

COMMON APPLICATION FORM

Application No. FOR LUMPSUM INVESTMENTS MUTUAL FUND Please read INSTRUCTIONS (Page 18-20) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. ARN-53437er code SUB-BROKER CODE FOR OFFICIAL USE ONLY 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 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, Date of Birth* D M M Y Y 1st Applicant PAN* Enclosed (Please ✓)§ Attested PAN Card Name of *# ΡΔΝ* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter Date of Birth D D M M Y Y Y 2nd Applicant PAN* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter Date of Birth D D M M Y Y Y 3rd Applicant PAN* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter § 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 (✓)] Status of First Applicant [Please tick (✓)] ○ Others Single O Joint Anyone or Survivor Minor
 NRI/PIO Resident Individual Sole Proprietorship Partnership Firm Bank/FI (Default option: Anyone or Survivor) ○ Trust AOP/Bol Club/Society Company () FII Correspondence Address (Please provide full address)* Overseas Address (Mandatory for NRI / FII Applicants) Tel. (Off.) Fax Tel. (Res.) 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 f: O Daily O Weekly O Monthly O Quarterly Half Yearly Mandatory information – If left blank the application is liable to be rejected. [£] Please refer to instruction no.IX 3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) Account Type Ourrent Savings NRO NRE FCNR **Account Number** Name of Bank **Branch Details** 9 Digit MICR code 11 Digit IFSC Code O CDSL 4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer OR 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**

Application No.

3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051. India

		AILS (Refer Instruction No. IV	For Plans & Sub-op	otions please see key features fo	r scheme specific details
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		ration form and respective instructions			
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Dividend Freque	encies O Daily O Weekly		rterly () Half Yearly	AEP Frequencies () Monthly	Quarterly Hall Yearly
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7 INVEST	OR(S) DECLARATION 8			SIGNATURE O	F GUARDIAN
ules and regulations o bjectives, investment nvested in the Schem Ve agree that in case elow 25%. L/We heret he ARN holder has de ecommended to me/u	of the scheme and other statutory requirement pattern, and risk factors applicable to Plan te is through legitimate sources only and is my/our investment in the Scheme is equal they declare that I am/we are not US Person(s disclosed to me/us all the commissions (in	nderstood the Scheme Information Document/Key I ts of SEBI, AMFI, Prevention of Money Laundering, (JOptions under the Scheme(s). I whe have not reconot designed for the purpose of contravention or evo or more than 25% of the corpus of the plan, then IC, I/We hereby declare that I/we do not have any exithe form of trail commission or any other mode), material from the AMC via mail, SMS, telecall, etc	Act, 2002 and such other regulations eived nor been induced by any refus assion of any Act, Regulations or any ICCI Prudential Asset Management C string Micro SIPs which to ogether may payable to him for the different co c. If you do not wish to receive, pl	s as may be applicable from time to time.I/We te or gifts, directly or indirectly, in making this yother applicable laws enacted by the Govern Co. Ltd.(the 'AMC'), has full right to refund the eth the current application will result in a total ir ompeting Schemes of various Mutual Funds i lease call on tollfree no. 1800 222 999 (MT)	confirm to have understood the investme investment. I/We declare that the amor ment of India or any Statutory Authority xcess to me/us to bring my/our investme tyestments exceeding Rs.50,000 in a year rom amongst which the Scheme is beit
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PRUDENTIAL TO MUTUAL FUND

COMMON APPLICATION FORM

Application No.

FOR SYSTEMATIC INVESTMENTS

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

ARN-53437er code **SUB-BROKER CODE** FOR OFFICIAL USE ONLY 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 Folio No. Name Mr. Ms. M/s 2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information – If left blank the application is liable to be rejected Date of Birth* D D M M Y Y Y 1st Applicant PAN* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter Name of ** PAN* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter Date of Birth D D M M Y Y 2nd Applicant PAN* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter Date of Birth D D M M Y Y Y 3rd Applicant PAN* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter \S 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 (✓)] Status of First Applicant [Please tick (✓)] ○ Others Anyone or Survivor O HUF ○ Single Minor NRI/PIO Resident Individual Sole Proprietorship Partnership Firm Joint Bank/FI AOP/Bol Club/Society O FII (Default option: Anyone or Survivor) Trust Company Overseas Address (Mandatory for NRI / FII Applicants) Correspondence Address (Please provide full address)* Fax Tel. (Off.) Tel. (Res.) 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 f: O Daily O Weekly O Monthly O Quarterly O Half Yearly * Mandatory information – If left blank the application is liable to be rejected. f Please refer to instruction no.IX 3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) **Account Type** ○ Current ○ Savings ○ NRO ○ NRE ○ FCNR **Account Number** Name of Bank **Branch Details** 9 Digit MICR code 11 Digit IFSC Code 4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer Instruction No. XI) ONSDL OR O 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

SIGNATURE STAMP & DATE

SIGNATURE STAMP & DATE

SIGNATURE STAMP & DATE

Application No.

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.

Option & Sub	option (Please ✓ th	e appropria	ate boxe	es only if a	applicab	le to the s	cheme in	which you	plan to	invest)					
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PRUDENTIAL TO MUTUAL FUND

SMART FEATURES FORM

TURES 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.

