



ICICI Prudential Capital Protection Oriented Fund VII - 1285 Days Plan B

(A Close-ended Capital Protection Oriented Fund)

Application No.

Application Form for Resident Indians and NRIs/PIOs. Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

New Fund Offer Opens on November 05, 2014
New Fund Offer Closes on November 19, 2014

This Product is suitable for investors who are seeking*:

- Long term savings solution
- A Hybrid Fund that seeks to protect capital by investing a portion of the portfolio in highest rated debt securities and money market instruments and aim for capital appreciation by investing in equities.

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Note: Risk may be represented as:

(YELLOW) Investors understand that their principal will be at medium risk

(BLUE) Investors understand that their principal will be at low risk

(BROWN) Investors understand that their principal will be at high risk

BROKER CODE (ARN CODE) ARN-42954	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E029686	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
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Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIV). - 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
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XIII and please tick (✓) any one]

I confirm that I am a **First time** investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

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. 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.

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 3

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

Sole/First Applicant: Mr. Ms. M/s, FIRST, MIDDLE, LAST, Date of Birth** (D D M M Y Y Y Y)

PAN* Enclosed (Please ✓)⁵ 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: Natural guardian Court appointed guardian Enclosed (Please ✓)⁵ 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 DD / MM / YYYY (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. XVII)

i. Foreign Exchange / Money Changer Services YES NO

ii. Gaming / Gambling / Lottery / Casino Services YES NO

iii. Money Lending / Pawning YES NO

^ Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc*
PEP/RPEP information is also applicable for authorised signatories/Promoters/Karta/Trustee/Whole Time Directors/etc.

3e. Any other information:

4 JOINT APPLICANTS, IF ANY AND THEIR DETAILS

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

2nd Applicant Name (Should match with PAN Card) PAN (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 (3rd 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 / FI 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 [£]				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** [£]: 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

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	<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	

Enclosed (Please):
 Bank Account Details Proof Provided.

8 YOUR INVESTMENT DETAILS UNDER ICICI PRUDENTIAL CAPITAL PROTECTION ORIENTED FUND VII - 1285 DAYS PLAN B

ICICI PRUDENTIAL CAPITAL PROTECTION ORIENT FUND VII - 1285 DAYS PLAN B	PLAN (Please tick <input "="" 2"="" checked="" style="font-size: small;" type="checkbox/>)</td> <td rowspan="/> Default Option & Sub-option: Cumulative will be the default option. Hence, If an investor fails to specify the option or has selected multiple options, he will be allotted units under the default option/sub-option.
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct

Trigger on maturity of the Plan under the Scheme:

Investor will have the option to set trigger at the time of application. On maturity, all the units will be switched into one of the pre-selected open-ended schemes of ICICI Prudential Mutual Fund. The trigger facility is available only for the investor who holds units under physical mode. (Please read the instruction no. XVI)

Source Scheme: ICICI Prudential Capital Protection Oriented Fund VII - 1285 Days Plan B	Target Scheme (Please select any of the open-ended schemes of ICICI Prudential Mutual Fund) ICICI Prudential <i>(If an investor fails to specify the option, he will be allotted units under the default option/sub-option of the Target scheme.)</i>
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I/We have read and understood the terms and conditions applicable to the trigger facility and am/are fully aware of the risk associated with such event.
 I/We have read and understood the Scheme Information Document (SID)/ Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme and have understood the investment objectives, investment pattern and risk factors applicable to Target Scheme. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in opting the Trigger facility.

SIGNATURE(S) (If the investor does not sign then the units will, by default, be redeemed and proceeds will be paid to the Unit holder.)

Sole/First Applicant	Second Applicant	Third Applicant
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Amount Invested Rs. <input type="text"/>	Cheque/DD No. <input type="text"/>	Cheque/DD Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">D</td> <td style="width: 15px; text-align: center;">D</td> <td style="width: 15px; text-align: center;">M</td> <td style="width: 15px; text-align: center;">M</td> <td style="width: 15px; text-align: center;">Y</td> <td style="width: 15px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Account Type (For NRI Investors) <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
D	D	M	M	Y	Y				
Bank Name & Branch <input type="text"/>									
City <input type="text"/>									

The cheque/demand draft should be drawn in favour of "ICICI Prudential Capital Protection Oriented Fund VII - 1285 Days Plan B" and crossed "Account Payee Only". The cheque/demand draft should be payable at the centre where the application is lodged. For third party investment, refer instruction no. IX.

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

Do you want units in demat form: <input type="radio"/> Yes OR <input type="radio"/> No (Please <input 50%;="" checked="" right;"="" text-align:="" type="checkbox/>)</td> <td style=" width:=""/> <input type="radio"/> NSDL OR <input type="radio"/> CDSL (Please <input checked="" text"="" type="checkbox/>)
 The application form should mandatorily accompany the latest Client investor master/ Demat account statement. </td> </tr> <tr> <td>If yes, Depository Participant (DP) ID (NSDL only) <input type="/>	If yes, Depository Participant (DP) ID (CDSL only) <input type="text"/>
Beneficiary Account Number (NSDL only) <input type="text"/>	

10 NOMINATION DETAILS (Refer instruction VI)

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
Guardian	MANDATORY, IF NOMINEE IS A MINOR										(Mandatory if nominee is 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						

11 Investor(s) Declaration & Signature(s)

The Trustee, ICICI Prudential Mutual Fund

I/We have read and understood the SID/Key Information Memorandum of ICICI Prudential Capital Protection Oriented Fund VII - 1285 Days Plan B. I/We apply for the units of the ICICI Prudential Capital Protection Oriented Fund VII - 1285 Days Plan B and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions. Its investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plan under the Scheme. I/We agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We agree to abide by the terms, conditions, rules, regulations 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 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, Regulation, Rule, Notification, Directions 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 confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.** I/We hereby declare that I am/we are not US Person(s). 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).**

D D M M Y Y Y Y

SIGNATURE(S)	First Applicant
	Second Applicant
	Third Applicant

REGISTRAR

Computer Age Management Services Pvt. Ltd.,

Unit: ICICI Prudential Mutual Fund, New No 10. Old No. 178, Opp. to Hotel Palm Grove, MGR Salai (K.H. Road), Chennai - 600 034.



Application No.

ICICI Prudential Capital Protection Oriented Fund VII - 1285 Days Plan B – ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Investment Plan	Cheque/DD No.	Dated	Amount (Rs.)	Drawn on (Name of Bank & Branch)

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

ICICI Prudential Asset Management Company Limited

2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. **TOLL FREE NUMBER** 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS)
EMAIL enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com

SIGNATURE, STAMP & DATE

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.