



Common Application Form for Lump sum/Systematic Investments including SIP Plus

Application No.

Investor must read Key Scheme Features and Instructions before completing this form.

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

BROKER CODE (ARN CODE)/ ARN-115979	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique ID (EUI) (EUI) EUIN-E172792
#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.			
Declaration for "execution-only" transaction (only where EUI box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUI 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]

* In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. * Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the scheme rendered by the distributor.

Existing Folio No.

1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per the PAN)

SOLE / 1ST APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.¥ Enclosed (Please ✓)* ☐ KYC Acknowledgement Letter Date of Birth**

LEI Number (Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above. See Instruction No. XVI, page no. 48)

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Mr. Ms. FIRST MIDDLE LAST

PAN/PEKRN* ☐ KYC Proof Attached (Mandatory) Relationship with Minor applicant: ☐ Natural guardian ☐ Court appointed guardian Date of Birth

2ND APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.¥ ☐ KYC Proof Attached (Mandatory) Date of Birth

3RD APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.¥ ☐ KYC Proof Attached (Mandatory) Date of Birth

If mandatory information left blank, the application is liable to be rejected. ¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

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

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

MANDATORY Account Number Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR
Name & Branch of Bank Branch City
9 Digit MICR Code 11 Digit IFSC Enclosed (Please ✓): ☐ Bank Account Details Proof Provided.

3. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme name below:

ICICI Prudential Plan: Option:

4. PAYMENT DETAILS

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS
Investment Amount ₹ A DD Charges (if applicable) ₹ B Total Amount ₹ A + B
Cheque / DD Number Date D D M M Y Y Y Y
BANK DETAILS: ☐ Same as above [Please tick (✓) if yes] ☐ Different from above [Please tick (✓) if it is different from above and fill in the details below]
A/c Number Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR
Name & Branch of Bank
Branch City
Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) ☐ Cheque Copy ☐ Bank Statement ☐ Banker's Attestation

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

5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*
HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE
Tel. Office Residence Mobile
Email
☐ Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)]
☐ Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]
Please ✓ any of the frequencies to receive Account Statement through e-mail: ☐ 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 and/or if investing in Retirement Fund. ¥ For KYC requirements, please refer to the instruction Nos. II b(5) & X
Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE
* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
¥ Please refer to instruction no. IX



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.

Name of the Investor:

EXISTING FOLIO NO. /

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

6. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

7. TAX STATUS [Please tick (✓)]

☐ Resident Individual ☐ NRI ☐ Partnership FIRM ☐ Government Body ☐ FPI category I ☐ NPS Trust ☐ Bank
☐ On behalf of Minor ☐ Foreign National ☐ Company ☐ AOP/BOI ☐ FPI category II ☐ NON Profit Organization/Charities
☐ HUF ☐ Body Corporate ☐ Private Limited Company ☐ Public limited company ☐ FPI category III ☐ Defence Establishment
☐ Financial Institution ☐ Trust/Society/NGO ☐ Limited Partnership (LLP) ☐ Sole Proprietorship ☐ Others (Please specify) _____

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

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants/guardian

First Applicant / Guardian	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

☐ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

☐ Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

☐ Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder:

☐ Residential ☐ Registered Office ☐ Business

Address Type of 2nd Holder:

☐ Residential ☐ Registered Office ☐ Business

Address Type of 3rd Holder:

☐ Residential ☐ Registered Office ☐ Business

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

10. KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

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

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore								
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Second Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____								
Third Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____								

Others [Please tick (✓)]

Sole/First Applicant	For Individuals [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO
Second Applicant	<input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

11. NOMINATION DETAILS (Refer instruction VII). I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/ Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor (Mandatory)]			
Nominee 1					
Nominee 2					
Nominee 3					

INVESTOR(S) DECLARATION & SIGNATURE(S): To the Trustee, **ICICI Prudential Mutual Fund**, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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/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. I/we declare that the email address provided in the form belongs to me/us or to spouse, dependent children or dependent parents (applicable to individual investors only). If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).

Sole/1st Applicant		2nd Applicant		3rd Applicant	
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Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____



PAN BASED MANDATE CUM SIP/ SIP PLUS REGISTRATION FORM

[For investment through NACH (Not eligible for Minors Bank Account)]



PAN BASED MANDATE

Tick (✓)

CREATE

MODIFY

CANCEL

I/We hereby authorize

ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED

to debit (tick ✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

Maximum Amount (Rupees in words)

₹

FREQUENCY ☒ Mthly ☒ Qtrly ☒ H-Yrly ☒ Yrly ☒ As & when presented

DEBIT TYPE ☒ Fixed Amount

☒ Maximum Amount

PAN

Mobile No.

Reference

APPLICATION NUMBER

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or ☒ Until Cancelled

Sign:

Sign:

Sign:

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participants in NACH/ST/any other mode as may be preferred by the AMC from time to time. I/We hereby confirm adherence to the terms of this facility offered by ICICI Prudential Asset Management Company Limited (the AMC) as specified in Terms & Conditions under Registration of OTM/PAN Based Mandate Facility and amended from time to time and of NACH (Debits). **Authorization to Bank:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating/amendment to the User entity/corporate or the or the bank where I have authorized the debit. This is to inform that I/we have registered for this facility and that my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank and to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.



