PRIDENTIAL TOND

COMMON APPLICATION FORM FOR MULTIPLE SCHEMES - LUMPSUM / SIP / SIP PLUS

Application No.

63132715

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

ARN 9	3643)HIF) NF	トイン	7	Kr	/	F17 \	(allot	ted l		holde								EZ I	2	
By mentioning RIA/	PMRN code,	I/we au	uthorize	you to s	hare wit	h the	Investr	nent	Advise	trunt	tion N	lo VII	11 _ 1/	Ma h	erehv c	onfirm 1	that th	e FUIIN	hox h	ias n	een int	enuc	ากลแง	leit n	lank b	y m
claration for "exec as this is an "exec appropriateness, if																										ice
SIGNATURE	OF SOLE / I	FIRST	APPLIC	ANT			SIGN	ATU	RE O	FSE	CON	ID AF	PLIC/	ANT				SIGN	ATUR	E OF	THIR	DΑ	PPL	ICAN		
ANSACTION CHA	RGES FOR	APPLI	CANTS	THRO	UGH DIS	STRIB	UTOR	S OF	NLY [F	Refer	Inst	tructi	on XI]	111		7				,						
In case the purchase deductible as applicated. • Upfront coverious factors inclu	cable from the mmission sha	e purcha Il be pa	ase/subs id directl	cription v by the	amount a												int	cisting	Fond) NO			-]/[
APPLICANT	(S) DETA	ILS (F	Please ref	er to Inst	truction No	o. II (b)	(Name	should	d be as	per th	e PAN	N)														
DLE / 1 ST Mr	. Ms. M/s			8")	R\$T					-			MI	opu	**		Avionimio (VA)			-		L	ST			
N/PEKRN*	<u> </u>				KYC Id	l No.	¥ Er	nclose	ed (Plea	ase 🗸	7§*C) KYC	Acknow	wledg	jement l	etter		Date	of Birt	h**						
												•						D	D	N	1 h	VI .	Y	Y	Y	L
ME OF GUARDIAN	(in case First/S	Sole appl	icant is m	inor)/CO	NTACT PI	ERSON	I-DESIG	ITAN	ON/Po	A HOL	LDER	(in cas	se of No	n-Indi	vidual In	vestors)	1									
. Ms.		1	RST								IIDD									AST						
N/PEKRN* K	YC Proof Attac	hed (M	andatory		ntionship	with N	/linor a	pplica	ant: O	Natu	ıral gu	uardia	n 🔾 Co	ourt a	ppointed	d guardi	an T	Date		1		-	٧	1.9	37	-
				KYC Id N]	D		M	M		8		1	
APPLICANT	Mr. Ms. M	l/s			FIRS									M	DDLE								L	AST		
N/PEKRN*			<u> </u>		KYC Id	No.	<i>t</i> (O KY	YC Proc	of Atta	ached	(Man	datory)					Date	of Bir	th						
	-																	D	D	M	M		Y	У	Y	
ADDLICANT	Mr. Ms. N	Val			Firs	Y I								M	DDLE		-					T	L	AST		
APPLICANT	IVIT. IVIS. IV	1/5			1 111								1			1 1		Date	of Rin			<u> </u>		نسسا		
					IVC I	I NIO A	£ 1	OK	VC Pror	of Atta	ached	(Man	datory)							ui						
nandatory information la	UNT (PA	Y-OU	JT) DE	TAIL	S OF S	vidual o	E/FIR	ST A	APP	ed und	der Cer	ntral KY T (Pla	C Recor	ds Reg	r to Ins	tructio	n No.	ne 14 diç	it KYC I	dentif	ication N	lumbe			nk acc	our
BANK ACCO	UNT (PA	Y-OU	JT) DE	TAIL	ted. ¥Indi	vidual o	E/FIR	ST A	register	ed und	der Cer	ntral KY T (Pla	ease F	Reference of the second	r to Ins	tructio the pay- d here.	n No.	ne 14 dig	it KYC I	dentifi	ication N	lumbe	er (KIN	I). irce ba	nk acc	
BANK ACCO andatory information lo andatory information information in the control of the control	UNT (PA	Y-OU	JT) DE	TAIL	ted. ¥Indi	vidual o	E/FIR	ST A	register	ed und	der Cer	ntral KY T (Pla	ease F	Reference of the second	r to Ins in case entione	tructio the pay- d here.	n No.	ne 14 dig	it KYC I	dentifi	ication N	lumbe	er (KIN	I). irce ba	45	
BANK ACCO andatory information le andatory information unit holders opting Account Number Name & Branch	UNT (PA	Y-OU	JT) DE	TAIL	ted. ¥Indi	vidual costs of the balance of the b	E/FIR to be ank acc	ST A rejection	register	ed und	der Cer	ntral KY T (Pla	ease F	Reference of the second	r to Ins in case entione	tructio the pay- d here.	n No. out ba	ne 14 dig	it KYC I	dentifi	ication N	lumbe	er (KIN	I). irce ba	45	
BANK ACCO andatory information le andatory information unit holders opting Account Number Name & Branch	UNT (PA	Y-OU	JT) DE	TAIL	ted. ¥Indi	vidual costs of the balance of the b	E/FIR to be	ST A rejection	register	ed und	der Cer	ntral KY T (Pla	ease F	References	r to Ins in case entione	tructio the pay- d here.	n No. out ba	III) nk acco	it KYC I	different (ication N	lumber the	e sou	Irce ba	0	FCI
BANK ACCO Endatory information leads to the content of the content	OUNT (PA ation - If le to hold units	Y-OU ft blan	JT) DE	ETAIL applica olease er	s of s	soli iable the ba	E/FIR to be ank acc	ST / rejection to the count of	register APP cted. linked	LIC. (Man with t	AN'	ntral KY T (PI ry to a emat a	C Recor	Refer rroof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC	n No. out ba	III) nk acco	it KYC I	dentification of the control of the	rent fro	m the	e sou	I). Irce ba	O O	FCI
BANK ACCO andatory information le andatory information in the count number Name & Branch of Bank Branch City	OUNT (PA ation - If le to hold units	Y-OU ft blan in dema	JT) DE	ETAIL applica blease er	S OF Stion is Insure that	soli iable the ba	E/FIR to be ank acc	ST / rejection to the count of	register APP cted. linked	LIC. (Man with t	AN' adator the de	ntral KY T (PI ry to a emat a	C Recor	Refer rroof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC	n No. out ba savings ligit	III) nk acco	Duit KYC I Currer V): [dentification of the control of the	rent fro	m the	e sou	NRO	oof Propelow	FCI
