COMMON APPLICATION FORM Application No. 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.							
BROKER CODE (ARN CODE) SUB-BROKER 42954	ARN CODE SUB-BROKER CODE	id in ENGLISH in BLACK/BLU Employee Unique officiation No. (EUIN) 9686	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT				
Declaration for "execution-only" transaction (only where EUIN bo I/We hereby confirm that the EUIN box has been intentionally left bla by the employee/relationship manager/sales person of the above employee/relationship manager/sales person of the distributor and	ank by me/us as this is an "execution-only" transaction with distributor or notwithstanding the advice of in-appropriate	ness, if any, provided by the					
SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICAN		IGNATURE OF THIRD APPLICANT				
TRANSACTION CHARGES FOR APPLICANTS T Confirm that I am a First time investor across Mu (Rs. 150 deductible as Transaction Charge and payable to the In case the purchase / subscription amount is Rs. 10,000 or mor	Itual Funds. I conf e Distributor) (Rs. 100 d e and your Distributor has opted to receive Transaction	irm that I am an existing in eductible as Transaction Charg	vestor in Mutual Funds. e and payable to the Distributor)				
amount and payable to the Distributor. Units will be issued again Upfront commission shall be paid directly by the investor to the	AMFI registered Distributors based on the investors' as		· ·				
1 EXISTING UNITHOLDERS INFORMA			ne & folio No. and proceed to Step 4				
Name Mr. Ms. M/s FIRST		FOLIO No.					
2 APPLICANT(S) DETAILS (Please Refer to Sole/First Applicant Mr. Ms. M/s FRST	Instruction No. II (b) Mandatory information – If left bla MIDDLE Enclosed (Please ✓) [§]		e of Birth** D D M M Y Y Y Y				
PAN* Name of *# Mr. Ms. GUARDIAN IN CASE F		Ç	Generic Letter				
PAN*	Relationship with Minor applicant O Natural guardia	n	Enclosed (Please ✔) [§] OKYC Acknowledgement Letter				
OBody Corporate OBank/FI OInsurance Company OR - MF Schemes OFII OPrivate Limited Company ONO O Global Development Network O Foreign National	n Government Organisation O People of Indian Origin [Please specify category] O Oth ate Sector Service O Public Sector Service O Others O Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 I as on D D / M	Government Service O	stor O Defense Establishment O NPS Trust (Please specify) Business O Professional O Agriculturist (Please specify)				
 3d. For Individuals [Please tick (✓)] I am Politically Exposed Person (PEP) ^ I am Related to Politically Exposed Person (RPEP) Not applicable ^ Politically Exposed Persons (PEP) are individuals who are or government/judicial/military officers, senior executives of stat PEP/RPEP information is also applicable for authorised signate 3e. Any other information:	Refer instruction no. XX) i. Foreign Exchange / Money Changer Services ii. Gaming / Gambling / Lottery / Casino Services iii. Money Lending / Pawning have been entrusted with prominent public functions in a fre- e-owned corporations, important political party officials, et	reign country, e.g., Heads of S	cial Ownership (UBO) declaration form - OYES ONO OYES ONO OYES ONO				
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 ○ I am Politically Exposed Person (PEP) ^ ○ I am Related to Politically Exposed Person (RPEP) ○ Not applicable ^ Politically Exposed Persons (PEP) are individuals who are or government/judicial/military officers, senior executives of stat PEP/RPEP information is also applicable for authorised signate 3e. Any other information: 4 JOINT APPLICANTS, IF ANY AND T Mode of Holding [Please tick (✓)] ○ Joint (Default) ○ A 2nd Applicant Name (Should match with PAN Card) a. Occupation Details [Please tick (✓)] ○ Priva ○ Retired ○ Housewife ○ Student ○ Forex Dealer b. Gross Annual Income (in Rupees) [Please tick (✓)] ○ Priva ○ Retired ○ Housewife ○ Student ○ Forex Dealer a. Occupation Details [Please tick (✓)] ○ Priva ○ Retired ○ Housewife ○ Student ○ Forex Dealer b. Gross Annual Income (in Rupees) [Please tick (✓)] ○ Priva ○ Retired ○ Housewife ○ Student ○ Forex Dealer a. Occupation Details [Please tick (✓)] ○ Priva ○ Retired ○ Housewife ○ Student ○ Forex Dealer b. Gross Annual Income (in Rupees) [Please tick (✓)] ○ Priva ○ Retired ○ Housewife ○ Student ○ Forex Dealer b. Gross Annual Income (in Rupees) [Please tick (✓)] ○ Priva ○ Retired ○ Housewife ○ Student ○ Forex Dealer b. Gross Annual Income (in Rupees) [Please tick (✓)] ○ Priva 	Refer instruction no. XX) i. Foreign Exchange / Money Changer Services ii. Gaming / Gambling / Lottery / Casino Services iii. Money Lending / Pawning have been entrusted with prominent public functions in a free-owned corporations, important political party officials, et pries/Promoters/Karta/Trustee/Whole Time Directors/etc. HEIR DETAILS Anyone or Survivor te Sector Service Public Sector Service Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs (PEP) Related to a Politically Exposed Person (RPEP below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs (PEP) Related to a Politically Exposed Person (RPEP Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs (PEP) Related to a Politically Exposed Person (RPEP	PAN (2nd Appl Government Service)) Not Applicable PAN (3rd Appl Government Service)) O Not Applicable	cial Ownership (UBO) declaration form - ○YES ○N0 ○YES ○N0 ○YES ○N0 States or of Governments, senior politicians, senior icant) KYC Proof Attached (Mandatory) Business ○ Professional ○ Agriculturist (Please specify) 1 crore OR Net worth ₹ icant) KYC Proof Attached (Mandatory) Business ○ Professional ○ Agriculturist (Please specify)				

