



# 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) <b>ARN-70893</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIIN) <b>E-027379</b>	<b>FOR OFFICIAL USE ONLY</b> SERIAL NUMBER, DATE & TIME OF RECEIPT
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
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**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY** [Refer Instruction XII and please tick (✓) any one]

<input type="checkbox"/> I confirm that I am a <b>First time</b> investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an <b>existing</b> investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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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	FRST	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.

Sole/First Applicant	Mr. Ms. M/s	FRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y	
PAN*	Enclosed (Please ✓) <sup>5</sup> <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 <input type="radio"/> Court appointed guardian												Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter	

**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  FI  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	
CITY / TOWN		STATE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. (Off.)		Tel. (Res.)		Fax		Mobile	
Email <sup>‡</sup>							

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<sup>‡</sup>** :  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\* Mandatory information – If left blank the application is liable to be rejected.  
 \*\* Mandatory in case the Sole/First applicant is minor.  
<sup>‡</sup> For KYC requirements, please refer to the instruction Nos. II b(5) & 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 II-b(2)  
<sup>‡</sup> 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 OPTION:  Growth/Cumulative  Dividend  Bonus ^ SUB-OPTION:  Dividend Reinvestment  Dividend Payout OR AEP-  Regular<sup>®</sup> OR  Appreciation

Dividend Frequency: \_\_\_\_\_ AEP Frequency: \_\_\_\_\_

^ Bonus Option, refer instruction no. IV(h) <sup>®</sup>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) \_\_\_\_\_

2<sup>nd</sup> Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided) \_\_\_\_\_

3<sup>rd</sup> Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided) \_\_\_\_\_

SIP Through  ECS/Standing Instruction / Direct Debit  PDCs<sup>†</sup> SIP Date  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup> 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

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

Please  applicable check boxes. <sup>†</sup>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  Yes OR  No (Please 

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**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 (Mandatory if nominee is minor)				
Guardian	MANDATORY, IF NOMINEE IS A 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	<b>ICICI PRUDENTIAL</b>	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)	

**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) <b>ARN-70893</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique No. (EUIN) <b>E-027379</b>	<b>FOR OFFICIAL USE ONLY</b> SERIAL NUMBER, DATE & TIME OF RECEIPT
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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

### 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:  D  D  M  M  Y  Y

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: <b>ICICI PRUDENTIAL</b>	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:
Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.		
FIRST INSTALLMENT THROUGH CHEQUE/DD	First Cheque/DD No. _____	Dated _____
Drawn on Bank _____	Amount Rs. _____	
Bank Branch _____	City _____	

Each SIP Amount: Rs. _____	Rupees in words: _____	SIP Date: <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
		SIP Start Month/Year <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
		SIP End <input type="checkbox"/> 12 / 2016 <input type="checkbox"/> 12 / 2018
		SIP End <input type="checkbox"/> 12 / 2023 <input type="checkbox"/> 12 / 2099
		<input type="checkbox"/> Or other please fill in below
		<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

**SIP TOP UP (Optional)** (Tick to avail this facility) TOP UP Amount\*: Rs. \_\_\_\_\_ TOP UP Frequency:  Half Yearly  Yearly  
 \*TOP UP amount has to be in multiples of Rs.500 only. [Please refer to 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)
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**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
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I/We, Mr. / Ms. / M/s. \_\_\_\_\_ (NAME AS PER THE BANK RECORD) \_\_\_\_\_ (NAME AS PER THE BANK RECORD)

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

### PARTICULARS OF BANK ACCOUNT (Please note for unit holder opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.)

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	_____		
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
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BANK MANDATE SECTION (Mandatory)

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

## TERMS AND CONDITIONS

### A) SIP Payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI)

- The bank account provided for ECS (Debit) should participate in local MICR clearing.
- SIP auto debit is available only on specific dates of the month viz. 7th/10th/15th/25th. In case 7th/10th/15th/25th is a holiday, then next business day. In case the Auto Debit does not take effect for three consecutive times then the SIP would be liable for cancellation.
- In case of SIP transaction where, the mode of payment is through Standing Instruction/Auto Debit facility (offered by select banks) or ECS, investors are not required to do an initial purchase transaction for the minimum amount as applicable. However, investors are required to submit SIP request at least 30 days prior to the date of first installment.