BANK ACCO andatory information le andatory information le andatory information unit holders opting Account Number Name & Branch of Bank Branch City INVESTMEN Sr. Io.	IT DETAI	Y-OU ft blan in dema	JT) DE ok the a at form, p	ETAIL applica blease er	S OF Stion is Insure that	soli iable the ba	E/FIR to be ank acc	ST / rejection to the count of	register APP cted. linked	LIC. (Man with t	AN' adator the de	T (PI	C Recor	Refer rroof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings ligit	III) nk acco	Duit KYC I Currer V): [dentification of the control of the	rent fro	m the	e sou	NRO	oof Propelow	FCI
BANK ACCO andatory information lo andatory information lo andatory information lo andatory information unit holders opting Account Number Name & Branch of Bank Branch City INVESTMEN Sr. Jo. 1 ICICI Pruder	UNT (PA ation - If le to hold units	Y-OU ft blan in dema	JT) DE ok the a at form, p	ETAIL applica blease er	S OF Stion is Insure that	soli iable the ba	E/FIR to be ank acc	ST / rejection to the count of	register APP cted. linked	LIC. (Man with t	AN' adator the de	T (PI	C Recor	Refer rroof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings ligit	III) nk acco	Duit KYC I Currer V): [dentification of the control of the	rent fro	m the	e sou	NRO	oof Propelow	FCI
BANK ACCO andatory information le andatory information le andatory information	IT DETAI Nantial	Y-OU ft blan in dema	JT) DE ok the a at form, p	ETAIL applica blease er	S OF Stion is Insure that	soli iable the ba	E/FIR to be ank acc	ST / rejection to the count of	register APP cted. linked	LIC. (Man with t	AN' adator the de	T (PI	C Recor	Refer rroof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings ligit	III) nk acco	Duit KYC I Currer V): [dentification of the control of the	rent fro	m the	e sou	NRO	oof Propelow	FCI
BANK ACCO andatory information le andatory information le andatory information le andatory information r unit holders opting Account Number Name & Branch of Bank Branch City INVESTMEN Sr. No. 1 ICICI Pruder 2 ICICI Pruder 3 ICICI Pruder	IT DETAI Namital	Y-OU ft blan in dema	JT) DE ok the a at form, p	ETAIL applica blease er	S OF Stion is Insure that	soli iable the ba	E/FIR to be ank acc	ST / rejection to the count of	register APP cted. linked	LIC. (Man with t	AN' adator the de	T (PI	C Recor	Refer rroof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings ligit	III) nk acco	Duit KYC I Currer V): [dentification of the control of the	rent fro	m the	e sou	NRO	oof Propelow	FCI
BANK ACCO andatory information le andatory information le andatory information le andatory information unit holders opting Account Number Name & Branch of Bank Branch City INVESTMEN Sr. Jo. 1 ICICI Pruder 2 ICICI Pruder 3 ICICI Pruder 4 ICICI Pruder	IT DETAI Na ntial ntial	Y-OU ft blarn in dema	JT) DE ok the a at form, p	etall. spplica lease er	s of stion is I	SOLE iable the ball of No. IV)	Digit (For F	ST / rejection to the control of the	APP cted. linked	LIC. (Man with t	AN' dator the de	T (PI)	ease F ttach p account	Refer Refer Proof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings significations attures	III) IIII) IIIIII	in KYC I Dunt is Currer V): [asse m tion	difference of the second of th	rent fro	m the	e sou	NRO	oof Propelow	FCI
BANK ACCO andatory information le andatory information le andatory information le andatory information unit holders opting Account Number Name & Branch of Bank Branch City INVESTMEN Sr. Io. 1 ICICI Pruder 2 ICICI Pruder 3 ICICI Pruder 4 ICICI Pruder	IT DETAI Na ntial ntial chemes, Chec	Y-OU ft blar in dema	JT) DE ak the a at form, p clefer Irr f the So should be	etail. Inpplica Inpplica Instruction Ins	ted. ¥Indi	9 N	Digit (For F	ST / rejection of the control of the	APP cted. linked	LIC. (Man with t	AN dator the de	T (PI)	ease F ttach p account	Refer Refer Proof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings significations attures	III) nk acco	in KYC I Dunt is Currer V): [asse m tion	difference of the second of th	rent fro	m the	e sou	NRO	oof Propelow	FCI
Number Name & Branch of Bank Branch City INVESTMEN Sr. No. I ICICI Pruder CICICI Pruder CICICI Pruder	IT DETAI Namital	Y-OU ft blan in dema	JT) DE ok the a at form, p	ETAIL applica blease er	S OF Stion is Insure that	soli iable the ba	E/FIR to be ank acc	ST / rejection to the count of	register APP cted. linked	LIC. (Man with t	AN' adator the de	T (PI	C Recor	Refer rroof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings ligit	III) nk acco	Duit KYC I Currer V): [dentification of the control of the	rent fro	m the	e sou	NRO	oof Propelow	F
