

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

BROKER CODE (ARN CODE) <b>ARN 6574</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique ID <b>EUIN E019976</b> (N)
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.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	FOLIO No.	
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### 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	Mr. Ms. M/s	FIRST	MIDDLE	LAST							
PAN/ PEKRN*		Enclosed (Please ✓) <sup>§</sup> <input type="radio"/> KYC Acknowledgement Letter	Date of Birth**	D	D	M	M	Y	Y	Y	Y
2nd Applicant Name (Should match with PAN Card)					PAN/PEKRN* (2nd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)					
3rd Applicant Name (Should match with PAN Card)					PAN/PEKRN* (3rd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)					

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

### 3 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. (Off.)		Tel. (Res.)		Fax			
Email <sup>†</sup>				Mobile			

☐ Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive **Account Statement through e-mail<sup>‡</sup>** : ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

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

\*\* 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

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

For Plans & Sub-options please see key features for scheme specific details

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

<sup>^</sup> Bonus Option, refer instruction no. IV(h) <sup>@</sup>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)

\*Default SIP Frequency is Monthly. (E.g. Your Current Age is **40 years**, then your SIP Tenure would be **100 years – 40 years = 60 years**.)

**Mode of Payment** ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

**BANK NAME, BRANCH & ADDRESS:** ☐ Same as above [Please tick (✓) if yes] ☐ Different from above [Please tick (✓) if it is different from above and fill in the details below]

Branch Name	Branch City
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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). Third Party Payment Declaration form is available in [www.icicpruamc.com](http://www.icicpruamc.com) or ICICI Prudential Mutual Fund branch offices.

☐ NSDL OR ☒ CDSL (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)

## For Individual

- Is any of the applicants/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)

<b>Tax Status</b> [Please tick (✓)]	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI
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## Occupation [Please tick (✓)]

**Gross Annual Income** [Please tick (✓)]

<b>Third Applicant</b>	<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 <b>OR</b> Net worth ₹
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**Others** [Please tick (✓)]

<b>Third Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
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**8 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	NAME OF NOMINEE															Date of Birth				D	D	M	M	Y	Y
															(Mandatory if nominee is minor)										
Guardian	MANDATORY, IF NOMINEE IS A MINOR																								
Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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									

**9 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.

**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 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.

Scheme	<b>ICICI PRUDENTIAL</b>										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	SIP Tenure: 100 yrs – Your Current Age										yrs =		yrs or	M	M	Y	Y	Y	Y																	

(E.g. Your Current Age is 40 years, then your SIP Tenure would be 100 years – 40 years = 60 years.) For more information please refer Instruction No. 5 under Section "Terms for Group Life Insurance Cover".

**FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US****ICICI Prudential Asset Management Company Limited**

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India

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.

SIGNATURE, STAMP &amp; DATE

## SIP Registration-cum-Mandate Form for SIP Plus

**Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK/BLUE COLOURED INK.**

**Applicant need to fill in the Main SIP Plus Application Form and submit along with this mandate form.**

BROKER CODE (ARN CODE)		SUB-BROKER ARN CODE		SUB-BROKER CODE (As allotted by ARN holder)		EUIN E019976	
<p>Declaration for "execution-only" transaction (only where EUIN box is left blank) - 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.</p>							
SIGNATURE OF SOLE / FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT			SIGNATURE OF THIRD APPLICANT		

**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY:**

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.

Unfront 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.

Please tick (✓)	<input type="checkbox"/>	New Registration	<input type="checkbox"/>	Cancellation
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Date: 

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

**Sole/First Applicant's Name**

2016/17 Applicant's Name			
Mr.	Ms.	FIRST	MIDDLE
			LAST

<b>Plan</b> (Please ✓) <input type="radio"/> Direct <input type="radio"/> Regular	<b>Scheme Name:</b> ICICI PRUDENTIAL _____  <b>Plan &amp; Option*:</b> _____ <b>Sub-Option*:</b> _____	<b>FOLIO No.</b> _____  <b>SIP Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <i>(Default SIP frequency is Monthly)</i>
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\*Please refer to the scheme related documents available under AMC's website [www.icicipruamc.com](http://www.icicipruamc.com) or with any of its branches.

*\*Please refer to the scheme related documents available under AMC's website [www.icicipruamc.com](http://www.icicipruamc.com) or with any of its branches*

<p><b>Each SIP Amount:</b></p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Rs.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>Rupees in words: _____</p>	Rs.									<p><b>SIP Date:</b>    <input type="checkbox"/> 7th    <input type="checkbox"/> 10th    <input type="checkbox"/> 15th    <input type="checkbox"/> 25th</p> <hr/> <p><b>SIP Start Month/Year</b></p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	M	M	Y	Y	Y	Y
Rs.																
M	M	Y	Y	Y	Y											

**YOUR CONFIRMATION/DECLARATION:** I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

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

1st Holder	
2nd Holder	
3rd Holder	



## EASY PAY DEBIT MANDATE INSTRUCTION

PRUDENTIAL  LAST-PAY DEDT MANDATE INSTRUCTIONS

Ticket / (s)		Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
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CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED	to debit (tick <input checked="" type="checkbox"/> )	SB/CA/CC/SB-NBE/SB-NBO/Other
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MODIFY										
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[illegible]

with Bank	Name of customers bank	IFSC										or MICR								
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an amount of Rungees Maximum Amount (Rungees in words) =

an amount of rupees	Maximum Amount (Rupees in words)	
₹ 10000	₹ 10,000	₹ 10,000
₹ 1000	₹ 1,000	₹ 1,000
₹ 100	₹ 100	₹ 100
₹ 10	₹ 10	₹ 10
₹ 1	₹ 1	₹ 1
₹ 0.50	₹ 0.50	₹ 0.50
₹ 0.25	₹ 0.25	₹ 0.25
₹ 0.10	₹ 0.10	₹ 0.10
₹ 0.05	₹ 0.05	₹ 0.05
₹ 0.02	₹ 0.02	₹ 0.02
₹ 0.01	₹ 0.01	₹ 0.01

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Folio No.		Mobile No.	
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Reference	APPLICATION NUMBER	Email ID
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PERIOD \_\_\_\_\_  
 From \_\_\_\_\_

[illegible]

1	Name as in bank records	2	Name as in bank records	3	Name as in bank records
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**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 participation in NACH/ECS. I/We hereby confirm and authorize to make payments referred above through participation in NACH/ECS. I/We hereby confirm and authorize to make payments referred above through participation in NACH/ECS. I/We hereby confirm and authorize to make payments referred above through participation in NACH/ECS.

**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 participation in NACH/ECS. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH/ECS (Debits). **Authorisation to Bank:** This is to inform that I/we have registered for ECS / NACH (Debit Clearing) facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of the AMC carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable. 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. This is to confirm that the declaration/terms & conditions have been carefully read, understood and made by me/us.

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

SIP Amount Rs. \_\_\_\_\_

SIP Frequency: ☐ Monthly ☐ Quarterly

Scheme Name: \_\_\_\_\_

Option: \_\_\_\_\_

**Folio No./**  
**Application No.**

*Acknowledgement Stamp*