Investors/unitholders subscribing for SIP are required to submit SIP request at least 30 days prior to the date of first debit date and SIP start date shall not be beyond 90 days monthly SIP and 100 days for Quarterly SIP from the date of submission of SIP application.

The applicant will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the ICICI Prudential Mutual Fund Customer Service Centres. Notice of discontinuance should be received **30 days prior to the subsequent SIP date.**

All terms and conditions for SIP, including Exit Load, if any, prevailing in the date of SIP enrolment/registration by the fund shall be levied in the Scheme.

- The investor agrees to abide by the terms and conditions of ECS facility of Reserve Bank of India (RBI).
- Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles for ECS.
- ICICI Prudential Mutual Fund reserves the right to reject any application without assigning any reason thereof.
- In case of "At Par" cheques, investors need to mention the MICR number of his actual bank branch.
- New Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP as per the scheme name available in the main application form. In case multiple schemes are mentioned in the main application form, the Fund reserves the right to reject the SIP request.
- Existing Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, the Fund reserves the right to register the SIP in the existing scheme (eligible for SIP) available in the investor's folio. In case multiple schemes or Equity Linked Savings Scheme (ELSS) are available in the folio, the Fund reserves the right to reject the SIP request.
- In case SIP date is not selected, then the SIP will be registered on 10th (default date) of each Month/Quarter, as applicable. Further if multiple SIP dates are opted for or if the selection is not clear, then the SIP will be registered for 10th of each Month/Quarter, as applicable.
- If the investor has not mentioned the SIP start month, SIP will start from the next applicable month, subject to completion of 30 days lead time from the receipt of SIP request.
- In case the SIP 'End Period' is incorrect or not mentioned by the investor in the SIP form, then 5 years from the start date shall be considered as default 'End Period'.
- Change of Amount:** Investors can change the SIP amount by submitting the following documents 30 days before the next SIP debit date.
  - A new 'SIP' Form with revised SIP amount details.
  - Letter to discontinue the existing SIP
- Change of Bank:** In order to change the existing bank account for SIP investors need to submit following documents 30 days before the next SIP debit date
  - A new 'SIP' Form with change of bank details and cancelled cheque of new bank.
- Conversion of PDC facility in to ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction:** Investor with existing SIP facility through Post Dated Cheques can also avail of this facility by submitting the following documents 30 days before the next SIP Debit date
  - A new 'SIP' Form along with one cancelled cheque.
  - Letter requesting to cancel the existing SIP through PDCs and for returning all the remaining PDCs.

### B) SIP Payment through Standing Instruction/Direct Debit Facility

- Standing Instruction/Direct Debit facility is offered to the investors having Bank Account with:

Nature of facility	Banks
Standing instruction	Axis Bank, HDFC Bank, ICICI Bank, State Bank of India & The Dhanalakshmi Bank Ltd.
Direct debit	IDBI Bank, Indusind Bank & Kotak Mahindra Bank.
Direct debit (Only Core Banking branches*)	Allahabad Bank, Bank of Baroda, Bank of India, Corporation Bank, ING Vysya Bank Ltd., Punjab National Bank, The Federal Bank Ltd., UCO Bank and Union Bank of India.

\* Please contact your local bank branch to confirm if it offers core banking facility.

- The applicant will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the ICICI Prudential Mutual Fund Customer Service Centres. Notice of discontinuance should be received 30 days prior to the subsequent SIP date.
- Standing Instructions incomplete in any respect are liable to be rejected.
- SIP is liable for cancellation if direct debit fails for three consecutive times.
- The Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

### C) General Instructions

- Existing investors need to provide their folio number in this Standing Instruction or the Auto Debit form and need not to fill in the Common Application Form.