BANK ACCO landatory information le landatory information le landatory information le landatory information le landatory information r unit holders opting Account Number Name & Branch of Bank Branch City INVESTMEN Sr. No. 1 ICICI Pruder 2 ICICI Pruder 3 ICICI Pruder 4 ICICI Pruder	IT DETAI Na ntial ntial chemes, Chec	Y-OU ft blar in dema	JT) DE ak the a at form, p clefer Irr f the So should be	etail. Inpplica Inpplica Instruction Ins	ted. ¥Indi	9 N	Digit (For F	ST / rejection of the control of the	APP cted. linked	LIC. (Man with t	AN dator the de	T (PI)	ease F ttach p account	Refer Refer Proof, t is m	r to Ins in case entioned at Type	tructio the pay- d here. S 11 D IFSC Encerne fee	n No. out ba savings significations attures	III) IIII) IIIIII	in KYC I Dunt is Currer V): [asse m tion	difference of the second of th	rent fro	m the	e sou	NRO American Arguers America	oof Propelow	rvi t
BANK ACCO andatory information le andatory information le andatory information le andatory information le andatory information r unit holders opting Account Number Name & Branch of Bank Branch City INVESTMEN St. 1 ICICI Pruder 2 ICICI Pruder 3 ICICI Pruder 4 ICICI Pruder 1 I	IT DETAI Na Intial Intial	Y-OU ft blan in dema LS (R ame of	should be the Total Course of the Science of the Sc	e drawn tal Inves	ted. ¥Indi	9 N	Digit (For F	ST / rejection of the control of the	APP Cted. linked s & Su stial Mu ere.	LIC. (Man with t	AN' dator the de	T (PI) Ty to a semat a semata	ease F ttach p p account Account Account	Reference of the second of the	r to Ins	tructio the pay- d here. S 11 D IFSC Enc eme fee	n No. out ba savings savings ligit losed atures TO	III) III) Ink according to the control of the contr	int KYC I Dount is Currer V): [asse m tion	different (rent fro	m the	e sou	NRO American Arguers America	on Property of Pro	t ou
BANK ACCO Candatory information leads to the cheque amount of Bank Branch City INVESTMEN ICICI Pruder	IT DETAI Na Intial Intial	Y-OU ft blan in dema LS (R ame of	Befer In the Sound behavior of the Sound beh	e drawn tal Inves	tion No.	9 N	Digit (For F	ST / rejection of the control of the	APP Cted. linked s & Su stial Mu ere.	LIC. (Man with t	AN' dator the de	T (PI) Ty to a semat a semata	ease F ttach p p account Account Account	Reference of the second of the	r to Ins	tructio the pay- d here. S 11 D IFSC Enc eme fee	n No. out ba savings savings ligit losed atures TO	III) III) Ink according to the control of the contr	int KYC I Dount is Currer V): [asse m tion	different (NR NR Accion scion scientification scion s	m the	e sou	NRO NRO (Plea	on Property of Pro	t ou

Investment Amount Cheque / DD Number BANK DETAILS: Same as A/c Number Name & Branch of Bank Branch City	Dat	te [D] [D]	DD Charges (if applicable)	₹	В		Tot				
DD Number BANK DETAILS: Same as A/c Number Name & Branch of Bank		Ll L				100		ount	₹	A+B	b. U.1
A/c Number Name & Branch of Bank	s above [Please tick (/) if	fyes]	MM	YLYL	X X						
Name & Branch of Bank			Different from	m above [Plea	se tick (✔) if it	is differen	t from above a	nd fill in t	he Bank di	etails below]	-
of Bank					Accou	unt Type	O Saving:	: O 0	urrent (NRE ONRI) O F0
1											
			ndatory En			Cheq		nk atement	O Ban	ker's Attestation_	
											ish sho
Applications with Third Party Cl circular. Please read the instruc	heques, prefunded instruction no. VI(e). Third Par	uments etc. and ty Payment Dec	In circumstal laration form	is available i	n www.icicipr	rcular No. ruamc.cor	n or ICICI Pru	dential N	Autual Fun	nd branch offices.	e with the
CORRESPONDENCE			PPLICAN					IDI / FII		-1	
orrespondence Address (Ple					erseas Addre	ess (Man		USE / FL		is)	
	HOUSE / FLAT NO.						137	EASC / FE	251 1852		
	STREET ADDRESS						ST	NEET AD	DRESS		
CITY / TOWN		STATE			C	ITY / TO	WN		-	STATE	
COUNTRY		PIN COL	3E -			COUNTE	₹V			PIN CODE	
		1 1 1 1 1 1			T T T	T	Г		1	T	
ēl. Utt	ice			stidehce			Mobile				
mail [£]	•										
	l 🗆 reign National 🗀	Prus nave to o Partnership FIRN Company Private Limited O Limited Partners	<i>(</i> Company	Governme AOP/BOI Public lim Sole Propi	nt Body ited company	□ FPI □ FPI □ FPI	category I category II category III ers (Please sp	ecify)		Trust Profit Organization, nce Establishment	Bank Charities
Financial Institution Trus DEMAT ACCOUNT D	DETAILS (Optional -	- Please refer l		No. XIV) (No			Plus) ticipant (DP) ID	(CDSL only	()		
DEMAT ACCOUNT D SDL: Depository Participant (DP) ID	DETAILS (Optional - (NSDL only) Benefici	VIDUALS	per (NSDL only)	ole Propriet	CDSL: Depo	ository Par	ticipant (DP) ID			nts/guardian	
DEMAT ACCOUNT D SDL: Depository Participant (DP) ID	DETAILS (Optional - (NSDL only) Benefici	VIDUALS (I	per (NSDL only)	ole Propriet	or) (Mandate	ository Par	ticipant (DP) ID	ed for all	applicar	nts/guardian ship / Nationality	
DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE on-Individual investors sho	DETAILS (Optional (NSDL only) Benefici	VIDUALS (I	per (NSDL only)	ole Propriet	or) (Mandate	ository Par	ticipant (DP) ID	ed for all	applicar	ship / Nationality	
DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE on-Individual investors sho	DETAILS (Optional (NSDL only) Benefici	VIDUALS (I	per (NSDL only)	ole Propriet	or) (Mandate	ory) nformatio	ticipant (DP) ID	ed for all	applicar of Citizens ers (Please	ship / Nationality specify)	
Financial Institution Trus DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE on-Individual investors sho First Applicant / Guardian Second Applicant Third Applicant	DETAILS (Optional (NSDL only) Benefici ETAILS FOR INDI Build mandatorily fill s Place/City of Bi	VIDUALS (I	er (NSDL only)	ole Propriet inexure II). Country of E	CDSL: Depl	ository Par	on is require	ed for all Country Othe	applicar of Citizens ers (Please	ship / Nationality specify) specify)	
Financial Institution Trus DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE on-Individual investors sho First Applicant / Guardian Second Applicant	PETAILS (Optional (NSDL only) Benefici ETAILS FOR INDIvided mandatorily fill s Place/City of Bi	VIDUALS (I separate FATC	er (NSDL only) Including ScA Form (An	ole Propriet inexure II). Country of E	CDSL: Depplement of the below in high the below	ository Par ory) Informatio	on is required by the second of the second o	Country Oth	applicar of Citizens ers (Please ers (Please	ship / Nationality specify) specify) specify) Resident in the resp	ective coul
Financial Institution Trus DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE on-Individual investors sho First Applicant / Guardian Second Applicant Third Applicant	PETAILS (Optional (NSDL only) Benefici ETAILS FOR INDIvided mandatorily fill s Place/City of Bi	VIDUALS (I separate FATC	er (NSDL only) Including ScA Form (An	ole Propriet inexure II). Country of E	CDSL: Depplement of the below in high the below	ository Par ory) Informatio	on is required by the second of the second o	Country Oth	applicar of Citizens ers (Please ers (Please	ship / Nationality specify) specify) specify) Resident in the resp	
Financial Institution Trus DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE Denomination of the properties of the	PETAILS (Optional (NSDL only) Benefici ETAILS FOR INDIvided mandatorily fill s Place/City of Bi	VIDUALS (I separate FATC	er (NSDL only) Including ScA Form (An	Ole Propriet inexure II). Country of E	CDSL: Depplement of the below in high the below	ository Par ory) Informatio	on is required by the second of the second o	ed for all Country Otho Otho Card Hol	applicar of Citizens ers (Please ers (Please ers (Please	ship / Nationality specify) specify) specify) Resident in the resp	ease see o
Financial Institution Trus DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE on-Individual investors sho First Applicant Guardian Second Applicant Third Applicant Te you a tax resident (i.e., are you 'YES' please fill for ALL countries	DETAILS (Optional (NSDL only) Benefici ETAILS FOR INDI Flace/City of Bi a assessed for Tax) in any c (other than India) in whice	VIDUALS (I separate FATC	er (NSDL only) Including ScA Form (An	Ole Propriet inexure II). Country of E	or) (Mandate The below in irth No nere you are a	ository Par ory) Informatio	on is require Indian U.S Ind	ed for all Country Otho Otho Card Hol	applicar of Citizens ers (Please ers (Please ers (Please	ship / Nationality specify specify specify specify Resident in the resp	ease see o
Financial Institution Trus DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE Denomination of the properties of the	DETAILS (Optional (NSDL only) Benefici ETAILS FOR INDI Flace/City of Bi a assessed for Tax) in any c (other than India) in whice	VIDUALS (I separate FATC	er (NSDL only) Including ScA Form (An	Ole Propriet inexure II). Country of E	or) (Mandate The below in irth No nere you are a	ository Par ory) Informatio	on is require Indian U.S Ind	ed for all Country Otho Otho Card Hol	applicar of Citizens ers (Please ers (Please ers (Please	ship / Nationality specify specify specify specify Resident in the resp	ease see o
