

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) ARN- ARN- 6574	SUB-BROKER CODE	Employee Unique Identification No. (EJIN) EJIN- E019976	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
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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.

I/We hereby confirm that where the EJIN space has been left blank by me/us, the transaction is an "execution-only" transaction.

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY (Refer Instruction XII and please tick (✓) any one)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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	Mr. Ms. M/s	FRST	MIDDLE	LAST	Folio No.
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2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y		
PAN*					Enclosed (Please ✓) ⁵	<input type="radio"/> Attested PAN Card	<input type="radio"/> 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*					Relationship with Minor applicant	<input type="radio"/> Natural guardian	Enclosed (Please ✓) ⁵		<input type="radio"/> Attested PAN Card					<input type="radio"/> KYC Acknowledgement Letter	
						<input type="radio"/> Court appointed guardian									
2nd Applicant	Mr. Ms.	FRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y		
PAN*					Enclosed (Please ✓) ⁵	<input type="radio"/> Attested PAN Card	<input type="radio"/> KYC Acknowledgement Letter								
3rd Applicant	Mr. Ms.	FRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y		
PAN*					Enclosed (Please ✓) ⁵	<input type="radio"/> Attested PAN Card	<input type="radio"/> KYC Acknowledgement Letter								

⁵ For PAN & KYC requirements, please refer to the instruction Nos. II b(5), V(I) & X * Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.
** Mandatory in case the Sole/First applicant is minor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

Mode of holding [Please tick (✓)]		Status of First Applicant [Please tick (✓)]		<input type="radio"/> Others		PLEASE SPECIFY					
<input type="radio"/> Single	<input type="radio"/> Joint	<input type="radio"/> Anyone or Survivor	<input type="radio"/> Minor	<input type="radio"/> NRI/PIO	<input type="radio"/> Resident Individual	<input type="radio"/> HUF	<input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership Firm			
(Default option: Anyone or Survivor)			<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			
Correspondence Address (Please provide full address)*						Overseas Address (Mandatory for NRI / FII Applicants)					
HOUSE / FLAT NO.						HOUSE / FLAT NO.					
STREET ADDRESS						STREET ADDRESS					
STREET ADDRESS						STREET ADDRESS					
CITY / TOWN			STATE			CITY / TOWN			STATE		
COUNTRY			PIN CODE			COUNTRY			PIN CODE		
Tel. (Off.)				Tel. (Res.)				Fax			
Email ^e											
Mobile											
Occupation [Please tick (✓)] <input type="radio"/> Professional <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Service <input type="radio"/> Student <input type="radio"/> 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** : Daily Weekly Monthly Quarterly Half Yearly Annually

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

Please note for unit holder opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY	Account Type	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	Account Number										
	Name of Bank												
	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 (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.

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

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 Mutual Fund 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)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: <input type="radio"/> Growth/Cumulative OR <input type="radio"/> Dividend	SUB-OPTION: <input type="radio"/> Dividend Reinvestment OR <input type="radio"/> Dividend Payout OR AEP- <input type="radio"/> Regular [®] OR <input type="radio"/> Appreciation
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 <input type="radio"/> Annual <input type="radio"/> Dividend Others		AEP Frequencies: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly

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

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

Sole/First Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
2 nd Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
3 rd 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** 7th 10th 15th 25th **SIP Frequency*** Monthly Quarterly

Payment Details for First Cheque/DD **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 Type Current Savings NRO NRE FCNR

Bank Name _____ **Bank Branch & City** _____

Subsequent SIP Installment Details

From Cheque No.		to Cheque No.		Amount Invested	₹	PER CHEQUE
No. of Cheques		Drawn on		BANK / BRANCH		
Start Month/Year	M	M	Y	Y	Y	Y
End Date	<input type="radio"/>	12 / 2015	<input type="radio"/>	12 / 2017	<input type="radio"/>	Or other please fill in alongside
	<input type="radio"/>	12 / 2022	<input type="radio"/>	12 / 2099		

Please ✓ applicable check boxes. *Default SIP Frequency is Monthly. [†]PDCs - Post Dated Cheques

<input type="checkbox"/> SIP Top Up* (Optional)	₹	AMOUNT	Top Up Frequency*	<input type="radio"/> Half Yearly <input type="radio"/> 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).
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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) on page 17. Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

6 NOMINATION DETAILS (Refer instruction VII) • For Multiple nominations, please use the separate form available in AMC's branch offices or in the website www.icicipruamc.com • Nomination is mandatory if the mode of holding is SINGLE.

This section is to be filled only by investor who opt to hold units in non demat form.

6(a) I/We hereby nominate the under-mentioned nominee to receive the amount to my/our credit in the event of my/our death and confirm that I/we have read and understood the nomination clause under instruction no. VII.

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		MANDATORY, IF NOMINEE IS A MINOR		Relationship with	<input type="radio"/>	Natural guardian	<input checked="" type="radio"/>	Court appointed guardian		
Nominee's Address (Mandatory)		HOUSE / FLAT NO		STREET ADDRESS						
		CITY / TOWN		PIN CODE						
				SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR						

6(b) I/We do not wish to nominate [Please tick (✓) & sign]

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

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 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.

EXISTING FOLIO NO. _____ / _____

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

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

From Date M M Y Y Y Y End Date** 12 / 2014 12 / 2016 12 / 2021 12 / 2099 M M Y Y Y Y