ARN-53437ER CODE

SUB-BROKER CODE

FOR OFFICIAL USE ONLY

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

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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.

Name of Target scheme	ICICI PRUL	ENTIAL	(SCHEME FROM	WHICH YOU WISH TO	O OPT FOR D	TP)	
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Scheme ICICI PRUDENTIAL SCHEME AND OPTION Rs. AMOUNT UNITS

O STP O SWP O DTP

EXISTING FOLIO NO.

SOURCE / FROM SCHEME

TARGET / TO SCHEME

FREQUENCY & NO. OF INSTALLMENTS

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)

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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) : Parent/Grand-Parents/Related Persons Other than the Registered Guardian Payments by 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 Application PAN (For existing unitholders only) KYC Acknowledgement : Attached Beneficial Minor's Name: Mr. / Ms. **Investment Amount** Payment Cheque No. Cheque Date Cheque Drawn on A/c. No. D IVI Cheque Drawn on Bank **DECLARATION & SIGNATURES** Parent/Grand Parents/Related Persons other than the Registered Guardian Guardian of Minor, as registered in the folio Name Relationship with Minor: KYC Acknowledgement ___ Attached Attached (Mandatory - any amount) I hereby declare and confirm that the minor stated above is the I confirm that I am the legal guardian of the Minor, registered Declaration beneficial owner of the investment details mentioned above and I in folio and have no objection to receiving these funds on behalf am providing the funds for these investments on account of my of the minor. natural love and affection or as gift from my bank account only. Signature Contact Number 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: Instrument Type: Demand Draft Instrument Number: Dated: **Investment Amount:** In Favour of / Favouring: Payable At: Details of Bank Account Debited for issuing the instrument **Bank Account Number: Account Type** ☐ Demand Draft OR ☐ Pay Order} Issued through cash ☐ Yes / ☐ No Debit from account Yes / No (Cash shall not be accepted for investment of Rs. 50,000/- or more) Name Income Tax PAN Account Holder/Applicant Details 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: Under the Regulator In the Country Registration No. **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: Postal Code: Country: Contact No.____ Bank & Branch Seal

Custodian on behalf of an FII or client:

Should be enclosed with each payment

		To whomsoever i	t may concer	rn	
Application and Payment	Details				(All details below are mandatory
Folio No.			Application	Form no.	
Beneficial Applicant/ Investor Name:				·	
Investment Amount					
Payment Mode	Cheque	Funds Transfer	RTGS	NEFT	
Payment Cheque /UTR No.					Dated: D D M M Y Y
Payment from Bank:					
Payment from A/c No.:					
We further declare that we are reflected by the confirm that the beneficial or payment is from funds provided Signature of Declarant(s):(Acting as a Banker/Custodian) Name(s) of Declarant(s):	wner stated above and to us by the Applicant	that this payment is issued threath.	by us in our cap		n to the Applicant/Investor. The source of thi
Income Tax PAN :					
Address of Declarant(s):					
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Postal Code:	State:			Country:	
Payment by Employer of	on behalf of Emplo	oyee under Systemation	Investments	Plans through	h Payroll deductions, if applicable
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We hereby declare that the appli	ication form no:		=		in
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We confirm that the beneficial o	wner(s) of the investm	nent in these units is/are			
the funds for these investments	through the payroll de	duction. (Name of the	Employee, with e	employee number)), who is my / our employee and am providing
Signature of Declarant(s):					
Name(s) of the Declarant(s):					
Income Tax PAN :					
Address of Declarant(s):					
Signature(s) of Beneficiary(i	es)				



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Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

C - Bank Account Deletion Form

Folio No.	Application No.	PAN
(For existing unitholders only)		
Name of Sole/First Unitholder		
Mr. / Ms. / M/s.		
Please delete the following Bank accounts as register	ered accounts for my/our above folio:	
Bank Account Number	Bank Name	
Bank Account Number	Bank Name	
Bank Account Number	Bank Name	
Bank Account Number	Bank Name	
Deletion of a default bank account is not permitted u	nless the investor mentions another registered bank	k account as a default account in Part B of this Form.
SIGNATURES (To be signed as per mode of	f holding. In case of non-Individual Unit holders, to	be signed by AUTHORISED SIGNATORIES
Solo / First Applicant / Unit holder	Second Applicant / Unit holder	Third Applicant / Unit holder

Instructions and Terms & Conditions:

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
- 6. 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.
- 7. 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.
- 8. 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.
- 10. 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.
- 11. 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.
- 12. 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 "I"

PRUDENTIAL MUTUAL FUND

ICICI Prudential Asset Management Company Limited

		.,
2nd Floor, Block B-2, Nirlon Knowledge Park,	, Western Express Highwa	y, Goregaon (East), Mumbai 400 063

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Instructions

- 1. 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.
- 2. 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.
- 3. 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.
- 4. Nomination in respect of the units stands rescinded upon the transfer of units.
- 5. Transfer of units in favour of a Nominee shall be valid discharge by the asset management company against the legal heir.
- 6. 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.
- 7. 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."
- 8. If the sum of the percentage entered in the nomination is less than 100% then this application will be rejected.
- 9. If the nomination percentage is not mentioned, equal weightage would be given to each nominee.
- 10. In case of existing customer the folio no. is mandatory. In the absence of which, the nomination will be rejected.