**For minimum application amount to be invested in SIP, risk factors, features etc. please refer to the Key Scheme Features.**

- If the investor selects multiple SIP frequencies or fails to choose any of them, the default SIP frequency will be Monthly.
- ICICI Prudential Mutual Fund, its registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
- For load structure of the schemes, please refer to the Key Scheme Features.
- SIP TOP UP Facility:**
  - Investors can opt for SIP TOP UP facility, wherein the amount of the SIP can be increased at fixed intervals.
  - The TOP UP amount has to be in multiples of Rs.500 only.
  - The frequency is fixed at Yearly and Half Yearly basis. In case the TOP UP facility is not opted by ticking the appropriate box and frequency is not selected, the TOP UP facility may not be registered.
  - In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP.
- The investor hereby agrees to indemnify and not hold responsible, the AMC and its employees, the R&T agent and the service providers in case his/her bank is not able to effect any of the payment instructions for whatsoever reason.
- Demat/Non-Demat Mode:** Investors have an option to hold the Units in dematerialized form. Please tick the relevant option of Yes/No for opting/not opting units in demat form. If no option is exercised, "No" will be the default option. Applicants must ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. If the details mentioned in the application are incomplete/incorrect or not matched with the Depository data, the application shall be treated as invalid and the units would be allotted in Non-Demat mode. The application form should mandatorily accompany the latest Client investor master/ Demat account statement. Demat option will be not be available for Daily/Weekly/Fortnightly dividend options. Investors desiring to get allotment of units in demat mode must have a beneficiary account with a Depository Participant (DP) of the Depositories i.e. National Securities Depositories Limited (NSDL) / Central Depository Services Limited (CDSL).

Allotment letters would be sent to investors who are allotted units in Demat mode and a Statement of Accounts would be sent to investors who are allotted units in non-Demat mode. Investors are requested to note that Units held in dematerialized form are freely transferable except units held in Equity Linked Savings Scheme's (ELSS) during the lock-in period.

The units will be allotted based on the applicable NAV as per the SID and will be credited to investor's Demat account on weekly basis upon realization of funds. For e.g. Units will be credited to investors Demat account every Monday for realization status received in last week from Monday to Friday.

The investors shall note that for holding the units in demat form, the provisions laid in the Scheme Information Document (SID) of respective Scheme and guidelines/procedural requirements as laid by the Depositories (NSDL/CDSL) shall be applicable. In case the unit holder wishes to convert the units held in non-demat mode to demat mode or vice versa at a later date, such request along with the necessary form should be submitted to their Depository Participant(s).

Units held in demat form will be freely transferable, subject to the applicable regulations and the guidelines as may be amended from time to time.



**SMART FEATURES FORM**  
STP / SWP / DTP / TRIGGER / LIQUITY

Application No.

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

BROKER CODE (ARN CODE) <b>ARN-70893</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) <b>E-027379</b>	<b>FOR OFFICIAL USE ONLY</b> 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

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) ) 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 ✓) <sup>5</sup> <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 <input type="radio"/> Court appointed guardian	Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter	
2nd Applicant	Mr. Ms. FIRST MIDDLE LAST		
PAN*	Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter		
3rd Applicant	Mr. Ms. FIRST MIDDLE LAST		
PAN*	Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter		

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

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

**Option & Sub option** (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, in which you plan to invest)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: Dividend Frequencies:	SUB-OPTION: AEP Frequencies:
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Name of scheme: **ICICI PRUDENTIAL** (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT)

**Option & Sub option** (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, in which you plan to invest)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: Dividend Frequencies:	SUB-OPTION: AEP Frequencies:
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**Transfer Frequencies**  Daily  Weekly  Monthly  Quarterly **STP Date** (Monthly frequency only)  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup>  Last day of Month

Installment Amount ₹ No. of Installments (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 XV)

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

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

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: Dividend Frequencies:	SUB-OPTION:
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**Withdrawal Amount** ₹ **Frequency**  Monthly  Quarterly **Start Date:** M M / Y Y Y Y **End Date:** M M / Y Y Y Y

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

**Name of Source scheme** **ICICI PRUDENTIAL** (SCHEME NAME & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT FOR DTP)

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

**Option & Sub option** (Please ✓ the appropriate boxes or fill in the options/sub-options, only if applicable to the scheme into which you wish to transfer dividend)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: Dividend Frequencies:	SUB-OPTION: AEP Frequencies:
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\* Mandatory information - If left blank the application is liable to be rejected.  
 \*\* Mandatory in case the Sole/First applicant is minor.  
 # For KYC requirements, please refer to the instruction Nos. II b(5) & VII  
 Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. VII(g)

**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

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.

