



# COMMON APPLICATION FORM FOR LUMP SUM INVESTMENTS

Application No.

Please read INSTRUCTIONS (Page 18-20) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

ARN- 53437 SER CODE	SUB-BROKER CODE	<b>FOR OFFICIAL USE ONLY</b>  SERIAL NUMBER, DATE & TIME OF
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.

1st Applicant  Mr.  Ms.  M/s  FIRST  MIDDLE  LAST  Date of Birth\*  D  D  M  M  Y  Y  Y  Y

PAN\*  Enclosed (Please )<sup>§</sup>  Attested PAN Card  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\*  Enclosed (Please )<sup>§</sup>  Attested PAN Card  KYC Acknowledgement Letter

2nd Applicant  Mr.  Ms.  M/s  FIRST  MIDDLE  LAST  Date of Birth  D  D  M  M  Y  Y  Y  Y

PAN\*  Enclosed (Please )<sup>§</sup>  Attested PAN Card  KYC Acknowledgement Letter

3rd Applicant  Mr.  Ms.  M/s  FIRST  MIDDLE  LAST  Date of Birth  D  D  M  M  Y  Y  Y  Y

PAN\*  Enclosed (Please )<sup>§</sup>  Attested PAN Card  KYC Acknowledgement Letter

<sup>§</sup> For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(I) & X \* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor

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

**Status of First Applicant** [Please tick (✓)]  Others PLEASE SPECIFY

Minor  NRI/PIO  Resident Individual  HUF  Sole Proprietorship  Partnership Firm

Trust  Bank/FI  AOP/Bol  Club/Society  Company  FII

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

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

Email  Mobile

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.IX

### 3 BANK ACCOUNT DETAILS OF FIRST APPLICANT

(Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected.

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

Name of Bank

Branch Details  BRANCH NAME  BRANCH CITY

9 Digit MICR code  11 Digit IFSC Code

### 4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT

(Please refer Instruction No. XI)  NSDL OR  CDSL

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



**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

Application No.

SIGNATURE STAMP & DATE SIGNATURE STAMP & DATE 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 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.

**5 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV)** For Plans & Sub-options please see key features for scheme specific details

**1** Name of scheme **ICICI PRUDENTIAL**

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

Retail Option       Growth/Cumulative   OR    Dividend –    Reinvestment   or    Payout   OR    AEP ^ –    Regular\*   or    Appreciation  
 Institutional Option      \* Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

**Dividend Frequencies**    Daily    Weekly    Fortnightly    Monthly    Quarterly    Half Yearly      **AEP Frequencies**    Monthly    Quarterly    Half Yearly

**Payment Details for Scheme 1**      **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 / BRANCH

**BANK ACCOUNT DETAILS (For Payment Details of Scheme 1)** Mandatory information – If left blank the application is liable to be rejected.

**Account Type**    Current    Savings    NRO    NRE    FCNR      **Account Number**        
**Bank Details**      NAME OF BANK      BRANCH NAME / CITY

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 see the Third Party Payment Declaration form and respective instructions with this document.

**2** Name of scheme **ICICI PRUDENTIAL**

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

Retail Option       Growth/Cumulative   OR    Dividend –    Reinvestment   or    Payout   OR    AEP ^ –    Regular\*   or    Appreciation  
 Institutional Option      \* Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

**Dividend Frequencies**    Daily    Weekly    Fortnightly    Monthly    Quarterly    Half Yearly      **AEP Frequencies**    Monthly    Quarterly    Half Yearly

**Payment Details for Scheme 2**      **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 / BRANCH

**BANK ACCOUNT DETAILS (For Payment Details of Scheme 2)** Mandatory information – If left blank the application is liable to be rejected.

**Account Type**    Current    Savings    NRO    NRE    FCNR      **Account Number**        
**Bank Details**      NAME OF BANK      BRANCH NAME / CITY

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. For Third Party Payment Declaration form and instructions please refer to pages 13-14 and 19 respectively.

