



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-15114	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Execution Unique Identification No. (EUIN) E087300
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#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

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
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the 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.	
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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/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST		
PAN/ PEKRN*		Enclosed (Please <input checked="" type="checkbox"/>)* <input type="checkbox"/> 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	<input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian		Enclosed (Please <input checked="" type="checkbox"/>)* <input type="checkbox"/> KYC Acknowledgement Letter	
2nd Applicant Name (Should match with PAN Card)				PAN/PEKRN* (2nd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)	
3rd Applicant Name (Should match with PAN Card)				PAN/PEKRN* (3rd Applicant)	<input type="checkbox"/> 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	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> 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 & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

Regular Plan (Purchase/Subscription routed through Distributor) Direct Plan (Purchase/Subscription made directly with the Fund)

Scheme Name: **ICICI PRUDENTIAL**

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

Payment details

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

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

Cheque / DD Number Date D D M M Y Y

BANK 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.

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

Tax Status [Please tick (✓)]

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

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

(Please ✓)

NSDL OR CDSL

Depository Participant (DP) ID (NSDL only) _____ **Beneficiary Account Number (NSDL only)** _____

Depository Participant (DP) ID (CDSL only) _____

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

6 | CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*
Address Type: Residential Business Residential/Business Registered Office

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

Tel. (Off.) _____ Tel. (Res.) _____ Fax _____

Mobile _____

Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO. _____
STREET ADDRESS _____
CITY / TOWN _____ STATE _____
COUNTRY _____ PIN CODE _____

Tel. (Off.) _____ Tel. (Res.) _____ Fax _____

Mobile _____

Email _____

Please tick (✓) I/We would like to register for PRU TRACKER to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for Prutracker registration on the same.

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**^f : 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.
[§] 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)
[‡] Please refer to instruction no. IX

7 | FATCA and CRS Details for Individuals (Including Sole Proprietor) (Mandatory) Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

Category	First Applicant/ Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? Yes No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	First Applicant/ Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

Annexure I and Annexure II are available on the website of AMC viz; www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

8 | KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Second Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Third Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired

Gross Annual Income [Please tick (✓)]

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 DD MM YYYY (Not older than 1 year)

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 ₹ _____

Others [Please tick (✓)]

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

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

[For investment through NACH/ECS/SI/Auto Debit]

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)/RIA CODE:# ARN-15114	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	EUIN CODE E087300
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#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) - 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:

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the 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.

Please tick (✓) New Registration Cancellation Existing UMRN

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

Mr. Ms. M/s FIRST MIDDLE LAST Folio No.

Scheme Name: **ICICI PRUDENTIAL** PLAN: Regular Direct

OPTION: SUB-OPTION: Dividend Frequency: AEP 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. City

Bank Branch City

Each SIP Amount: Rs. Rupees in words:

SIP TOP UP (Optional) (Tick to avail this facility) TOP UP Amount: Rs. TOP UP Frequency: Half Yearly Yearly

SIP TOP UP CAP: Amount*: Rs. OR Month-Year#: M M Y Y Y Y Y

* TOP-UP CAP Amount: Please refer to T&C No. B[6-h(i)] # TOP-UP CAP Month-Year: Please refer to T&C No. B[6-h (i) & (ii)]

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. B(8)]

NSDL OR CDSL

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

Depository Participant (DP) ID (CDSL only)

SIP Frequency: Monthly Quarterly
(Default SIP frequency is Monthly)

In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

SIP Date: 1st 7th 10th 15th 20th 25th

SIP Start Month/Year M M Y Y Y Y

SIP End 12 / 2018 12 / 2020
12 / 2025 12 / 2099

Or other please fill in below
M M Y Y Y Y

(Investor has to choose only one option - either CAP Amount or CAP Month-Year)

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. 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.

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

Sole/First Holder 2nd Holder 3rd Holder



EASY PAY DEBIT MANDATE INSTRUCTION

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 (Rupees in words) ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Mobile No.

Reference APPLICATION NUMBER 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

Signature Primary Account holder Signature of Account holder Signature of Account holder

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/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH/ECS/SI/Auto Debit. Authorization 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/ECS/SI/Auto Debit 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 SLIP
(To be filled in by the investor)

Name of the Investor: Folio No./ Application No.

SIP Amount Rs. Scheme Name: Acknowledgement Stamp

SIP Frequency: Monthly Quarterly Option:

SIP TOP UP Amt. Rs. TOP UP CAP: Amt:Rs. OR Month-Year: M M Y Y Y Y Y