SIP Registration-Cum-Mandate Form for SIP/SIP PLUS

☐ SIP PLUS

[Tick (✓) here to avail SIP Plus]

Application No.

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS.

BROKER CODE (ARN CODE)/
RIA/PMRN CODE#

SUB-BROKER ARN CODE

SUB-BROKER CODE
(As allotted by ARN holder)

Employee Unique
Identification No. (EUIIN)

#By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY: In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

FOLIO NO.

Date of
Birth

D D M M Y Y Y Y

☐ Registration via Existing OTM [Please tick (✓)]

Sole/1st
Applicant:

Mr./Ms./ M/s

FIRST

MIDDLE

LAST

Scheme: ICICI PRUDENTIAL

PLAN:

OPTION: SUB-OPTION: IDCW FREQUENCY: AEP FREQUENCY

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

Each SIP Amount: Rs.

In words:

SIP Frequency: ☐ Daily (Only business days) ☐ Weekly*** () ☐ Fortnightly** ☐ Monthly ☐ Quarterly*

*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. **Fortnightly is available on 1st and 16th of each moth, as applicable. ***investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the chosen date is a non-business day, the transaction would be processed on the next business day. ^ Number of installments have to be mentioned only in case of Daily/Weekly/Fortnightly frequencies. [Refer T&C no.12(f)]

SIP
Date#:

SIP Start
Month/Year

M M Y Y Y Y

SIP End
Month/Year

M M Y Y Y Y

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque/DD No.

Cheque/DD Amount Rs.

A/c No.

Bank Name:

☐ SIP TOP UP (Optional)
(Tick to avail this facility)

Percentage: ☐ 10% ☐ 15% ☐ 20%

other (multiples of 5% only)

TOP UP Amount: Rs.

* TOP UP amount in multiples of Rs.100 only.

Frequency: ☐ Half Yearly ☐ Yearly

SIP TOP UP CAP Amount:

Rs. OR

Month-Year#:

M M Y Y Y Y

*Investor has to choose only one option – either CAP Amount or CAP Month-Year

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19) (NOT APPLICABLE FOR SIP PLUS)

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

(Please sign overleaf)



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

☐ SIP PLUS [Tick (✓) here to avail SIP Plus]

Folio No./ Application No.

Name of the Investor:

Scheme: SIP Amount Rs. SIP Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

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

Acknowledgement Stamp

Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. 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).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

INSTRUCTIONS FOR EXISTING OTM AND PAN BASED MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the PAN in the respective folio(s).
- 2) If more than one bank accounts are registered for OTM facility, investor is requested to mention the bank account number and bank name from where amount is to be debited. If the same is not mentioned or no OTM mandate is registered for the given bank details, AMC reserves the right to initiate the debit through any of the valid OTM's registered or reject the request.
- 3) For any transaction above Rs. 2 lacs and/or transactions in Liquid schemes or plans, units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 4) Registration request or any other subsequent transaction may be liable for rejection, if the frequency for the registered OTM is other than "As and when presented" and/ or if the transaction amount is other than fixed amount or more than maximum amount registered in the mandate.
- 5) AMC reserves right to reject or process the application subject to internal verification.
- 6) PAN based mandate will be mapped to all the folios wherever investor is the Sole/First holder subject to completion of mandate registration with the banker.
- 7) PAN based mandate will not be applicable, if bank details provided is for Minors Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- 9) Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/ periodical commitments for transactions under the relevant mandates. Investor agrees that his bank may charge service fees for any dishonor.

NOMINATION FOR SIP PLUS (Nominee details for insurance benefit at folio level): I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC/Mutual Fund/Trustees. ***(Please refer to terms & conditions for Nomination for Insurance coverage benefit)***

Nominee Name _____ Relationship: _____ Date of Birth: ____ / ____ / ____

Guardian/Parent Name (If nominee is a minor): _____

Address: _____

Signature of Nominee or Parent / Guardian

YOUR CONFIRMATION/DECLARATION: I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year as described in the Instruction No.IV(d) of the common application form. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

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

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

Sole/First Holder		2nd Holder		3rd Holder	
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**COMMON APPLICATION FORM - MEDICAL ADVANTAGE FEATURE FOR LUMP SUM/SYSTEMATIC INVESTMENTS**

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.