Please ensure that the Bank Account details are mentioned separately, for Cheque and Demand Draft (DD) payments for Investments in **Scheme 1** and in **Scheme 2**. ^ AEP - Automatic encashment plan

**6 NOMINATION DETAILS** • For Single nomination, please fill in the details below • For Multiple nominations, please use the form on page 17

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

Date of Birth is MANDATORY in case Nominee is a minor

Nominee      NAME OF NOMINEE      Date of Birth   D   D   M   M   Y   Y  
 Guardian      IF NOMINEE IS A MINOR - MANDATORY      RELATIONSHIP WITH MINOR  
 Nominee's Address      HOUSE / FLAT NO      STREET ADDRESS  
 CITY / TOWN      PIN CODE      SIGNATURE OF GUARDIAN

**7 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 FIRST APPLICANT      SIGNATURE OF SECOND APPLICANT      SIGNATURE OF THIRD APPLICANT      D   D   M   M   Y   Y



**ACKNOWLEDGEMENT SLIP**  
Please Retain this Slip

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

<b>1</b> Scheme	<b>ICICI PRUDENTIAL</b>	SCHEME AND OPTION	₹	AMOUNT	CHEQUE / DD No.	D	D	M	M	Y	Y
<b>2</b> Scheme	<b>ICICI PRUDENTIAL</b>	SCHEME AND OPTION	₹	AMOUNT	CHEQUE / DD No.	D	D	M	M	Y	Y
<b>1</b>	DRAWN ON BANK & BRANCH		<b>2</b>	DRAWN ON BANK & BRANCH		EXISTING FOLIO NO.					



# COMMON APPLICATION FORM FOR SYSTEMATIC INVESTMENTS

Application No. \_\_\_\_\_

Please read INSTRUCTIONS (Page 18-20) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

<b>ARN-53437</b> ER CODE	SUB-BROKER CODE	<b>FOR OFFICIAL USE ONLY</b>
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.		SERIAL NUMBER, DATE & TIME OF

**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.

1st Applicant  Mr.  Ms.  M/s  FIRST  MIDDLE  LAST  Date of Birth\* 

D	D	M	M	Y	Y	Y	Y
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PAN\*  Enclosed (Please )<sup>5</sup>  Attested PAN Card  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\*  Enclosed (Please )<sup>5</sup>  Attested PAN Card  KYC Acknowledgement Letter

2nd Applicant  Mr.  Ms.  M/s  FIRST  MIDDLE  LAST  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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PAN\*  Enclosed (Please )<sup>5</sup>  Attested PAN Card  KYC Acknowledgement Letter

3rd Applicant  Mr.  Ms.  M/s  FIRST  MIDDLE  LAST  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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PAN\*  Enclosed (Please )<sup>5</sup>  Attested PAN Card  KYC Acknowledgement Letter

<sup>5</sup> For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(l) & X \* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor

<b>Mode of holding</b> [Please tick (✓)] <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor (Default option: Anyone or Survivor)	<b>Status of First Applicant</b> [Please tick (✓)] <input type="radio"/> Others <input type="radio"/> Minor <input type="radio"/> NRI/PIO <input type="radio"/> Resident Individual <input type="radio"/> HUF <input type="radio"/> Trust <input type="radio"/> Bank/FI <input type="radio"/> AOP/Bol <input type="radio"/> Club/Society <input type="radio"/> Company <input type="radio"/> FII	<b>PLEASE SPECIFY</b> <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership Firm
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<b>Correspondence Address (Please provide full address)*</b> <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE	<b>Overseas Address (Mandatory for NRI / FII Applicants)</b> <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE
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Tel. (Off.)  Tel. (Res.)  Fax   
 Email  Mobile

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.IX

**3 BANK ACCOUNT DETAILS OF FIRST APPLICANT** (Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected.

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

Name of Bank

Branch Details  BRANCH NAME  BRANCH CITY

9 Digit MICR code  11 Digit IFSC Code

**4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT** (Please refer Instruction No. XI)  NSDL OR  CDSL

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



**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

Application No. \_\_\_\_\_

SIGNATURE STAMP & DATE SIGNATURE STAMP & DATE 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 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.

**5 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)

Retail Option    
  Institutional Option    
  Growth/Cumulative   OR   
  Dividend –    Reinvestment or    Payout   OR   
  AEP ^ –    Regular\* or    Appreciation  
\* Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

**Dividend Frequencies**    Daily    Weekly    Fortnightly    Monthly    Quarterly    Half Yearly    
 **AEP Frequencies**    Monthly    Quarterly    Half Yearly

Micro SIPs (Please ✓) Mandatory for Investment of equal to or less than ₹ 50,000/- per annum under SIP registration (Please refer instruction No. V(II))

1 <sup>st</sup> Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) ( IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
2 <sup>nd</sup> Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) ( IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
3 <sup>rd</sup> Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) ( IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER

**SIP Through**    ECS/Standing Instruction / Direct Debit    PDCs †    
 **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 First Cheque/DD**    
 **Mode of Payment**    Cheque    DD    Funds Transfer    NEFT    RTGS

Amount Paid ₹     
 DD Charges (if applicable) ₹     
 Amount Invested ₹

Cheque/DD Number     
 Date          
 BANK / BRANCH

**Subsequent SIP Installment Details**

From Cheque No.  to Cheque No.     
 Amount Invested ₹

No. of Cheques     
 Drawn on

Start Month/Year          
 End Date\*\*    12 / 2014    12 / 2016    Or other please fill in alongside

^ AEP - Automatic encashment plan, Please ✓ applicable check boxes. \*Default SIP Frequency is Monthly. †PDC - Post dated Cheques

**SIP Top Up<sup>#</sup>** (Optional)   ₹     
 **Top Up Frequency<sup>§</sup>**    Half Yearly    Yearly    
 #Top Up amount has to be in multiples of ₹ 500 only. § In case of quarterly SIP, only yearly frequency is available under SIP TOP UP. Please refer to instructions V (k).

**BANK ACCOUNT DETAILS** (For Payment Details of SIP first Cheque/DD & Installments) Mandatory information – If left blank the application is liable to be rejected.

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

**Name of Bank**     
 **BRANCH NAME / CITY**

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. For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively.

Please ensure that the Bank Account details are mentioned for Cheque and Demand Draft (DD) payments for firsts & subsequent payment details.

**6 NOMINATION DETAILS** • For Single nomination, please fill in the details below • For Multiple nominations, please use the form on page 23

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

Date of Birth is MANDATORY in case Nominee is a minor

**Nominee**       
 Date of Birth

**Guardian**       
 **RELATIONSHIP WITH MINOR**

**Nominee's Address**       
 **STREET ADDRESS**

   
     
 **SIGNATURE OF GUARDIAN**

**7 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 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.

Scheme **ICICI PRUDENTIAL**    
 SCHEME AND OPTION     
 ₹ TOTAL AMOUNT     
 ₹ AMOUNT PER CHEQUE

From Cheque/DD No.     
 To Cheque/DD No.     
 BANK AND BRANCH

From Date          
 End Date\*\*    12 / 2014    12 / 2016    12 / 2021    12 / 2099



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

<b>ARN- 53437</b> R CODE	<b>SUB-BROKER CODE</b>	<b>FOR OFFICIAL USE ONLY</b>
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.		SERIAL NUMBER, DATE & TIME OF RECEIPT

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

D	D	M	M	Y	Y
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The Trustee, ICICI Prudential Mutual Fund,

I/We have read and understood the contents of the Offer Document/Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

<b>Sole/First Applicant's Name</b>	<b>Existing Folio No.</b>
Mr. Ms. M/s FIRST MIDDLE LAST	

Scheme Name: ICICI PRUDENTIAL \_\_\_\_\_  
 Plan/Option\*: \_\_\_\_\_ Sub-Option\*: \_\_\_\_\_  
 \*Refer to the "Key Scheme Features" on pages 21-22

SIP Frequency:  Monthly  Quarterly  
 (Default SIP frequency is Monthly)  
 In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

Each SIP Amount: Rs. \_\_\_\_\_ Rupees in words: \_\_\_\_\_

SIP Start Month/Year  

M	M	Y	Y	Y	Y
---	---	---	---	---	---

  
 SIP End Month/Year  
 12 / 2014  12 / 2016  
 12 / 2021  12 / 2099  
 Or other please fill in below  

M	M	Y	Y	Y	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 Instruction No. C(6)]

**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. 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.

SIP Date:  
 7th  10th  15th  25th

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

1st 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**

Account Type  Current  Savings  NRO  NRE  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.

