

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-82793	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E068403	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.				
SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT		

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

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. 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.

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 FOLIO No.

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

PAN/PEKRN* Enclosed (Please ✓)[§] KYC Acknowledgement Letter Date of Birth**

D	D	M	M	Y	Y	Y	Y
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Name of **

PAN/PEKRN* Relationship with Minor applicant Natural guardian Court appointed guardian Enclosed (Please ✓)[§] KYC Acknowledgement Letter

3 KYC DETAILS (Mandatory)

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

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

3c. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on

D	D	/	M	M	/	Y	Y	Y	Y
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 (Not older than 1 year)

3d. For Individuals [Please tick (✓)]: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable
For Non-Individual Investors (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XX)
(i) Foreign Exchange / Money Changer Services - YES NO; (ii) Gaming / Gambling / Lottery / Casino Services - YES NO; (iii) Money Lending / Pawning - YES NO

3e. Any other information: _____

4 JOINT APPLICANTS, IF ANY AND THEIR DETAILS

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

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

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

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

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

3rd Applicant Name (Should match with PAN Card) PAN/PEKRN (2nd Applicant) KYC Proof Attached (Mandatory)

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

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

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

5 Power of Attorney (PoA) Holder Details:

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

6 Correspondence Details of Sole/First Applicant:

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

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)
^f Please refer to instruction no. IX

FATCA declaration/Foreign Tax Laws (self-certification)

For Individual

• Is any of the applicant's/guardian/Power of Attorney holder's country of birth/citizenship/nationality/tax residency status other than India? Yes OR No (Please) If yes, please fill and submit the mandatory Individual Declaration Form (Annexure I)

For Non-Individual

• Is country of incorporation/Formation/tax residency status other than India? Yes OR No (Please) If yes, please fill and submit the mandatory Individual Declaration Form (Annexure II)

• Is any of ultimate beneficial owner(s)/authorized signatory (ies)/POA holder's country of birth/citizenship/nationality/tax residency status other than India? Yes OR No (Please) If yes the please fill and submit mandatory Individual Declaration Form (Annexure II)

7 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY

Account Type Current Savings NRO NRE FCNR Account Number

Name of Bank

Branch Name Branch City

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

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

Name of scheme **ICICI PRUDENTIAL**

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

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend <input type="radio"/> Bonus [^]	SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout OR AEP- <input type="radio"/> Regular [®] OR <input type="radio"/> Appreciation
Dividend Frequency: <input type="text"/>	AEP Frequency: <input type="text"/>	

[^] Bonus Option, refer instruction no. IV(h) [®]Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

SIP Through ECS/Standing Instruction / Direct Debit SIP Date 7th 10th 15th 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 Account Number

Bank Name

Bank Branch & City Account Type Current Savings NRO NRE FCNR

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

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

NSDL OR CDSL (Please ✓)

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

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

If yes, Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

If yes, Depository Participant (DP) ID (CDSL only)

10 NOMINATION DETAILS (Refer instruction VII)

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

Nominee

Date of Birth
(Mandatory if nominee is minor)

Guardian

Relationship with the Nominee: Father Mother Legal Guardian (Please tick (✓))

Nominee's Address (Mandatory)

HOUSE / FLAT NO

STREET ADDRESS

CITY / TOWN

PIN CODE

SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR

11 INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd. (the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I am/ we are not US Person(s). I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

Information/documents given in/with this application form is true and complete in all respects and I/We agree to provide any additional information that may be required by the AMC/ the Fund/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the Fund immediately upon change in any information furnished by me.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT



ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

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

Application No.

EXISTING FOLIO NO. /

ACKNOWLEDGEMENT

Scheme Name	Plan	Option/Sub-option	Payment Details	Receiver's Signature & Stamp
			Amt. _____ Cheque/DD No. _____ dt: _____ Bank & Branch _____	