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6 Corresponde	ence Details o	f Sole/First	Applicant:								
Correspondence Address	s (Please provide full ad	dress)*			Overs	eas Address (N	Vandatory for I	NRI / FII Appl	icants)		
HOUSE / FLAT NO.				HOUSE / FLAT NO.							
STREET ADDRESS			STREET ADDRESS								
	STREET	ADDRESS						STREET	ADDRESS		
CITY /	CITY / TOWN STATE					CITY	/ TOWN			STATE	
COUN	ITRY		PIN CODE		CO	UNTRY		PIN CODE			
Tel. (Off.)			Tel. (Res.)					Fax			
Email [£]							Mobile				
OPlease ✓ if you wis	h to receive Accour	t statement / An	nual Report/ Othe	r statutory in	formatio	n via Post inst	tead of Email				
Please ✓ any of the fr	equencies to receive	Account Stater	nent through e-m	ailf: 🔘	Daily	Weekly	OMon	ithly () Quarterly	Half Yearly	Annually
* Mandatory informat ** Mandatory in case § For KYC requirement 7 BANK ACC	the Sole/First applic	ant is minor. instruction Nos.	II b(5) & X	E E	For docu Please r	ments to be s efer to instruc	ubmitted on tion no. IX	behalf of m	ninor folio ref	of Minor/Non-Inc er instruction II-	dividual Investor. b(2)
Mandatory information account.) For unit h	ation – If left blank t olders opting to hold Current OSavi	<i>he application is</i> I units in demat f	orm, please ensu	c ted. (Manda re that the ba	tory to at	tach proof, in nt linked with	case the pay	-out bank a	iccount is diff		ource bank
Branch Name						Branch Cit	v				
9 Digit MICR code			11 Digit IF	SC Code						Please ⁄]:	
-									Bank	Account Details F	roof Provided.
8 INVESTME	NT & PAYMEN1	DETAILS (I	Refer Instruction	on No. IV)	For P	lans & Sub-op	ptions please	see key fea	itures for sch	eme specific det	ails
Name of scheme	ICICI PRUDE	NTIAL									
Option & Sub op	tion (Please ✓ the	appropriate box	kes only if applica	ble to the scl	heme in v	which you pla	an to invest)				
PLAN: Regular Direct	OPTION: Growth/ Dividend Frequency:	Cumulative ODiv	ridend OBonus^	SUB-OPTION	N: ODivi	dent Reinvestr	nent ODivide		OR AEP-	Regular® OR 🔵	Appreciation
^ Bonus Option, refer ins		 nulative – AEP Re	gular Option: Encas	hment of units	is subiect	to declaration	of dividend in			Please refer to Ins	truction no. IV(a)
Micro Investm											
Sole/First			PAN Exempt H	-				ot provide	d)		
Applicant											
2 nd Applicant			PAN Exempt H								
3 rd Applicant			PAN Exempt H	(YC Referenc	e No. (PE	EKRN) (Manda	atory if PAN n	ot provideo	d)		
SIP Through OECS/	Standing Instruction	/ Direct Debit	O PDCs [¶] SIP	Date 07 th	О	10 th	15 th ()	25 th SIP	Frequency*	O Monthly	Quarterly
Payment details first cheque for			details of	Mode of F	Paymer	nt 🔿 Cheq	lue 🔿 D		unds Transfe	r 🔿 NEFT	O RTGS
Amount Paid ₹	Α	g	DD Charges (if applicable)	₹		В		Amount Invested	₹	A + B	
Cheque / DD Number		Dat		1 M Y		Account Number					
Bank Name											
Bank Branch & City						Acco	untType	O Current	O Savings		NRE O FCNR
Subsequent SIP I	nstallment Deta	nils									
From Cheque No.			To Cheque No	э.			Amoun	t Investe	d ₹	PER CHEC	2UE
No. of Cheques			Drawn on				BAN	K / BRAN	СН		
Start Month/Year	MMY	YYY	End Date	<pre> 12/20 12/20 12/20 </pre>)23	<pre> 12/2018 12/2099 </pre>	0	Or other ple fill in alongs	IVI	MY	YYY
Please ✓ applicable chec Applications with Third circular. Please read the	d Party Cheques, pre	unded instrumer	nts etc. and in circu	umstances as	detailed						ce with the said