Enclosed [please tick (✓)]:  Blank cancelled cheque  Photocopy of Cheque [Please refer to Instruction No. C(5)]

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

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. 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 will also inform ICICI Prudential Mutual Fund, about any changes in my bank account. I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme. I/We apply for the units of the Scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. 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 not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. 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 hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non banking/business day as defined in the Scheme Information Document of the said Scheme of ICICI Prudential Mutual Fund, execution of the debit will happen as per the normal practice of the bank mandated by the investor and allotment of units will happen as per the Terms and Conditions listed in the Scheme Information Document of the Mutual Fund. I/We have read and understood the Scheme Information Document(s) of the Fund. I/We apply for the units of the scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme(s). I/We agree to abide by the terms, conditions, rules and regulations of the Plan(s). I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

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

1st Holder	2nd Holder	3rd Holder
------------	------------	------------

BANK MANDATE SECTION (Mandatory)



**ACKNOWLEDGEMENT SLIP**  
 (To be filled in by the investor)

SIP Amount Rs. \_\_\_\_\_  
 SIP Frequency:  Monthly  Quarterly  
 SIP TOP UP Amount Rs. \_\_\_\_\_ Frequency:  Half Yearly  Yearly

Scheme Name: \_\_\_\_\_  
 Option: \_\_\_\_\_  
 Sub-Option: \_\_\_\_\_

Folio No./  
 Application No.

Acknowledgement Stamp



# SMART FEATURES FORM

Application No.

STP / SWP / DTP

Please read INSTRUCTIONS (Page 24-26) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

<b>ARN- 53437</b> ER CODE	SUB-BROKER CODE	<b>FOR OFFICIAL USE ONLY</b>
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.		SERIAL NUMBER, DATE & TIME OF RECEIPT

### 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.

1st Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth*	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) <sup>§</sup>	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>			
Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS											
PAN*					Enclosed (Please ✓) <sup>§</sup>	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>			
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) <sup>§</sup>	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>			
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) <sup>§</sup>	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>			

<sup>§</sup> For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(l) & X      \* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor  
 \* Mandatory information - if left blank the applicable is liable to be rejected.

### 3 SYSTEMATIC TRANSFER PLAN (STP) (Please refer to instruction No. XII)

Name of scheme	ICICI PRUDENTIAL	(SCHEME FROM WHICH YOU WISH TO TRANSFER AMOUNT)
<b>Option &amp; Sub option</b>	(Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)	
<input type="radio"/> Retail Option	<input type="radio"/> Growth OR Dividend - <input type="radio"/> Reinvestment or <input type="radio"/> Payout OR AEP ^ - <input type="radio"/> Regular* or <input type="radio"/> Appreciation	
<input type="radio"/> Institutional Option	* Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)	
<b>Dividend Frequencies</b>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly	<b>AEP Frequencies</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly
Name of scheme	ICICI PRUDENTIAL	(SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT)
<b>Option &amp; Sub option</b>	(Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)	
<input type="radio"/> Retail Option	<input type="radio"/> Growth OR Dividend - <input type="radio"/> Reinvestment or <input type="radio"/> Payout OR AEP ^ - <input type="radio"/> Regular* or <input type="radio"/> Appreciation	
<input type="radio"/> Institutional Option	* Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)	
<b>Dividend Frequencies</b>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly	<b>AEP Frequencies</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly
<b>Transfer Frequencies</b>	<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly	<b>STP Date</b> (Monthly frequency only) <input type="radio"/> 7 <sup>th</sup> <input type="radio"/> 10 <sup>th</sup> <input type="radio"/> 15 <sup>th</sup> <input type="radio"/> 25 <sup>th</sup> <input type="radio"/> Last business day of Month
Installment Amount	₹	No. of Installments
(Minimum of Rs.1,000)		(Minimum 6 installments)

### 4 SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please refer to instruction No. XIII)

Name of scheme	ICICI PRUDENTIAL	(SCHEME FROM WHICH YOU WISH TO WITHDRAWAL AMOUNT)
<b>Option &amp; Sub option</b>	(Please ✓ the appropriate boxes only if applicable to the scheme from which you wish to Systematically withdraw)	
<input type="radio"/> Retail Option	<input type="radio"/> Growth OR Dividend - <input type="radio"/> Reinvestment or <input type="radio"/> Payout OR AEP ^ - <input type="radio"/> Regular* or <input type="radio"/> Appreciation	
<input type="radio"/> Institutional Option	* Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)	
<b>Dividend Frequencies</b>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly	<b>AEP Frequencies</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly
<b>Withdrawal Amount</b>	₹	<b>Frequency</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly

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      SIGNATURE STAMP & DATE      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 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.

