections to be completed in ENGLISH in BLACK / DARK COLOURED INK and in BLOCK LETTERS.

ARN- 0032R 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

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 Features" on pages 27-31

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

SIP End Month/Year

☐ 12 / 2014 ☐ 12 / 2016

☐ 12 / 2021 ☐ 12 / 2029

☐ Or other please fill in below

M M Y Y Y Y

SIP Date:

☐ 7th ☐ 10th ☐ 15th ☐ 25th

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.

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

1st Holder

2nd Holder

3rd Holder

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



ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

SIP Amount Rs.

SIP Frequency: ☐ Monthly ☐ Quarterly

Scheme

Name:

Option:

Sub-Option:

Folio No./

Application No.

Acknowledgement Stamp

☐ SIP TOP UP

Amount Rs.

Frequency:

☐ Half Yearly ☐ Yearly

SMART FEATURES FORM

STP / SWP / DTP / TRIGGER / LIQUITY

Application No.

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

ARN- 0032 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

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	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth*	D	D	M	M	Y	Y	Y	Y
PAN*				Enclosed (Please ✓) [§]		<input type="radio"/> Attested PAN Card		<input type="radio"/> 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*				Relationship with Minor applicant		<input type="radio"/> Natural guardian		Enclosed (Please ✓) [§]		<input type="radio"/> Attested PAN Card		<input type="radio"/> KYC Acknowledgement Letter	
				<input type="radio"/> Court appointed guardian									
2nd Applicant		Mr. Ms.		FIRST		MIDDLE		LAST		Date of Birth		D D M M Y Y Y Y	
PAN*										Enclosed (Please ✓) [§]		<input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter	
3rd Applicant		Mr. Ms.		FIRST		MIDDLE		LAST		Date of Birth		D D M M Y Y Y Y	
PAN*										Enclosed (Please ✓) [§]		<input type="radio"/> Attested PAN Card <input type="radio"/> 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. For documents to be submitted on behalf of minor folio refer instruction IIb(2)

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 <small>(Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)</small>																					
<input type="radio"/> Retail Option		<input type="radio"/> Growth		OR		<input type="radio"/> Dividend		<input type="radio"/> Reinvestment		<input type="radio"/> Payout		OR		<input type="radio"/> AEP ^ -		<input type="radio"/> Regular*		<input type="radio"/> Appreciation			
<input type="radio"/> Institutional Option		* 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	
Name of scheme		ICICI PRUDENTIAL (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT)																			
Option & Sub option <small>(Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)</small>																					
<input type="radio"/> Retail Option		<input type="radio"/> Growth		OR		<input type="radio"/> Dividend		<input type="radio"/> Reinvestment		<input type="radio"/> Payout		OR		<input type="radio"/> AEP ^ -		<input type="radio"/> Regular*		<input type="radio"/> Appreciation			
<input type="radio"/> Institutional Option		* 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	
Transfer Frequencies		<input type="radio"/> Daily		<input type="radio"/> Weekly		<input type="radio"/> Monthly		<input type="radio"/> Quarterly		STP Date (Monthly frequency only)		<input type="radio"/> 7 th		<input type="radio"/> 10 th		<input type="radio"/> 15 th		<input type="radio"/> 25 th		<input type="radio"/> Last business day of Month	
Installment Amount		₹		No. of Installments		(Minimum of Rs.1,000)		(Minimum 6 installments)		Note: In case of Daily STP the minimum installment amount is ₹ 250 & in multiples of ₹ 50 thereof and minimum installment criteria shall not be applicable. (Daily STP is available for specific source & target schemes, please refer to instruction XII)											

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 <small>(Please ✓ the appropriate boxes only if applicable to the scheme from which you wish to Systematically withdraw)</small>																					
<input type="radio"/> Retail Option		<input type="radio"/> Growth		OR		<input type="radio"/> Dividend		<input type="radio"/> Reinvestment		<input type="radio"/> Payout		OR		<input type="radio"/> AEP ^ -		<input type="radio"/> Regular*		<input type="radio"/> Appreciation			
<input type="radio"/> Institutional Option		* 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	
Withdrawal Amount		₹		Frequency		<input type="radio"/> Monthly		<input type="radio"/> Quarterly													

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 <small>(Please ✓ the appropriate boxes only if applicable to the scheme into which you wish to transfer dividend)</small>																					
<input type="radio"/> Retail Option		<input type="radio"/> Growth		OR		<input type="radio"/> Dividend		<input type="radio"/> Reinvestment		<input type="radio"/> Payout		OR		<input type="radio"/> AEP ^ -		<input type="radio"/> Regular*		<input type="radio"/> Appreciation			
<input type="radio"/> Institutional Option		* 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	

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.

