



Broker Code ARN- 0032	Sub-broker Code	Serial Number, Date & Time of Receipt
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.		

[illegible]

2 ABOUT YOU

Date of Birth (Mandatory)

Name of Guardian (in case of minor) / Contact Person (In case of non-individual investors)

Status [Please tick (✓)]

<input type="checkbox"/> Minor	<input type="checkbox"/> Trust
<input type="checkbox"/> NRI/PIO	<input type="checkbox"/> Bank/FI
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> AOP/Bol
<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Societ
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Company
<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> FII
<input type="checkbox"/> Others <i>(Please specify)</i>	

[illegible][illegible]

Communication: As a part of the *Go Green* initiative, Account Statement/Annual Report/other statutory information will be sent only by email to the above mentioned email ID.

☐ Please tick (✓) if you wish to receive Account Statement/Annual Report/other statutory information via physical documents instead of email.

Overseas Address (in case of NRIs/FIIs)

[illegible]

Name of Second Applicant

[illegible]

Name of Third Applicant

[illegible]

PAN & KYC [Please refer the instruction Nos.II-b(4), IX] (Mandatory)

Mode of holding
[Please tick (✓)]

Occupation [Please tick (✓)]

APPLICANT DETAILS		PAN (Please attach proof)						Know Your Customer (KYC) (Please ✓)		<input type="checkbox"/> Single <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint <i>(Default option: Anyone or Survivor)</i>	<input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify) _____	
1st Applicant								<input type="checkbox"/> KYC acknowledgement /Copy enclosed				
Guardian (in case 1st applicant is minor)								<input type="checkbox"/> KYC acknowledgement /Copy enclosed				
2nd Applicant								<input type="checkbox"/> KYC acknowledgement /Copy enclosed				
3rd Applicant								<input type="checkbox"/> KYC acknowledgement /Copy enclosed				

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Refer instruction No.III)

Bank Particulars (Name of the Bank)

Branch Address

Account Number			

Account Type	Account Number	Account Name	Account Balance
1000	1000	1000	1000
2000	2000	2000	2000
3000	3000	3000	3000
4000	4000	4000	4000
5000	5000	5000	5000
6000	6000	6000	6000
7000	7000	7000	7000
8000	8000	8000	8000
9000	9000	9000	9000
10000	10000	10000	10000

[illegible]

If "Mandatory Details" are not provided, your application is liable to be rejected.

MANDATORY



Application No.

Received from:

Address

Options (Tick <input checked="" type="checkbox"/> any of the boxes)		Sub-Options (Tick <input checked="" type="checkbox"/> any of the boxes)				Signature, Stamp & Date
<input type="checkbox"/> Regular Option <input type="checkbox"/> Premium Option <input type="checkbox"/> Premium Plus Option	<input type="checkbox"/> Growth Sub-option	Dividend Sub-option <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly			

Signature, Stamp & Date

4 INVESTMENT DETAILS (Refer Instruction No.IV)**ICICI PRUDENTIAL MEDIUM TERM PLAN**

Options (Tick <input checked="" type="checkbox"/> any of the boxes)		Sub-Options (Tick <input checked="" type="checkbox"/> any of the boxes)			
<input type="checkbox"/> Regular Option <input type="checkbox"/> Premium Option <input type="checkbox"/> Premium Plus Option	<input type="checkbox"/> Growth Sub-option	Dividend Sub-option } <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly		

If investor does not select any of the Options or selects multiple Options, then the units will be allotted under the default option i.e. Cumulative option.

Amount Paid (A)										DD Charges (B)										Amount Invested (C) = (A) + (B)									
Rs. <input type="text"/>										Rs. <input type="text"/>										Rs. <input type="text"/>									
Bank Name & Branch <input type="text"/>																													
City <input type="text"/>										Cheque/DD No. <input type="text"/>										Cheque/DD Date <input type="text"/>									
Account Number <input type="text"/>										Account Type																			
										<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR																			

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. Third Party Payment Declaration form and instructions are enclosed with this document.

5 NOMINATION DETAILS (Optional) • For Single nomination, please fill in the details below. • For multiple nominations, please use the form available separately.

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Name of the Nominee																				Date of Birth (If nominee is minor)									
Mr. Ms. M/s. <input type="text"/>																				D D M M Y Y Y Y									
Address of Nominee (Please provide full address)																													
<input type="text"/>																													
PIN Code <input type="text"/>																													
Name of the Guardian (If nominee is minor) - Mandatory																				Relationship with minor									
<input type="text"/>																				<input type="text"/>									
Address of Guardian																				Signature of Guardian									
<input type="text"/>																				<input type="text"/>									
PIN Code <input type="text"/>																													

6 YOUR CONFIRMATION/DECLARATION

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of ICICI Prudential Medium Term Plan. 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 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 Scheme, 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).

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(S)	First Applicant
	Second Applicant
	Third Applicant

REGISTRAR: Computer Age Management Services Pvt. Ltd., New No 10. Old No. 178, Opp. to Hotel Palm Grove, MGR Salai (K.H. Road), Chennai - 600 034.

ACKNOWLEDGEMENT SLIP – ICICI Prudential Medium Term Plan
(To be filled in by the investor)

FOLIO No.: _____



Cheque/DD No.	Dated	Amount (Rs.)	Drawn on (Name of Bank & Branch)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Bank & Branch Seal

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, 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.VI(e) for the details on Third Party Declaration.

1. 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.
2. 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.
3. 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.
4. 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.
5. The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
6. 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.
7. 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.
8. 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.
9. 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.
10. If request for redemption received together with a change of bank account or before verification and validation of the new bank account, the redemption request would be processed to the currently registered default (old) bank account.
11. 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.
12. 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 "I"

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.

Folio No.

Application No.

Nominee 1

Name _____

[illegible]

Percentage of nomination

DOB (Mandatory if "Nominee 1" is minor)

[illegible]

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

Guardian's Signature (if "Nominee 1" is minor)

[illegible]

Address

[illegible]

Nominee 2

Name _____

[illegible]

Percentage of nomination

DOB (Mandatory if "Nominee 2" is minor)

[illegible]

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

Guardian's Signature (if "Nominee 2" is minor)

[illegible]

Address

[illegible]

Nominee 3

Name

[illegible]

Percentage of nomination

DOB (Mandatory if "Nominee 3" is minor)

[illegible]

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

Guardian's Signature (if "Nominee 3" is minor)

[illegible]

Address

[illegible]

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/SID/SAI 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	
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Instructions

1. 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.
2. 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.
3. 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.
4. Nomination in respect of the units stands rescinded upon the transfer of units.
5. Transfer of units in favour of a Nominee shall be valid discharge by the asset management company against the legal heir.
6. 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.
7. 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."
8. If the sum of the percentage entered in the nomination is less than 100% then this application will be rejected.
9. If the nomination percentage is not mentioned, equal weightage would be given to each nominee.
10. In case of existing nomination the folio no. is mandatory. In the absence of which, the nomination will be rejected.