Financial Institution Trus DEMAT ACCOUNT D SDL: Depository Participant (DP) ID FATCA AND CRS DE Depository Participant (DP) ID FIRST Applicant / Guardian Second Applicant Third Applicant Third Applicant Third Applicant Te you a tax resident (i.e., are you'YES' please fill for ALL countries IVESTMENT DETAILS Sr. No. 1 ICICI Prudential	DETAILS (Optional (NSDL only) Benefici ETAILS FOR INDI Flace/City of Bi a assessed for Tax) in any c (other than India) in whice	VIDUALS (I separate FATC	er (NSDL only) Including ScA Form (An	Ole Propriet inexure II). Country of E	or) (Mandate The below in irth No nere you are a	ository Par ory) Informatio	on is require Indian U.S Ind	ed for all Country Otho Otho Card Hol	applicar of Citizens ers (Please ers (Please ers (Please	ship / Nationality specify specify specify specify Resident in the resp	ease see o

Bank & Branch

		Count	ry of Tax Resid	lency	Tax Identification I Functional Equ		Identificat (TIN or other pi			t available pl A, B or C (as	
First Applica	ant / Guardia	in							Reason: A	. □ В	_ c _
Second Appl	licant					100			Reason: A	. В	
Third Applica	ant						manuscriptor spiritors		Reason: /	. В	_ c_
Reason Reason	B ⇒ No T C ⇒ Othe	country where IN required (Sers, please state	elect this rea	ason Only if t thereof: Addr	ble to pay tax does the authorities of the ress Type of 2nd Hol	respective co	untry of tax reside	Address Ty	pe of 3rd Hold	er:	
Residentia nnexure I ar	al Regis nd Annexure	tered Office O	Business on the website o	of AMC i.e. ww	esidential Registere w.icicipruamc.com or at	ed Office O Busi the Investor Serv	ness I ice Centres (ISCs) of		al Registere lutual Fund.	d Office () B	usiness
		S (Mandatory)				•				
Decupation	•							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	04:4:	+ On-	
Sole/First Applicant Second	O Housev	Sector Service vife Sector Service	O Student		O Government Se O Forex Dealer O Government Se	○ 0th	ers (Please specify)_) Professional) Professional	O Agriculturi		
Applicant Third	O Housev	vife	O Student		O Forex Dealer O Government Se	O 0th	ers (Please specify)_) Professional	O Agriculturi		
nira Applicant	O Housev	Sector Service vife	O Student	ector Service	O Forex Dealer		ers (Please specify)_	7 : 1016331011d1	Agriculturi		
Gross Annu		[Please tick (<u> </u>								
Sole/First App	pucant	O Below 1 Lac OR Net worth (N		O 5-10 Lacs on-Individuals) ₹		>25 Lacs-1 crore as o	processor generalization of the second	I Y Y Y	Y (Not older	than 1 year)	
Second Applic	cant	O Below 1 Lac	O 1-5 Lacs	○ 5-10 Lac	s O 10-25 Lacs	O > 25 Lacs-1 o	rore O >1 cror	oR Net worth ₹			
Third Applica	nt	O Below 1 Lac	O 1-5 Lacs	○ 5-10 Lac	s 0 10-25 Lacs	O >25 Lacs-1 o	rore O >1 cror	e OR Net worth ₹			
Others [Plea											79
12000 12000 10	Commence of the second second	luals [Please tid	k (✔)]: O I am	Politically Expo	sed Person (PEP) ^ C) I am Related to					
Sole/First Applicant	For Non-Ir	idividuals [Plea	se tick (🗸)] (Ple	ease attach mar	ndatory Ultimate Benefic	ial Ownership (UE	(0) declaration form -	Refer instruction	no. IV(h)):	/ Powning /	OVES ON
Applicant	(i) Foreign E	xchange / Money	Changer Service	ces - O YES	○ NO; (ii) Gaming / Ga	mbling / Lottery /	Casino Services – O	Refer instruction /ES ONO; (ii	no. IV(h)): i) Money Lending	/ Pawning —	OYES ON
Applicant Second Appli	(i) Foreign E	xchange / Money) Politically Expos	Changer Serviced Person (PEP	ces - O YES (NO; (ii) Gaming / Gad to Politically Exposed	mbling / Lottery / Person (RPEP)	Casino Services – O	Refer instruction /ES ONO; (ii	no. IV(h)): i) Money Lending	/ Pawning —	OYES ON
Applicant	(i) Foreign E	xchange / Money) Politically Expos	Changer Serviced Person (PEP	ces - O YES (○ NO; (ii) Gaming / Ga	mbling / Lottery / Person (RPEP)	Casino Services – O	Refer instruction /ES \(\rightarrow NO; \((ii)	no. IV(h)): i) Money Lendin(J / Pawning — (OYES ON
Applicant Second Applica Third Applica	(i) Foreign Edicant Control	xchange / Money) Politically Expos) Politically Expos I DETAILS	Changer Serviced Person (PEPsed Person (PEP	ces - O YES () ^ O Relate) ^ O Relate nd units) (Refe	O NO; (ii) Gaming / Gad to Politically Exposed of the Political Over	mbling / Lottery / Person (RPEP) (Person (RPEP) (Casino Services – O Not applicable Not applicable	Refer instruction /ES O NO; (ii	no. IV(h)): i) Money Lending	J / Pawning — (OYES ON
Applicant Second Applica Third Applica 11. NOMI We hereby no	(i) Foreign Edicant Cant Cant Cant Cant Cant Cant Cant C	xchange / Money D Politically Expos Politically Expos I DETAILS undermentioned ess of Nominee	Changer Services ed Person (PEP sed Person (PE	ces - O YES () ^ O Relate) ^ O Relate nd units) (Refe	ONO; (ii) Gaming / Ga d to Politically Exposed d to Politically Exposed	mbling / Lottery / Person (RPEP) Person (RPEP) vent of my/our deal	Casino Services – O Not applicable Not applicable	/ES O NO; (ii	i) Money Lending	Prop Which	ortion (%) in the units wil