**6 ENTRY TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XVIII)**

Please  New Registration  Update existing registration  Cancellation (Of any trigger set-up registered earlier)

**Amount / Units to be triggered From (Please  Source Scheme)**

- ICICI Prudential Savings Fund  ICICI Prudential Flexible Income Plan  ICICI Prudential Income Plan  ICICI Prudential Short Term Plan  
 ICICI Prudential Liquid Plan  ICICI Prudential Long Term Plan  ICICI Prudential Ultra Short Term Plan

<b>PLAN:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<b>OPTION:</b> <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	<b>SUB-OPTION:</b> <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
<b>Dividend Frequencies:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others		

**Amount / Units to be triggered To (Please  Target Scheme)**

- ICICI Prudential Dynamic Plan  ICICI Prudential Focused Bluechip Equity Fund  ICICI Prudential Index Fund  
 ICICI Prudential Balanced Fund  ICICI Prudential Top 100 Fund  ICICI Prudential Top 200 Fund  
 ICICI Prudential Target Returns Fund  ICICI Prudential Discovery Fund  ICICI Prudential Balanced Advantage Fund

<b>PLAN:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<b>OPTION:</b> <input type="checkbox"/> Growth/Cumulative OR <input type="checkbox"/> Dividend	<b>SUB-OPTION:</b> <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
<b>Dividend Frequencies:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others		

TOTAL AMOUNT TO BE REGISTERED	TRIGGER LEVEL	TRIGGER AMOUNT
₹ AMOUNT IN FIGURES	% drop in NAV (Please <input checked="" type="checkbox"/> ) or BSE Sensex Value	% of Total Registered Amount to be Transferred
Rupees	<input type="checkbox"/> 5% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
AMOUNT IN WORDS	<input type="checkbox"/> 10% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 15% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 20% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	(Please refer instruction XVIII(1))	100 % of Total Registered Amount

**7 LIQUITY FACILITY (Please refer to instruction No. XIX)**

**SOURCE SCHEMES & OPTIONS** (Appreciation / Dividend amount to be transferred from - Please  anyone of the Scheme/Options)

**ICICI PRUDENTIAL FLEXIBLE INCOME PLAN**

**PLAN:**  Regular OR  Direct

- Growth OR Dividend Option -  Payout  Reinvestment  Daily  Weekly  Fortnightly  Monthly  Quarterly  Dividend Others

**ICICI PRUDENTIAL LIQUID PLAN**

**PLAN:**  Regular OR  Direct

- Growth OR Dividend Option -  Payout  Reinvestment  Daily  Weekly  Monthly  Quarterly  Half Yearly  Yearly  Dividend Others

**ICICI PRUDENTIAL SAVINGS PLAN**

**PLAN:**  Regular OR  Direct

- Growth OR Dividend Option -  Payout  Reinvestment  Daily  Weekly  Fortnightly  Monthly  Quarterly  Dividend Others

**TARGET SCHEMES & OPTIONS**

**PLAN:**  Regular OR  Direct

(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 Top 200 Fund  ICICI Prudential Discovery Fund  ICICI Prudential Midcap Fund  
 ICICI Prudential Top 100 Fund  ICICI Prudential Export and Other Services Fund

**8 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).** 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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**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
<input type="checkbox"/> Entry Trigger <input type="checkbox"/> STP <input type="checkbox"/> SWP <input type="checkbox"/> DTP <input type="checkbox"/> Liquity	EXISTING FOLIO NO. /				
SOURCE / FROM SCHEME		TARGET / TO SCHEME		FREQUENCY & NO. OF INSTALLMENTS	



# ICICI PRUDENTIAL SIP PLUS Common Application for SIP Plus

Application No.

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

BROKER CODE (ARN CODE) <b>ARN-70893</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) <b>E-027379</b>	<b>FOR OFFICIAL USE ONLY</b> 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 inappropriateness, 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 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.