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

Name of Source scheme	ICICI PRUDENTIAL	(SCHEME FROM WHICH YOU WISH TO OPT FOR DTP)
Name of Target scheme	ICICI PRUDENTIAL	(SCHEME INTO WHICH YOU WISH TO TRANSFER DIVIDEND)
<b>Option &amp; Sub option</b> (Please ✓ the appropriate boxes only if applicable to the scheme into which you wish to transfer dividend)		
<input type="radio"/> Retail Option	<input type="radio"/> Growth	OR <input type="radio"/> Dividend – <input type="radio"/> Reinvestment or <input type="radio"/> Payout
<input type="radio"/> Institutional Option	OR <input type="radio"/> AEP ^ – <input type="radio"/> Regular* or <input type="radio"/> Appreciation	
* Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)		
Dividend Frequencies	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly	AEP Frequencies <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly

**6 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 FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	D	D	M	M	Y	Y
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**ACKNOWLEDGEMENT SLIP** To be filled by investor Subject to realization of cheque & furnishing of mandatory information / documents.  
Please Retain this Slip

Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	Rs.	AMOUNT	UNITS
<input type="radio"/> STP <input type="radio"/> SWP <input type="radio"/> DTP	EXISTING FOLIO NO. /				
SOURCE / FROM SCHEME	TARGET / TO SCHEME	FREQUENCY & NO. OF INSTALLMENTS			

**Know Your Client (KYC)**  
**Application Form (For Individuals Only)**

Application  
No. :

Please fill this form in ENGLISH and in BLOCK LETTERS (All Information as applicable in Sections A, B and C below is mandatory)  
This information is sought under the Prevention of Money Laundering Act, 2002, the rules notified thereunder and SEBI's guidelines on Anti Money Laundering.  
For existing Mutual Fund investors, the address(es) furnished herein will be replaced in the records of the Mutual Fund / Authorised Agent. (Refer Notes / Guidelines overleaf)

Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back), if printed separately then both the pages should be attached and signed by the applicant.

**A. Identity Details (Please see guidelines A1 to A6 overleaf)**

1. Name of Applicant (As appearing in supporting identification document) Title  Mr.  Ms.  Others  Gender  Male  Female

Name

Father's Name

2. Date of Birth  /  /

3. Nationality  Indian  Others

4. Status Please tick (✓)  Resident Individual  Non Resident: Passport / PIO Card / OCI card No. \_\_\_\_\_  
(Passport copy & overseas address proof mandatory for NRI)

5. Proof of Identity Permanent Account Number (PAN) (MANDATORY)

Please tick (✓)  Copy of PAN Card attached

Please affix  
most recent  
colour photograph  
30 mm x 40 mm  
Sign across the photograph

**B. Address Details (Please see guidelines B1 to B4 overleaf)**

1. Address for Correspondence

City / Town / Village  Postal Code

State  Country

2. Contact Details

Tel. (Off.)	(ISD)	(STD)		Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)		Fax	(ISD)	(STD)
E-Mail Id.	<input type="text"/>					

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Latest Land Line Telephone Bill  Latest Electricity Bill  Passport  Driving License  Latest Bank Passbook  Latest Bank Account Statement

Latest Demat Account statement  Voter Identity Card  Ration Card  Registered Lease / Sale Agreement of residence  Any other proof of address document (as listed overleaf)

4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village  Postal Code

State  Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Latest Land Line Telephone Bill  Latest Electricity Bill  Passport  Driving License  Latest Bank Passbook  Latest Bank Account Statement

Latest Demat Account statement  Voter Identity Card  Ration Card  Registered Lease / Sale Agreement of residence  For NRIs - Any other document attested by local authority.

**C. Other Details (Please see guidelines C1 and C2 overleaf)**

1. Gross Annual Income Details Please tick (✓)

Upto Rs. 5,00,000  Rs. 5,00,001 to Rs. 25,00,000  Rs. 25,00,001 to Rs. 1,00,00,000  Rs. 1,00,00,001 to Rs. 5,00,00,000  Rs. 5,00,00,001 and above.

2. a. Occupation Details Please tick (✓) any one

Private Sector Service  Public Sector / Government Service  Business  Professional  Agriculturist  Retired  Housewife

Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

b. If the following is additionally applicable to you Please tick (✓) as applicable

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

For definition of PEP, please refer guideline C3 overleaf

**DECLARATION**

I hereby confirm that I have read and understood the Instructions mentioned overleaf and apply to CDSL Ventures Limited ('CVL') or other agent of the mutual fund registered under the SEBI (Mutual Funds) Regulations, 1996 for compliance of Know Your Client (KYC) procedure for transacting in units issued by Mutual Funds and I agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to the respective Mutual Funds. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I hereby undertake to promptly inform CVL / the mutual fund agent of any changes to the information provided hereinabove and agree and accept that CVL, the respective Mutual Funds, their authorised agents and representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize CVL / the mutual fund agent to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Mutual Funds in which I may transact / have transacted and / or to their authorised agents and representatives including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique KYC application and I have not applied for KYC in the past.

