



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

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII and please tick (✓) any one]

I confirm that I am a **First time** investor across Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds.
(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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. 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.

Sole/First Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth** D D M M Y Y Y Y

PAN* Enclosed (Please ✓)⁵ 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 Enclosed (Please ✓)⁵ KYC Acknowledgement Letter
 Court appointed guardian

3 KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant [Please tick (✓)] Indian Resident Individual On behalf of Minor NRI (Repatriable) NRI (Non-Repatriable) On behalf of NRI - Minor (Repatriable)
 On behalf of NRI - Minor (Non-Repatriable) Sole Proprietorship HUF - Indian HUF - NRI Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company
 Body Corporate Bank / FI Insurance Company Government Body AOP/BOI Trust/Society Provident Fund Superannuation / Pension Fund Gratuity Fund FOF
 - MF Schemes FII Private Limited Company Non Government Organisation People of Indian Origin Foreign Portfolio Investor Defense Establishment NPS Trust
 Global Development Network Foreign National _____ [Please specify category] Others _____ (Please specify)

3b. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Others _____ (Please specify)

3c. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on DD / MM / YYYY (Not older than 1 year)

3d. For Individuals [Please tick (✓)] I am Politically Exposed Person (PEP) ^
 I am Related to Politically Exposed Person (RPEP)
 Not applicable

For Non-Individual Investors (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XX)

i. Foreign Exchange / Money Changer Services YES NO
 ii. Gaming / Gambling / Lottery / Casino Services YES NO
 iii. Money Lending / Pawning YES NO

^ Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc"
 PEP/RPEP information is also applicable for authorised signatories/Promoters/Karta/Trustee/Whole Time Directors/etc.

3e. Any other information: _____

4 JOINT APPLICANTS, IF ANY AND THEIR DETAILS

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

2nd Applicant Name (Should match with PAN Card) PAN (2nd Applicant) KYC Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Others _____ (Please specify)

b. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

c. Others [Please tick (✓)] Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Not Applicable

3rd Applicant Name (Should match with PAN Card) PAN (3rd Applicant) KYC Proof Attached (Mandatory)

a. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Others _____ (Please specify)

b. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

c. Others [Please tick (✓)] Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Not Applicable

5 Power of Attorney (PoA) Holder Details:

Name of PoA Mr. Ms. M/s. (Should match with PAN Card) PAN (PoA Holder) KYC Proof Attached (Mandatory)

6 Correspondence Details of Sole/First Applicant:

Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO.		STREET ADDRESS		HOUSE / FLAT NO.		STREET ADDRESS	
STREET ADDRESS		CITY / TOWN		STREET ADDRESS		CITY / TOWN	
STATE		PIN CODE		STATE		PIN CODE	
COUNTRY		COUNTRY		COUNTRY		COUNTRY	
Tel. (Off.)		Tel. (Res.)		Fax		Mobile	
Email [†]				Mobile			

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

7 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 Type Current Savings NRO NRE FCNR Account Number _____

Name of Bank _____

Branch Name _____ Branch City _____

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

8 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)

PLAN: Regular Direct Growth/Cumulative Dividend Bonus [^] SUB-OPTION: Dividend Reinvestment Dividend Payout OR AEP- Regular [®] OR Appreciation

Dividend Frequency: _____ AEP Frequency: _____

[^] Bonus Option, refer instruction no. IV(h) [®] 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)

Micro Investment upto Rs. 50,000/- (Please **Mandatory**). (Please refer instruction No. IV(d))

Sole/First Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided) _____

2nd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided) _____

3rd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided) _____

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

Payment details for Lump Sum Investment/details of first cheque for SIP payment through PDCs

Amount Paid ₹ A DD Charges (if applicable) ₹ B Amount Invested ₹ A + B

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

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

Bank Name _____

Bank Branch & City _____ Account Type Current Savings NRO NRE FCNR

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 / 2016 12 / 2018 Or other please fill in alongside M M Y Y Y Y 12 / 2023 12 / 2019

Please applicable check boxes. [†] PDCs - Post Dated Cheques *Default SIP Frequency is Monthly.
 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.

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

NSDL OR CDSL (Please)

Do you want units in demat form: Yes OR No (Please)

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

If yes, Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____ If yes, Depository Participant (DP) ID (CDSL only) _____

10 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee to receive the amount to my/our credit in event of my/our death.

Nominee	NAME OF NOMINEE										Date of Birth		D	D	M	M	Y	Y
Guardian	MANDATORY, IF NOMINEE IS A MINOR										(Mandatory if nominee is minor)							
Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian (Please tick (✓))																		
Nominee's Address (Mandatory)	HOUSE / FLAT NO										STREET ADDRESS							
	CITY / TOWN					PIN CODE					SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR							

11 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 SOLE / 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.

Application No.

EXISTING FOLIO NO.

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"/> 12/2016	<input type="radio"/> 12/2018	<input type="radio"/> 12/2023	<input type="radio"/> 12/2099	<input type="radio"/> Other (Specify)	M	M	Y	Y	Y	Y

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

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 Mutual Fund 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.



SIP REGISTRATION CUM MANDATE FORM

Application No. _____

[For investment through ECS (Debit Clearing)/Direct Debit Facility/Standing Instruction]

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) ARN-	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. X) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.				

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction IX and please tick (✓) any one]

I confirm that I am a **First time** investor across Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds.
(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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.

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

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the 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: <input type="radio"/> Regular <input type="radio"/> Direct	SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default SIP frequency is Monthly)
OPTION:	SUB-OPTION:	Dividend Frequency:
AEP Frequency:		<i>In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.</i>

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. _____ Dated _____	SIP Date: <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
Drawn on Bank _____ Amount Rs. _____	SIP Start Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Branch _____ City _____	SIP End Month/Year <input type="checkbox"/> 12 / 2016 <input type="checkbox"/> 12 / 2018 <input type="checkbox"/> 12 / 2023 <input type="checkbox"/> 12 / 2099
Each SIP Amount: Rs. _____ Rupees in words: _____	<input type="checkbox"/> Or other please fill in below <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<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 Terms & Conditions No. C(5)]

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. C(7)]

Do you want units in demat form: Yes OR No (Please ✓) The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

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

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 as described in the Instruction No.IV(d) of the common application form. 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)

Sole/First 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	<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.	

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

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit / Standing Instruction and agree to abide by the same. I/We hereby apply to the Trustee of ICICI Prudential Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. 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 delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. 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 have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/ them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. 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. I/We hereby understand and confirm that ICICI Prudential Asset Management Company 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.

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

Sole/First Holder	2nd Holder	3rd Holder

BANK MANDATE SECTION (Mandatory)



ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

<input type="checkbox"/> SIP TOP UP Amount Rs. _____ Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	SIP Amount Rs. _____ SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Scheme Name: _____ Option: _____	Folio No./ Application No. _____ Acknowledgement Stamp
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