Applicant Second Applica Third Applica 11. NOMI We hereby no Nam	(i) Foreign Edicant Cant Cant Cant Cant Cant Cant Cant C	xchange / Money D Politically Expos Politically Expos I DETAILS	Changer Service Seed Person (PEP Seed Pe	ces — OYES () ^ O Relate) ^ O Relate nd units) (Referenceive the amount Applicant's	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of the Political of the Political Office of the Po	mbling / Lottery / Person (RPEP) Person (RPEP) vent of my/our dea	Casino Services – O Not applicable Not applicable ath as follows:	Signati	i) Money Lending	Prop which be sh Nom	ortion (%) in
Applicant Second Applica Third Applica 1. NOMI We hereby no Nan (Ple	(i) Foreign E- icant C ant C INATION ominate the I ne and addr asse tick if Note as 1st/Sole	xchange / Money D Politically Expos D Politically Expos I DETAILS undermentioned ess of Nominee ominee's address	Changer Service Seed Person (PEP Seed Pe	ces - OYES () ^ O Relate () ^ O Relate () ^ O Relate () Applicant's () Reference in the amount of t	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of the Political of the Political Office of the Po	mbling / Lottery / Person (RPEP) Person (RPEP) vent of my/our dea	Casino Services – O Not applicable Not applicable ath as follows:	Signati	i) Money Lending	Prop which be sh Nom	ortion (%) in the units wil ared by each nee (Should
Applicant Second Applica Third Applica 1. NOMI We hereby no Nan (Ple	(i) Foreign Edicant Cant Cant Cant Cant Cant Cant Cant C	xchange / Money D Politically Expos D Politically Expos D Politically Expos I DETAILS undermentioned less of Nominee Description of the second	Changer Service Seed Person (PEP Seed Pe	ces - OYES () ^ O Relate () ^ O Relate () ^ O Relate () Applicant's () Reference in the amount of t	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of the Political of the Political Office of the Po	mbling / Lottery / Person (RPEP) Person (RPEP) vent of my/our dea	Casino Services – O Not applicable Not applicable ath as follows:	Signati	i) Money Lending	Prop which be sh Nom	ortion (%) in the units wil ared by each nee (Should
Applicant Second Applica Third Applica 11. NOMI We hereby no Nam	(i) Foreign Edicant Control Co	xchange / Money D Politically Expos D Politica	Changer Service Seed Person (PEP Seed Pe	ces - OYES () ^ O Relate () ^ O Relate () ^ O Relate () Applicant's () Reference in the amount of t	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of the Political of the Political Office of the Po	mbling / Lottery / Person (RPEP) Person (RPEP) vent of my/our dea	Casino Services – O Not applicable Not applicable ath as follows:	Signati	i) Money Lending	Prop which be sh Nom	ortion (%) in the units wil ared by each nee (Should
Applicant Second Applica Third Applica 11. NOMI We hereby no Nam	(i) Foreign Edicant Control Co	xchange / Money D Politically Expos D Politically Expos D Politically Expos I DETAILS undermentioned less of Nominee Description of the second	Changer Service Seed Person (PEP Seed Pe	ces - OYES () ^ O Relate () ^ O Relate () ^ O Relate () Applicant's () Reference in the amount of t	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of the Political of the Political Office of the Po	mbling / Lottery / Person (RPEP) Person (RPEP) vent of my/our dea	Casino Services – O Not applicable Not applicable ath as follows:	Signati	i) Money Lending	Prop which be sh Nom	ortion (%) in the units wil ared by each nee (Should
Applicant Second Applica Third Applica 1. NOMI We hereby no Nan (Plesam	(i) Foreign Eicant Cant Cant Cant Cant Cant Cant Cant C	xchange / Money D Politically Expos D Politica	Changer Service ded Person (PEP sed Person (PEP For Mutual Fundaminee(s) to rest.)	ces - OYES () ^ O Relate) ^ O Relate O Relate O Relate Applicant's Relationship with the Nominee	O NO; (ii) Gaming / Ga d to Politically Exposed d to Politically Exposed er instruction VII). Int to my/our credit in ex Date of Birth [To be furnished in calculations of the content o	mbling / Lottery / Person (RPEP) Person (RPEP) vent of my/our dea Name and ad ase the Nominee	Casino Services – O Not applicable Not applicable ath as follows: dress of Guardian s a minor (Mandatory)	Signate Guardian, it	ure of Nominee, f nominee is a n	Prop which be sh Nom aggre	ortion (%) in the units wil ared by each nee (Should jate to 100%
Applicant Second Applica Third Applica 1. NOMI We hereby no Nam (Plesam	(i) Foreign Edicant Control Co	xchange / Money Politically Expos Politically Expos Politically Expos I DETAILS undermentioned ess of Nominee pominee's address Applicant's add ninee 1 hinee 2 CLARATIO	Changer Service Seed Person (PEP seed Person (PEP For Mutual Fundaminee(s) to rest.) Is signed as SIGNA for the Schome For Mutual Fundaminee(s) to rest.	ces - O YES (c) ^ O Relate Applicant's Relationship with the Nominee	O NO; (ii) Gaming / Ga d to Politically Exposed d to Politically Exposed er instruction VII). Int to my/our credit in ex Date of Birth [To be furnished in co	Person (RPEP) Person	Casino Services – O Not applicable Not applicable ath as follows: dress of Guardian s a minor (Mandatory) and, I/We have read, un	Signate Guardian, it	ure of Nominee, f nominee is a n	Prop which be sh Nom aggree	ortion (%) in the units wi nee (Should late to 100%