**SIGNATURE OF APPLICANT**

Place :

Date :

For  
Office  
Use  
Only

Stamp of POS  
(Name & Location)  
& Receiver's Signature

Name and Employee Number of Receiver

- (Originals Verified) Self Certified Document copies received
- (Attested) True copies of documents received

KYC Ref.





**Investment Manager: ICICI Prudential Asset Management Company Limited**

Regd. Office: 12th Floor, Narain Manzil, 23, Barakhamba Road, New Delhi 110 001.

Corporate Office: 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051, Tel: (91) (022) 26428000, Fax: (022) 2655 4165.

Central Service Office: 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

### Third Party Payment Declaration

(This should be enclosed with each payment/SIP Enrolment)

**Payments by : Parent/Grand-Parents/Related Persons Other than the Registered Guardian**

**Payments to : To a Minor Folio only; In consideration of: Natural love and affection or as gift only**

**Maximum Value : Not Exceeding Rs 50,000/- (each regular purchase or per SIP installment)**

Folio No.		Application No.		PAN	
(For existing unitholders only)			KYC Acknowledgement : <input type="checkbox"/> Attached		

<b>Beneficial Minor's Name:</b>					
Mr. / Ms.					
<b>Investment Amount</b>	<b>Payment Cheque No.</b>	<b>Cheque Date</b>		<b>Cheque Drawn on A/c. No.</b>	
₹		D	D	M	M
<b>Cheque Drawn on Bank:</b>					

### DECLARATION & SIGNATURES

	Parent/Grand Parents/Related Persons other than the Registered Guardian	Guardian of Minor, as registered in the folio
<b>Name</b>		
<b>Relationship with Minor:</b>		
<b>IT PAN</b>		
<b>KYC Acknowledgement (Mandatory - any amount)</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<b>Declaration</b>	I hereby declare and confirm that the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor.
<b>Signature</b>		
<b>Contact Number</b>		

### Bankers Certificate in case of Demand Draft/Pay Order/Any Other pre-funded instrument:

To whomsoever it may concern, we hereby confirm the following details regarding the instrument issued by us:

<b>Instrument Type:</b>	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order
<b>Instrument Number:</b>	Dated: D D M M Y Y	
<b>Investment Amount:</b>		
<b>In Favour of / Favouring:</b>		
<b>Payable At:</b>		

### Details of Bank Account Debited for issuing the instrument

<b>Bank Account Number:</b>	<b>Account Type</b>
<input type="checkbox"/> Demand Draft OR <input type="checkbox"/> Pay Order } Issued through cash <input type="checkbox"/> Yes / <input type="checkbox"/> No   Debit from account <input type="checkbox"/> Yes / <input type="checkbox"/> No (Cash shall not be accepted for investment of Rs.50,000/- or more)	
<b>Account Holder/Applicant Details</b>	<b>Income Tax PAN</b>
1.	
2.	
3.	

### If the issuing bank branch is outside India

We further declare that we are registered as a Bank/branch as mentioned below:

<b>Under the Regulator</b>	Name of Regulator
<b>In the Country</b>	Country Name
<b>Registration No.</b>	Registration Number

We confirm having carried out necessary Customer due diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws in our country.

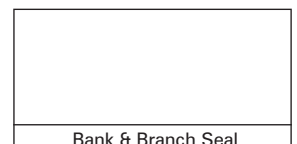
**Branch Manager/Declarant(s):**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Contact No. \_\_\_\_\_



**Custodian on behalf of an FII or client:**

Should be enclosed with each payment

**To whomsoever it may concern**

**Application and Payment Details**

*(All details below are mandatory)*

Folio No.	Application Form no.							
Beneficial Applicant/ Investor Name:								
Investment Amount								
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT							
Payment Cheque /UTR No.		Dated: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
Payment from Bank:								
Payment from A/c No.:								

We further declare that we are registered as a Custodian with SEBI under Registration No: \_\_\_\_\_

We confirm that the beneficial owner stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor.