9 DEMIAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)	○ NSDL OR ○ CDSL (Please ✓)				
Do you want units in demat form : O Yes OR O No (Please A	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)				

Nominee	ninate the undermentioned nominee to receive		Date of Birth D D M M Y Y (Mandatory if nominee is minor)
Guardian		MANDATORY, IF NOM	MINEE IS A MINOR
	Relationship with the Nominee:	er Mother Legal Gu	uardian [Please tick (1)]
Nominee's Address	HOUSE / FLAT NO		STREET ADDRESS
(Mandatory)	CITY / TOWN	PIN CODE	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR
The Trustee, ICICI Pru		he Scheme Information Document/Key Info	ormation Memorandum of the Scheme(s). I/We apply for the units of the Fund and agree to abid f Money Laundering Act, 2002 and such other regulations as may be applicable from time to tin

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 and we are not US Person(s). I/We hereby declare that I and 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 tolffree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others)**.

SIGNATURE OF SOLE / FIRST APPLICANT

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SIGNATURE OF SECOND APPLICA

SIGNATURE OF THIRD APPLICANT

	ACKNOWLEDGEME To be filled in by the Investor. Subject to realize	NT SLIP (Please Retain this S zation of cheque and furnishing of EXISTING FOLIO NO.		Application No.
Scheme ICICI PRUDENTIAL	SCHEME AND OPTION	J	₹ 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 () 12/2016 ()) 12/2018 () 12/2023 () *	12 / 2099 Other (<i>Specify</i>)	M M Y Y Y Y

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

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.

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