





**4. PAYMENT DETAILS**

Mode of Payment  Cheque  DD  Funds Transfer  NEFT  RTGS

Investment Amount ₹  DD Charges (if applicable) ₹  Total Amount ₹

Cheque / DD Number  Date

BANK DETAILS:  Same as above [Please tick (✓) if yes]  Different from above [Please tick (✓) if it is different from above and fill in the Bank details below]

A/c Number  Account Type  Savings  Current  NRE  NRD  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

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN  STATE

COUNTRY  PIN CODE

Tel.   Mobile

Email

Please  if you wish to receive Annual Report or Abridged Summary via Post - (Applicable only if email is not available) [Refer Instruction No.IX(a)]

Please  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 incase the application is for SIP PLUS or incase the sole/first applicant is minor. <sup>5</sup> 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

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

**7. TAX STATUS** [Please tick (✓)] (Applicants for SIP Plus have to choose tax status as Resident Individual or NRI)

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. XIV) (Not applicable for SIP Plus)

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

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

(Please see overleaf)

**INVESTMENT DETAILS**

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	ICICI Prudential			
2	ICICI Prudential			
3	ICICI Prudential			
4	ICICI Prudential			

**PAYMENT DETAILS**

Amount  Cheque/DD No.  dated

Bank & Branch



	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 DD MM YYYY (Not older than 1 year)
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	<b>For Individuals</b> [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 <b>For Non-Individuals</b> [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 (For Mutual Fund units) (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):** 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, 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).**

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. 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).

Sole/1st Applicant	
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2nd Applicant	
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3rd Applicant	
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**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 or until cancelled • 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 in case 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.

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

<b>NSDL: Depository Participant (DP) ID (NSDL only)</b>	<b>Beneficiary Account Number (NSDL only)</b>	<b>CDSL: Depository Participant (DP) ID (CDSL only)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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):		Signature of Nominee or Parent / Guardian
Address:		

**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)**

1st Holder	2nd Holder	3rd Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>

Scheme (1) : SIP Installment Rs.	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
Scheme (2) : SIP Installment Rs.	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
Scheme (3) : SIP Installment Rs.	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
Scheme (4) : SIP Installment Rs.	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
TOP UP CAP Amount Rs. OR TOP UP CAP Month-Year: Scheme (1):	Scheme (2):	Scheme (3):	
Scheme (4):	SIP Tenure in case of SIP Plus:		







**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 or until cancelled • 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, lightning, 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.

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

<b>NSDL: Depository Participant (DP) ID (NSDL only)</b>	<b>Beneficiary Account Number (NSDL only)</b>	<b>CDSL: Depository Participant (DP) ID (CDSL only)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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): _____	Signature of Nominee or Parent / Guardian	
Address: _____		

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Scheme (1) : SIP Installment Rs. _____	SIP Frequency: _____	SIP Start Date (DD/MM/YY): _____	SIP TOP UP Rs. _____
Scheme (2) : SIP Installment Rs. _____	SIP Frequency: _____	SIP Start Date (DD/MM/YY): _____	SIP TOP UP Rs. _____
Scheme (3) : SIP Installment Rs. _____	SIP Frequency: _____	SIP Start Date (DD/MM/YY): _____	SIP TOP UP Rs. _____
Scheme (4) : SIP Installment Rs. _____	SIP Frequency: _____	SIP Start Date (DD/MM/YY): _____	SIP TOP UP Rs. _____
TOP UP CAP Amount Rs. OR TOP UP CAP Month-Year: Scheme (1): _____		Scheme (2): _____	
Scheme (4): _____		SIP Tenure in case of SIP Plus: _____	



**COMMON TRANSACTION SLIP (For existing Unitholders only)**

ARN-93643

DHANANJAY KUMAR

E 097712



#By mentioning RIA 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.  
 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 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 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 Holder	Signature of Second Holder	Signature of Third Holder
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FOLIO NO. (Mandatory): \_\_\_\_\_ TAX STATUS: \_\_\_\_\_ MODE OF HOLDING: \_\_\_\_\_

1st Holder (Mandatory)		
2nd Holder		
3rd Holder		

\* PAN & KYC are mandatory for all applicants including NRIs.

**Additional Purchase Request** (Cheque/DD to be drawn in favour of "Name of the Scheme"). In case you do not mention Plan and/or Option units will be allotted under default option as per respective scheme information documents.

Scheme Name		PLAN:	OPTION:
Cheque / DD No.	Drawn on Bank Name & Branch		
Cheque / DD Date	Amount of cheque/DD in figures (Rs.)	DD charges, if any Rs. (in figures)	
Bank A/c No.	Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Others	<input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR (Please specify)

We hereby confirm having initiated the Transfer / RTGS for transfer of INR \_\_\_\_\_ from our account no. \_\_\_\_\_ with \_\_\_\_\_

Documents attached to avoid Third Party Payment Rejection where applicable:  
 Bank Certificate - for DD     Third Party Declaration  
 For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.