Signature of Declarant(s): \_\_\_\_\_  
(Acting as a Banker/Custodian)

Name(s) of Declarant(s): \_\_\_\_\_

Income Tax PAN : \_\_\_\_\_

Address of Declarant(s): \_\_\_\_\_

City \_\_\_\_\_

Postal Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**Payment by Employer on behalf of Employee under Systematic Investments Plans through Payroll deductions, if applicable**

**To whomsoever it may concern**

We hereby declare that the application form no: \_\_\_\_\_ for subscription of units in \_\_\_\_\_

\_\_\_\_\_ (Name of the Scheme /Plan/ Option) is accompanied by cheque no: \_\_\_\_\_

dated \_\_\_\_\_ drawn on \_\_\_\_\_ (Name of the Bank / Branch).

We confirm that the beneficial owner(s) of the investment in these units is/are \_\_\_\_\_

\_\_\_\_\_ (Name of the Employee, with employee number), who is my / our employee and am providing the funds for these investments through the payroll deduction.

Signature of Declarant(s): \_\_\_\_\_

Name(s) of the Declarant(s): \_\_\_\_\_

Income Tax PAN : \_\_\_\_\_

Address of Declarant(s): \_\_\_\_\_

City \_\_\_\_\_

Postal Code: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**Signature(s) of Beneficiary(ies)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please refer to the instruction no.IX for the details on Third Party Declaration.



**Investment Manager: ICICI Prudential Asset Management Company Limited**

Regd. Office: 12th Floor, Narain Manzil, 23, Barakhamba Road, New Delhi 110 001.

Corporate Office: 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051, Tel: (91) (022) 26428000, Fax: (022) 2655 4165.

Central Service Office: 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

## Multiple Bank Accounts Registration Form

Please strike unused sections to avoid unauthorised use.

Folio No.		Application No.		PAN	
-----------	--	-----------------	--	-----	--

(For existing unitholders only)

Name of Sole/First Unitholder

Mr. / Ms. / M/s.	
------------------	--

### A – ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

For each bank account, investors should produce originals for verification or submit originals of the documents mentioned below.

Name of the Bank	
Account Number	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/>
Branch Address	
PIN	9 Digit MICR code ^
	IFSC Code ^ ^ (11 digit)
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate	

^ 9 digit code on your cheque next to the cheque number. ^ ^ 11 digit code printed on your cheque.

Name of the Bank	
Account Number	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/>
Branch Address	
PIN	9 Digit MICR code ^
	IFSC Code ^ ^ (11 digit)
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate	

Name of the Bank	
Account Number	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/>
Branch Address	
PIN	9 Digit MICR code ^
	IFSC Code ^ ^ (11 digit)
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate	

Name of the Bank	
Account Number	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/>
Branch Address	
PIN	9 Digit MICR code ^
	IFSC Code ^ ^ (11 digit)
Document attached (Any one) – <input type="checkbox"/> Cancelled Cheque with name pre-printed <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate	

### B - DEFAULT BANK ACCOUNT

From among the bank accounts registered with you or mentioned above, please register the following bank account as a Default Bank Account into which future redemption and/or dividend proceeds, if any of the above mentioned folio will be paid:

Bank Account Number	Bank Name
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**SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES)**

Sole / First Applicant / Unit holder	Second Applicant / Unit holder	Third Applicant / Unit holder



**Investment Manager: ICICI Prudential Asset Management Company Limited**

*Regd. Office:* 12th Floor, Narain Manzil, 23, Barakhamba Road, New Delhi 110 001.

*Corporate Office:* 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051, Tel: (91) (022) 26428000, Fax: (022) 2655 4165.

*Central Service Office:* 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

### C - Bank Account Deletion Form

Folio No.		/		Application No.		PAN	
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*(For existing unitholders only)*

**Name of Sole/First Unitholder**

Mr. / Ms. / M/s.	
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**Please delete the following Bank accounts as registered accounts for my/our above folio:**

<b>Bank Account Number</b>	<b>Bank Name</b>
<b>Bank Account Number</b>	<b>Bank Name</b>
<b>Bank Account Number</b>	<b>Bank Name</b>
<b>Bank Account Number</b>	<b>Bank Name</b>

*Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.*

SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES)		
Sole / First Applicant / Unit holder	Second Applicant / Unit holder	Third Applicant / Unit holder

#### Instructions and Terms & Conditions:

- This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/HuF can register upto 5 different bank accounts for a folio by using this form. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
- Please enclose a cancelled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
- If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
- Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
- The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
- The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
- A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request.
- If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/ alter it from of our records.
- The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts/ Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
- In case redemption request accompanied with request for change of Bank mandate, the Asset Management Company will process the redemption but the release of redemption proceeds shall be deferred on account of additional verification, but will be within the regulatory limits as specified by Securities and Exchange Board of India time to time.
- If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/NRO/NRE.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.