Applicant Second Applica Third Applica 1. NOMI We hereby no Nam (Pletann) Sam NVESTO ocument/Key inter stays no	(i) Foreign Eicant Cant Cant Cant Cant Cant Cant Cant C	xchange / Money D Politically Expos D Politica	Changer Service sed Person (PEP sed Person (PEP For Mutual Fun nominee(s) to re s) is ress) N & SIGNA f the Scheme, F prevention of M	ces - OYES () ^ O Relate () ^	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of t	Person (RPEP) Pe	Casino Services – O Not applicable Not applicable ath as follows: dress of Guardian s a minor (Mandatory nd, I/We have read, unon Reporting Standar and agree to abnilicable from may be applicable for may be applica	Signate Guardian, it	ure of Nominee/ f nominee is a n reby agree to abi ATCA & CRS pro titions, rules and	de by the Sch vision of the regulations of the regulations of the regulations of the understoor	eme Informat Central Board the steel to 100%
Applicant Second Applica Third Applica 1. NOMI We hereby no Nam (Plet sam) NVESTO ocument/Key irect Taxes not the statutory the statutory	(i) Foreign Eicant Cant Cant Cant Cant Cant Cant Cant C	xchange / Money xchange / Money xchange / Money xchange / Money xchange / Politically Expos xchange / Politically Expos xchange / Politically Expos xchange / Xchange xchange xchange / Xchange xchange xchange / Xchange xchange xchange / Xchange xchange xchange / Xchange xc	Changer Service ded Person (PEP sed Person (PEP For Mutual Fundaminee(s) to rest.) See Signal Service description of the Inc. See Signal Service description of New York (PEP Prevention of New York (PEP Person of New York	ces - OYES (Company) Relate Property Relate Applicant's Relationship with the Nominee ATURE(S): Foreign Account to Plans/Outling to Plans/	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of t	Person (RPEP) Pe	Casino Services – O Not applicable Not applicable ath as follows: dress of Guardian s a minor (Mandatory) ad, I/We have read, union Reporting Standar and agree to abide by may be applicable frosceived nor been indu	Signate Guardian, it derstood and he ds (CRS) under F the terms, cond fit time to time. I/ ced by any rebal	are of Nominee, from to have a moninee is a nominee is a nominee is a nominee. The second is a nominee is a nominee is a nominee is a nominee, rules and we confirm to have or gifts, direct	de by the Sch vision of the regulations of the regu	ortion (%) in the units wi ared by each nee (Should late to 100% eme Informati Central Board the scheme a I the investme I, in making t
Applicant Second Applica Third Applica 1. NOMI We hereby no Nam (Ple: sam Novernt/Key irect Taxes nother statutory bjectives, inv nestment. Ive	(i) Foreign Eicant Cant Cant Cant Cant Cant Cant Cant C	cchange / Money Politically Expos Politically Expos Politically Expos I DETAILS undermentioned ess of Nominee cominee's address Applicant's add ninee 1 CLARATIO Memorandum o 114 F to 114H, a ts of SEBI, AMFI, tern, the amount in	Changer Service Red Person (PEP Red Person (PEP For Mutual Fundaminee(s) to rest is seen as a service of the Scheme, For Spart of the Inc. Prevention of Motors applicable and findia or any of the service of the servi	Relate ATURE(S): Toreign Account Come tax Rules, doney Launderint To Plans Structure of Authorist Come tax Rules, doney Launderint To Plans Spriore Statutory Authorists Authorist Come tax Rules, doney Launderint To Plans Spriore Statutory Authorists Authorist Come tax Pulpers, doney Launderint To Plans Spriore Statutory Authorists Authorist	O NO; (ii) Gaming / Gad to Politically Exposed of the Political of t	Person (RPEP) Person (RPEP) Person (RPEP) Vent of my/our det Name and ad ase the Nominee ential Mutual Fundance ATCA) and Commit units of the Fundance her regulations as lywed have not designed as more consistent of the state of the st	Casino Services – O Not applicable Not applicable ath as follows: dress of Guardian s a minor (Mandatory non Reporting Standar and agree to abide by may be applicable fro aceived nor been indu gened for the purpose tment in the Scheme timent in the Scheme	Signate Guardian, in derstood and he ds (CRS) under Fe the terms, cond m time to time. I/ced by any rebail of contravention of secual to or more	re of Nominee, f nominee is a nominee, rules and We confirm to have or evasion of any e than 25% of the	de by the Sch vision of the regulations of ve understoor ly or indirectly e corpus of the	eme Informati Central Board the investmen to in or any other