Application No. _____

BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.			
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.			
SIGNATURE OF SOLE / FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT	
SIGNATURE OF THIRD APPLICANT			

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

* In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. * Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Existing Folio No. _____

1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Mandatory information)**SOLE / 1ST APPLICANT** Mr. Ms. M/s _____ FIRST _____ MIDDLE _____ LAST _____PAN/PEKRN* _____ KYC Id No. ¥ _____ Enclosed (Please ✓)* ☐ KYC Acknowledgement Letter _____ Date of Birth**
D D M M Y Y Y Y**NAME OF GUARDIAN** (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Mr. Ms. _____ FIRST _____ MIDDLE _____ LAST _____

PAN/PEKRN* ☐ KYC Proof Attached (Mandatory) Relationship with Minor applicant: ☐ Natural guardian ☐ Court appointed guardian _____ Date of Birth
D D M M Y Y Y Y**2ND APPLICANT** Mr. Ms. M/s _____ FIRST _____ MIDDLE _____ LAST _____PAN/PEKRN* _____ KYC Id No. ¥ ☐ KYC Proof Attached (Mandatory) _____ Date of Birth
D D M M Y Y Y Y**3RD APPLICANT** Mr. Ms. M/s _____ FIRST _____ MIDDLE _____ LAST _____PAN/PEKRN* _____ KYC Id No. ¥ ☐ KYC Proof Attached (Mandatory) _____ Date of Birth
D D M M Y Y Y Y

If mandatory information left blank, the application is liable to be rejected. ¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

2. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)**Mandatory information - If left blank the application is liable to be rejected.** (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY	Account Number	_____										Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR		
	Name & Branch of Bank	_____													
	Branch City	_____										9 Digit MICR Code	_____	11 Digit IFSC	_____
	Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.														

3. INVESTMENT DETAILS (Refer Instruction No. IV & XV) - Investment Options [Please tick (✓) below]:

(For Plans & Sub-options please see key scheme features)

☐ **1 SCHEME: ICICI Prudential** _____ ☐ **2 MAF - POWER OF THREE^s****PLAN & OPTION** PLAN _____ OPTION/SUB-OPTION _____

*Schemes under MAF - Power of Three: • **ICICI PRUDENTIAL FLOATING INTEREST FUND** (50% of Total Investment Amount) • **ICICI PRUDENTIAL VALUE DISCOVERY FUND** (5% of Total Investment Amount) • **ICICI PRUDENTIAL BALANCED ADVANTAGE FUND** (45% of Total Investment Amount). Minimum Investment Amount under this option should suffice eligibility criteria associated with all the 3 products mentioned. E.g. with minimum purchase amount for ICICI Prudential Floating Interest Fund, ICICI Prudential Balanced Advantage Fund, and ICICI Prudential Value Discovery Fund as Rs. 5000, Rs. 5000 and Rs. 1000 respectively, minimum investment amount under MAF - Power of Three option should be Rs. 20000.

4. PAYMENT DETAILS

Investment Amount	Mode of Payment <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Funds Transfer <input type="radio"/> NEFT <input type="radio"/> RTGS	
	₹ A _____	DD Charges (if applicable) ₹ B _____
	Total Amount ₹ A + B _____	
	Cheque / DD Number _____	Date D D M M Y Y Y Y
	BANK DETAILS: <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below]	
A/c Number _____	Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR	
Name & Branch of Bank _____		
Branch City _____	Mandatory Enclosures (Please tick (✓) <input type="radio"/> Cheque <input type="radio"/> Bank <input type="radio"/> Banker's Attestation if the first instalment is not through cheque) Copy Statement	

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.**5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO. _____				HOUSE / FLAT NO. _____			
STREET ADDRESS _____				STREET ADDRESS _____			
CITY / TOWN _____		STATE _____		CITY / TOWN _____		STATE _____	
COUNTRY _____		PIN CODE _____		COUNTRY _____		PIN CODE _____	
Tel. _____	Office _____	Residence _____	Mobile _____				
Email [£] _____							

☐ Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)]

☐ Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]

Please ✓ any of the frequencies to receive **Account Statement through e-mail** [£]: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

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

** Mandatory in case the Sole/First applicant is minor.

[§] For KYC requirements, please refer to the instruction Nos. II b(5) & X

* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.

For documents to be submitted on behalf of minor folio refer instruction II-b(2)

[£] Please refer to instruction no. IX**ACKNOWLEDGEMENT SLIP** (Please Retain this Slip)

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

Name of the Investor: _____

Application No. _____

EXISTING FOLIO NO. _____

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

6. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

7. TAX STATUS [Please tick (✓)]

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

8. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- ☐ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
☐ Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
☐ Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder:

☐ Residential ☐ Registered Office ☐ Business

Address Type of 2nd Holder:

☐ Residential ☐ Registered Office ☐ Business

Address Type of 3rd Holder:

☐ Residential ☐ Registered Office ☐ Business

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

9. KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

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

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore	OR Net worth (Mandatory for Non-Individuals) _____ as on <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Second Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore	OR Net worth ₹ _____								
Third Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore	OR Net worth ₹ _____								

Others [Please tick (✓)]

Sole/First Applicant	For Individuals [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) ^ <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO
Second Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

10. NOMINATION DETAILS (Refer instruction VII). I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/ Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
Nominee 1			[To be furnished in case the Nominee is a minor (Mandatory)]		
Nominee 2					
Nominee 3					

INVESTOR(S) DECLARATION & SIGNATURE(S): To the Trustee, ICICI Prudential Mutual Fund, I/We have read, understood and hereby agree to abide by the Scheme Information Document/ Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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/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)."

Sole/1st Applicant		2nd Applicant		3rd Applicant	
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Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

