

COMMON APPLICATION FORM

FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Application No. _____

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

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

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY (Refer Instruction XII)

In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested.
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

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

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

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

Sole/1st Applicant Mr. Ms. M/s FIRST MIDDLE LAST

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

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

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

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

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

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

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

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

Name of Bank

Branch Name Branch City

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

4. INVESTMENT DETAILS (Refer Instruction No. IV)

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

Scheme Name: ICICI PRUDENTIAL Plan: _____

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

OPTION: ☐ Growth/Cumulative ☐ Dividend SUB-OPTION: ☐ Dividend Reinvestment ☐ Dividend Payout OR AEP- ☐ Regular® OR ☐ Appreciation

Dividend Frequency: AEP Frequency:

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

SIP Date: ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th SIP Frequency ☐ Monthly ☐ Quarterly

5. PAYMENT DETAILS

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

Investment Amount A DD Charges (if applicable) B Total Amount A + B

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

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

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

Name of Bank

Branch Name Branch City

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

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

☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

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

CDSL: Depository Participant (DP) ID (CDSL only)

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Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.		HOUSE / FLAT NO.	
STREET ADDRESS		STREET ADDRESS	
CITY / TOWN	STATE	CITY / TOWN	STATE
COUNTRY	PIN CODE	COUNTRY	PIN CODE

[illegible][illegible]

Please ☒ any of the frequencies to receive **Account Statement through e-mail**¹ : ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

⁵ For KYC requirements, please refer to the instruction Nos. II b(5) & X

[‡] Please refer to instruction no. IX

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			☐ Indian ☐ U.S. ☐ Others (Please specify) _____
Second Applicant			☐ Indian ☐ U.S. ☐ Others (Please specify) _____
Third Applicant			☐ Indian ☐ U.S. ☐ Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (<i>TIN or other please specify</i>)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A ☐ B ☐ C ☐
Second Applicant				Reason : A ☐ B ☐ C ☐
Third Applicant				Reason : A ☐ B ☐ C ☐

- ☐ Reason A ⇨ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- ☐ Reason B ⇨ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- ☐ Reason C ⇨ Others, please state the reason thereof:

Address Type of Sole/1st Holder:

Address Type of 2nd Holder:

Address Type of 3rd Holder:

☐ Residential ☐ Registered Office ☐ Business

☐ Residential ☐ Registered Office ☐ Business

☐ Residential ☐ Registered Office ☐ Business

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

Occupation [Please tick (✓)]

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

Sole/First Applicant

Sole/First Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs-1 crore ☐ > 1 crore OR Net worth (Mandatory for Non-Individuals) ` _____ as on <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
Second Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs-1 crore ☐ > 1 crore OR Net worth ` _____																	
Third Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs-1 crore ☐ > 1 crore OR Net worth ` _____																	

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

Sole/First Applicant

For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)):

(i) Foreign Exchange / Money Changer Services – ☐ YES ☐ NO; (ii) Gaming / Gambling / Lottery / Casino Services – ☐ YES ☐ NO; (iii) Money Lending / Pawning – ☐ YES ☐ NO

Second Applicant	☐ Politically Exposed Person (PEP) ^a	☐ Related to Politically Exposed Person (RPEP)	☐ Not applicable
Third Applicant	☐ Politically Exposed Person (PEP) ^a	☐ Related to Politically Exposed Person (RPEP)	☐ Not applicable

12. NOMINATION DETAILS (Refer instruction VII)

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

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

INVESTOR(S) DECLARATION & SIGNATURE(S)

To the Trustee, **ICICI Prudential Mutual Fund**, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H as part of the Income-tax Rules, 1962. 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/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

FOR REGISTRATION OF I-PRU TOUCH FACILITY: I/We hereby request you to register me/us for availing the facility of 'I-PRU TOUCH' and carrying out transactions of additional purchase/ redemption/ switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

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

UMRN

FOR OFFICE USE ONLY

Date

Tick (✓)

Sponsor Bank Code

FOR OFFICE USE ONLY

Utility Code

FOR OFFICE USE ONLY

CREATE ☒MODIFY ☐CANCEL ☐

I/We hereby authorize

ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED

to debit (tick ✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

MAXIMUM AMOUNT TO BE MENTIONED

₹

FREQUENCY ☒ Mthly ☒ Qtrly ☒ H-Yrly ☒ Yrly ☒ As & when presentedDEBIT TYPE ☒ Fixed Amount☒ Maximum Amount

Folio No.

Mobile No.

Reference

NOT REQUIRED IF FOLIO NUMBER IS MENTIONED

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or ☐ Until Cancelled

Sign:

Sign:

Sign:

1.

Name as in bank records

2.

Name as in bank records

3.

Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH. I/We hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH (Debits). **Authorisation to Bank:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit. This is to inform that I/we have registered for NACH (Debit Clearing) facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc., as applicable.

ACKNOWLEDGEMENT

**ACKNOWLEDGEMENT SLIP (Please Retain this Slip)**

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

Application No.

Name of the Investor:

EXISTING FOLIO NO.

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

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

ICICI Prudential Asset Management Company Limited

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

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