In case, the additional purchase amount is ₹10,000 or above and distributor has opted to receive transaction charges, ₹100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

**Switch Request** (Please refer to the SID of the scheme you are switching from and to)

I wish to switch: Rs. _____ or _____ Units	
From (Scheme)	To (Scheme)
Plan:	Plan:
(Option)	(Option)

<b>BEFORE YOU REDEEM</b>	Have you invested long enough ? • Longer investment time period may allow your money the <b>Benefit of Compounding</b> . • We recommend you check your investment horizon against your financial goals and not to get swayed by short term market movements. • Have you been invested long enough to avoid any short term capital gain tax and exit load charges ? <b>Consult your financial advisor for the appropriate investment horizon!</b>	<input type="checkbox"/> <b>Redemption Request</b> Please Redeem Rs. _____ or _____ Units Scheme _____ Plan _____ Option _____
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If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the redemption proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered for the folio.

Bank Name	Bank A/c No.
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**Contact details of First/Sole applicant**

Mobile Number	and/or Land Line Number	
E-mail Address		

**As per the press release dated April 11, 2017 issued by Ministry of Finance, the AMC has blocked/freeze the folios opened between 1st July 2014 to 31st August 2015 where FATCA self certification is not provided. The AMC shall not process any transaction which is initiated by the Investor in such folio(s) unless FATCA self-certification is provided by the Investor and due diligence is completed by the AMC.**

**YOUR CONFIRMATION/DECLARATION:** I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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 hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

**Signature(s)**

_____	_____	_____
First Holder	Second Holder	Third Holder

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form', available on our website [www.iciciprurf.com](http://www.iciciprurf.com) under the downloads section, and submit the same at the Point of Service of any KYC Registration Agency.

Folio No. ....  Purchase     Redeem     Switch    Date: .....

Scheme ..... Amount Rs. .... or Units .....

From Scheme (in case of switch) ..... To Scheme .....



**SYSTEMATIC TRANSFER PLAN (STP) FORM** (Please read the instructions on the overleaf before filling up the form)



<b>ARN-93643</b> <i>Dhanajay Kumar</i>	<b>E 097712</b>
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 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.

Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder
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I/We hereby apply to the Trustee of ICICI Prudential Mutual Fund for the Systematic Transfer Plan (STP) Enrolment under the following scheme(s) and agree to abide by the terms and conditions of the Scheme(s)/Plan(s).

<input type="checkbox"/> Registration	<input type="checkbox"/> Cancellation	Application No.	Folio No.
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<b>Scheme, Plan (Regular or Direct), Option &amp; Sub-Option</b> (From which you wish to transfer amount):	<b>Scheme, Plan (Regular or Direct), Option &amp; Sub-Option</b> (To which you wish to transfer amount)
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Instalment Amount Rs (Minimum of Rs.1,000)	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly (every monday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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No. of Instalments (Minimum of 6 Instalments)	STP Dates (Select only in case of Monthly frequency): <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> Last day of the month
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From Date	To Date
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Note: In case of Daily STP the minimum instalment amount is Rs.250 and in multiples of Rs.50 thereof.

**SYSTEMATIC TRANSFER PLAN (STP) FORM - Instructions**

- i) The minimum amount that can be transferred from source scheme to target scheme is Rs.1,000 and in multiples of Re.1/- under Weekly, Monthly and Quarterly frequencies and a minimum amount that can be transferred is Rs.250 and in multiples of Rs.50/- under Daily frequency.
- ii) Daily, Weekly, Monthly and Quarterly Frequencies will be available under STP facility for all the plans/options/sub-options of the designated source and target schemes of ICICI Prudential Mutual Fund as mentioned below.
- iii) For load structure under the scheme(s), please refer to the respective Scheme Information Document (SID)/Key Information Memorandum (KIM) or "Key Scheme Features" mentioned in the Common Application Form and Addenda of the Scheme(s).
- iv) The request for STP should be received on or before the last business day of the week preceding the week in which the effective transaction date falls.
- v) All requests for registering or discontinuing Systematic Transfer Plans shall be subject to an advance notice of 7 (seven) working days.

<b>Source Schemes (Eligible Schemes from which you can Transfer):</b> All the open-ended schemes of ICICI Prudential Mutual Fund except ICICI Prudential Long Term Equity Fund (Tax Saving)	<b>Target Schemes (Eligible Schemes into which you can Transfer):</b> All the open-ended schemes of ICICI Prudential Mutual Fund where subscription is allowed.
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<b>YOUR CONFIRMATION/DECLARATION</b> I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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.	<b>SIGNATURE(S)</b>	Sole/First Applicant
	<b>SIGNATURE(S)</b>	Second Applicant
	<b>SIGNATURE(S)</b>	Third Applicant

Folio No. .... Application No. .... Name of the applicant: .....

Scheme, Plan & Option (From)..... Amount Rs. .... or Units .....

Scheme Plan & Option (To)..... Frequency:  Daily  Weekly  Monthly  Quarterly Instalment Rs. .... No. of Instalments .....