**NOMINATION FORM**

ANNEXURE "1"

ICICI Prudential Asset Management Company Limited  
 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063.  
 Phone: (91)(22) 26852000, Fax: (91)(22) 2686 8313 • e-mail: enquiry@icicipruamc.com

Date: \_\_\_\_\_

1. I/We, Mr/Ms/Mrs \_\_\_\_\_ hereby nominate the following to receive the amounts under folio no (mentioned below)/ application number (printed below) in the event of my/our death. For existing investors folio no. is mandatory, in the absence of which the nomination will be rejected.

**Nominee 1** Folio No. \_\_\_\_\_ Application No. \_\_\_\_\_

**Name**  
 Mr. Ms. M/s. \_\_\_\_\_

**Percentage of nomination** \_\_\_\_\_ **DOB (Mandatory if "Nominee 1" is minor)** \_\_\_\_\_

**Guardian's Name & Address (if "Nominee 1" is minor)** \_\_\_\_\_ **Guardian's Signature (if "Nominee 1" is minor)** \_\_\_\_\_

**Address**  
 \_\_\_\_\_  
 City \_\_\_\_\_ PIN \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

**Nominee 2**  
**Name**  
 Mr. Ms. M/s. \_\_\_\_\_

**Percentage of nomination** \_\_\_\_\_ **DOB (Mandatory if "Nominee 2" is minor)** \_\_\_\_\_

**Guardian's Name & Address (if "Nominee 2" is minor)** \_\_\_\_\_ **Guardian's Signature (if "Nominee 2" is minor)** \_\_\_\_\_

**Address**  
 \_\_\_\_\_  
 City \_\_\_\_\_ PIN \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

**Nominee 3**  
**Name**  
 Mr. Ms. M/s. \_\_\_\_\_

**Percentage of nomination** \_\_\_\_\_ **DOB (Mandatory if "Nominee 3" is minor)** \_\_\_\_\_

**Guardian's Name & Address (if "Nominee 3" is minor)** \_\_\_\_\_ **Guardian's Signature (if "Nominee 3" is minor)** \_\_\_\_\_

**Address**  
 \_\_\_\_\_  
 City \_\_\_\_\_ PIN \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

2. I/We agree and accept that: (a) All payments and settlements made to nominee(s) and signature of nominee(s) acknowledging will constitute a full & valid discharge of the liability of the AMC/Mutual Fund/Trustees. (b) This nomination will stand cancelled in the event of the nominee(s) pre-deceasing me/us. In case of multiple nominations, if any of the nominee(s) is/are deceased, the said nominee(s) share will be distributed equally amongst the surviving nominees or in such proportion as may be communicated by me/us. (c) I/We have read the AMC's instructions on nomination in the KIM/Scheme Information Document and I/we hereby confirm to adhere to such rules or amendments thereto as may be made from time to time. (d) The nomination will be registered only when it is complete in all respects to the satisfaction of the AMC. (e) The AMC will not entertain any claim other than that of a registered nominee(s), unless so directed by any competent court. (f) This instruction supercedes all previous nominations made by me/us in respect of the folio(s) indicated above.

Signature

First Holder \_\_\_\_\_ Second Holder \_\_\_\_\_ Third Holder \_\_\_\_\_

**Instructions**

- The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. If the units are held jointly, all joint holders will sign the nomination form. Space is provided as a specimen, if there are more joint holders more sheets can be added for signatures of holders of units and witnesses.
- A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- Nomination in respect of the units stands rescinded upon the transfer of units.
- Transfer of units in favour of a Nominee shall be valid discharge by the asset management company against the legal heir.
- The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.
- On cancellation of the nomination, the nomination shall stand rescinded and the asset management company shall not be under any obligation to transfer the units in favour of the Nominee."
- If the sum of the percentage entered in the nomination is less than 100% then this application will be rejected.
- If the nomination percentage is not mentioned, equal weightage would be given to each nominee.
- In case of existing customer the folio no. is mandatory. In the absence of which, the nomination will be rejected.