## 1 APPLICANT(S) DETAILS (Please refer to Instruction No. II)

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  
Gender\*  Male  Female [Please tick (✓)] PAN\* Enclosed (Please ✓)<sup>§</sup>  KYC Acknowledgement Letter

2nd Applicant: Mr. Ms. FIRST MIDDLE LAST Date of Birth D D M M Y Y Y Y  
PAN\* Enclosed (Please ✓)<sup>§</sup>  KYC Acknowledgement Letter

3rd Applicant: Mr. Ms. FIRST MIDDLE LAST Date of Birth D D M M Y Y Y Y  
PAN\* Enclosed (Please ✓)<sup>§</sup>  KYC Acknowledgement Letter

<sup>§</sup> For KYC requirements, please refer to the instruction Nos. II(3) & VII

**Mode of holding** [Please tick (✓)]  Single  Joint  Anyone or Survivor (Default option: Anyone or Survivor)

**Status of First Applicant** [Please tick (✓)]  NRI/PIO  Resident Individual

<b>Correspondence Address (Please provide full address)*</b>		<b>Overseas Address (Mandatory for NRI / FII Applicants)</b>	
HOUSE / FLAT NO.		HOUSE / FLAT NO.	
STREET ADDRESS		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS	
CITY / TOWN	STATE	CITY / TOWN	STATE
COUNTRY	PIN CODE	COUNTRY	PIN CODE

Tel. (Off.) Tel. (Res.) Fax Mobile

Email<sup>£</sup> 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**<sup>£</sup>:  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

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

<sup>£</sup> Please refer to instruction no.VI

## 2 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 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.



Application No.

**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

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.



**3 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. XII)** For Plans & Sub-options please see Key Scheme Features for the scheme specific details.

Name of scheme **ICICI PRUDENTIAL**

**Option & Sub option** (Please ✓ the appropriate boxes or fill in the respective options/sub-otions/facilities in which you plan to invest)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: Dividend Frequencies:	SUB-OPTION: AEP Frequencies:
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Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

**SIP Through**  ECS/Standing Instruction / Direct Debit  PDCs<sup>†</sup> **SIP Date**  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup> **SIP Frequency\***  Monthly  Quarterly

Micro Investment upto Rs. 50,000/- (Please ✓) **Mandatory.** [Please refer instruction No. V(h)]

Sole/First Applicant	PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)
2 <sup>nd</sup> Applicant	PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)
3 <sup>rd</sup> Applicant	PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

**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	Account Number

**Account Type**  Current  Savings  NRO  NRE  FCNR

**Bank Name** **Bank Branch & City**

**Subsequent SIP Instalment 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 SIP Plus Tenure 55 yrs – Your Current Age yrs = yrs For more information ref. Instruction No. XV(5).  
(E.g. Your Current Age is 40 years, then your SIP Plus Tenure would be 55 years – 40 years = 15 years.)

\*Default SIP Frequency is Monthly. <sup>†</sup>PDCs - Post Dated Cheques  
Applications with Third Party Cheques, pre-funded 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. XIV(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

**4 NOMINATION DETAILS (Refer instruction IV)**

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  
(Mandatory if nominee is minor)

Guardian MANDATORY, IF NOMINEE IS A MINOR

Relationship with the Nominee:  Father  Mother  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

**5 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).**

**DECLARATION FOR AVAILING INSURANCE COVER**  
I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement and hereby wish to avail the said insurance cover.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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**ICICI PRUDENTIAL MUTUAL FUND** **ACKNOWLEDGEMENT SLIP** **ICICI PRUDENTIAL SIP PLUS**  
Please Retain this Slip To be filled in by the Investor.  
Subject to realization of cheque and furnishing of Mandatory Information.

Scheme <b>ICICI PRUDENTIAL</b>	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	SIP Plus Tenure 55 yrs – Your Current Age yrs = yrs	For more information ref. Instruction No. XV(5). (E.g. Your Current Age is 40 years, then your SIP Plus Tenure would be 55 years – 40 years = 15 years.)	