6 TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XV)Please ☒ New Registration ☐ Update existing registration ☐ Refresh Trigger NAV* ☐ Cancellation (Of any trigger set-up registered earlier)NAV Appreciation (Please ☒ 12% ☐ 20% ☐ 50% ☐ 100% Trigger Amount (Please ☒ Appreciation amount only ☐ All unitsAmount / Units to be triggered to Retail Option under (Please ICICI Prudential Floating Rate Plan - ☐ Plan A ☐ Plan B ☐ ICICI Prudential Flexible Income Plan
☐ ICICI Prudential Income Plan ☐ ICICI Prudential Short Term Plan ☐ ICICI Prudential Liquid Plan

PLAN AND OPTION

Trigger can only be done from ICICI Prudential Target Returns Fund – Growth Option. There is no guarantee or assurance of returns

For Plans & Sub-options please refer to the Key Scheme Features on Pages 27–31

(Default Trigger option: NAV appreciation 20% ICICI Liquid Plan Growth Option.) [§] Cumulative-AEP Regular option: Encashment of units is subject to declaration of dividend into respective scheme(s).**7 ENTRY TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XV)**Please ☒ New Registration ☐ Update existing registration ☐ Refresh Trigger NAV* ☐ Cancellation (Of any trigger set-up registered earlier)Amount / Units to be triggered From Retail Option under (Please ☒ Source Scheme)

PLAN AND OPTION

ICICI Prudential Floating Rate Plan - ☐ Plan A ☐ Plan B ☐ ICICI Prudential Flexible Income Plan ☐ ICICI Prudential Income Plan☐ ICICI Prudential Short Term Plan ☐ ICICI Prudential Liquid Plan Sub-options (Please Growth / Cumulative ☐ Dividend**TARGET SCHEME – (Please ☒ Scheme Option)****ICICI PRUDENTIAL TARGET RETURNS FUND**☐ Growth/Cumulative orDividend – ☐ Reinvestment or ☐ Payout

₹ TOTAL AMOUNT TO BE REGISTERED

₹ AMOUNT IN WORDS

AMOUNT IN WORDS

TRIGGER LEVEL – (Please ☒ Scheme Option)% drop in NAV of ICICI Prudential Target Returns Fund (Please ☐ 5% or IN MULTIPLES OF 100 POINTS☐ 10% or IN MULTIPLES OF 100 POINTS☐ 15% or IN MULTIPLES OF 100 POINTS☐ 20% or IN MULTIPLES OF 100 POINTS

(Please refer instruction XV f (ii))

TRIGGER AMOUNT – (Please ☒ Scheme Option)

% of Total Registered Amount to be Transferred

MINIMUM 10% AND IN MULTIPLE OF 5%

MINIMUM 10% AND IN MULTIPLE OF 5%

MINIMUM 10% AND IN MULTIPLE OF 5%

MINIMUM 10% AND IN MULTIPLE OF 5%

100 % of Total Registered Amount

8 LIQUITY FACILITY (Please refer to instruction No. XVI)**SOURCE SCHEMES & OPTIONS** (Appreciation / Dividend amount to be transferred from - Please ☒ any one of the Scheme / Options)**ICICI PRUDENTIAL FLEXIBLE INCOME PLAN**☐ Premium Option ☐ Growth OR Dividend Reinvestment - ☐ Daily or ☐ Weekly OR Dividend Payout - ☐ Weekly☐ Regular Option ☐ Growth OR ☐ Dividend Reinvestment**ICICI PRUDENTIAL LIQUID PLAN**☐ Retail Option ☐ Growth OR Dividend Payout - ☐ Quarterly or ☐ Half Yearly OR Dividend Reinvestment - ☐ Daily ☐ Weekly ☐ Monthly☐ Institutional Option ☐ Growth OR Dividend - ☐ Daily or ☐ Weekly or ☐ Monthly**ICICI PRUDENTIAL ULTRA SHORT TERM PLAN**☐ Regular Option ☐ Premium Option ☐ Premium Plus Option ☐ Super Premium Option☐ Growth OR Dividend Reinvestment - ☐ Daily or ☐ Weekly or ☐ Fortnightly or ☐ Monthly or ☐ Quarterly OR Dividend Payout - ☐ Quarterly**TARGET SCHEMES & OPTIONS** (Appreciation / Dividend amount to be transferred from - Please ☒ any one of the Schemes / only Growth Option available)☐ ICICI Prudential Focused Bluechip Equity Fund ☐ ICICI Prudential Dynamic Plan ☐ ICICI Prudential Infrastructure Fund☐ ICICI Prudential Emerging S.T.A.R. (Stocks targeted at returns) Fund ☐ ICICI Prudential Power ☐ ICICI Prudential Discovery Fund**9 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

**ACKNOWLEDGEMENT SLIP**

Please Retain this Slip

To be filled by investor Subject to realization of cheque & furnishing of mandatory information / documents.

Scheme

ICICI PRUDENTIAL

SCHEME AND OPTION

Rs.

AMOUNT

UNITS

☐ Trigger ☐ Entry Trigger ☐ STP ☐ SWP ☐ DTP ☐ Liquity

EXISTING FOLIO NO.

SOURCE / FROM SCHEME

TARGET / TO SCHEME

FREQUENCY & NO. OF INSTALLMENTS

Know Your Client (KYC) Application Form (For Individuals Only)

Application
No. :

Please fill this form in **ENGLISH** and in **BLOCK LETTERS** (All Information as applicable in Sections A, B and C below is mandatory)
This information is sought under the Prevention of Money Laundering Act, 2002, the rules notified thereunder and SEBI's guidelines on Anti Money Laundering.
For existing Mutual Fund investors, the address(es) furnished herein will be replaced in the records of the Mutual Fund / Authorised Agent. (Refer Notes / Guidelines overleaf)

A. Identity Details (Please see guidelines A1 to A6 overleaf)

1. Name of Applicant (As appearing in supporting identification document) Title ☐ Mr. ☐ Ms. ☐ Others Please specify Gender ☐ Male ☐ Female

Name

Father's Name

2. Date of Birth / /

3. Nationality ☐ Indian ☐ Others Please specify

4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resident: Passport / PIO Card / OCI card No.
(Passport copy & overseas address proof mandatory for NRI)

5. Proof of Identity Permanent Account Number (PAN) (MANDATORY)
Please tick (✓) ☐ Copy of PAN Card attached

Please affix
most recent
colour photograph

30 mm x 40 mm

Sign across the photograph

B. Address Details (Please see guidelines B1 to B4 overleaf)

1. Address for Correspondence

City / Town / Village Postal Code

State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD) Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Latest Land Line Telephone Bill ☐ Latest Electricity Bill ☐ Passport ☐ Driving License ☐ Latest Bank Passbook ☐ Latest Bank Account Statement
☐ Latest Demat Account statement ☐ Voter Identity Card ☐ Ration Card ☐ Registered Lease / Sale Agreement of residence ☐ Any other proof of address document (as listed overleaf)

4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village Postal Code

State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Latest Land Line Telephone Bill ☐ Latest Electricity Bill ☐ Passport ☐ Driving License ☐ Latest Bank Passbook ☐ Latest Bank Account Statement
☐ Latest Demat Account statement ☐ Voter Identity Card ☐ Ration Card ☐ Registered Lease / Sale Agreement of residence ☐ For NRIs - Any other document attested by local authority.

C. Other Details (Please see guidelines C1 and C2 overleaf)

1. Gross Annual Income Details Please tick (✓)

☐ Upto Rs. 5,00,000 ☐ Rs. 5,00,001 to Rs. 25,00,000 ☐ Rs. 25,00,001 to Rs. 1,00,00,000 ☐ Rs. 1,00,00,001 to Rs. 5,00,00,000 ☐ Rs. 5,00,00,001 and above.

2. a. Occupation Details Please tick (✓) any one
☐ Private Sector Service ☐ Public Sector / Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife
☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. If the following is additionally applicable to you Please tick (✓) as applicable
☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
For definition of PEP, please refer guideline C3 overleaf

DECLARATION

I hereby confirm that I have read and understood the Instructions mentioned overleaf and apply to CDSL Ventures Limited ('CVL') or other agent of the mutual fund registered under the SEBI (Mutual Funds) Regulations, 1996 for compliance of Know Your Client (KYC) procedure for transacting in units issued by Mutual Funds and I agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to the respective Mutual Funds. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I hereby undertake to promptly inform CVL / the mutual fund agent of any changes to the information provided hereinabove and agree and accept that CVL, the respective Mutual Funds, their authorised agents and representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize CVL / the mutual fund agent to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Mutual Funds in which I may transact / have transacted and / or to their authorised agents and representatives including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique KYC application and I have not applied for KYC in the past.

SIGNATURE OF APPLICANT

Place :
Date :

For
Office
Use
Only

Stamp of POS
(Name & Location)
& Receiver's Signature

Name and Employee Number of Receiver

☐ (Originals Verified) Self Certified Document copies received
☐ (Attested) True copies of documents received

KYC Ref.

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:	<div style="display: flex; justify-content: space-between;"> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> </div>
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**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. VI(e) on page no. 25 for the details on Third Party Declaration.