Applicant Second Applica Third Applica 1. NOMI We hereby no Nam (Ple: sam) NVESTO Document/Key Direct Taxes no ther statuct, you pulicable laws rudential Ass which together	(i) Foreign Eicant ant Cant INATION ominate the Inne and addresses tick if None as 1st/Sole None as 1st/Sole R(S) DEI Information otified Rules	cchange / Money D Politically Expos D Politica	Changer Service ded Person (PEP sed Person (PE	Relate Relate Relate Relate Relate Relate Relate Relationship With the Nominee ATURE(S): Relationship With the Nominee	NO; (ii) Gaming / Gad to Politically Exposed of the Political of the	ential Mutual Fundard and Community of the Fundard and Community of the Fundard and is not designed to the Fundard and is not designed to the Fundard and is not designed the Pundard and is not designed the Fundard and Indiana and Indi	Casino Services — O Not applicable Not applicable Ath as follows: dress of Guardian s a minor (Mandatory non Reporting Standar and agree to abide br may be applicable fro aceived nor been indugred for the purpose tment below 25%. IV	Signate Guardian, it didentifies (CRS) under the terms, condition to time. If contravention is equal to or more the me/us all the correlations and the contravention is equal to or more the me/us all the contravention is equal to or more the me/us all the contravention is equal to or more the me/us all the contravention is equal to or more the me/us all the contravention is equal to or more than the contravention in the contravention is equal to or more than the contravention in the contravention is equal to the contravention in the contravention in the contravention is equal to the contravention in the contravention is equal to the contravention in the contravention is equal to the contravention in the contravention in the contravention is equal to the contravention in the contravention in the contravention is equal to the contravention in the contravention is equal to the contravention in the contravention is equal to the contravention in the contravention in the contravention is equal to the contravention in the contravention in the contravention is equal to the contravention in the contravention in the contravention is equal to the contravention in the contravention in the contravention is equal to the contravention in the co	reby agree to abi ATCA & CRS profitions, rules and We confirm to have or ogifts, director evasion of any e than 25% of the than 15% of not	de by the Sch vision of the regulations of Act, Regulati e corpus of the have any exi-	eme Informaticentral Board the scheme a It the investme, in making those or any other plan, then IC tommission I commission I commission
Applicant Second Applica Third Applica 1. NOMI We hereby no Nam (Ples sam) NVESTO Occument/Key Direct Taxes no the statutory the statutory rudential Assive the statutory rudenti	(i) Foreign Eicant INATION ominate the I me and addresses tick if None Asses tick if None as 1st/Sole None R(S) DEI Information otified Rules Information Informati	cchange / Money D Politically Expos D Politica	Changer Service ded Person (PEP sed Person (PEP For Mutual Fundaminee(s) to rest should be seen as a service of the Scheme, For Spart of the Inc. Prevention of Moreover applicable towested in the Sof India or any AMC1), has full will resent competing the service applicable to the service of India or any AMC1), has full will resent competing the service of India or any AMC1, has full will resent competing the service of India or any AMC1, has full will resent competing the service of India or any India or	Relate ATURE(S): Foreign Account to Plans/Option to Plans/Option Cheme is through the right to refund to ortal investment.	O NO; (ii) Gaming / Gad to Politically Exposed of the Politically Exposed of the Politically Exposed of the Politically Exposed of the Political of the Politic	ential Mutual Fural ATCA) and Comme units of the Fundher regulations as I/we have not rolly and is not designed my/our investing my/our investing a year. The ARN a amongst which	Casino Services — O Not applicable Not applicable Ath as follows: dress of Guardian s a minor (Mandatory) and, I/We have read, un on Reporting Standar and agree to abide by may be applicable fro acceived nor been indu gned for the purpose tment in the Scheme tment below 25%. I/V I holder has disclosed the Scheme is being r	Signate Guardian, it derstood and here des (CRS) under Forthe terms, condition from the terms, condition from the terms of contravention is equal to or more the hereby dealther to me/us all the decommended to recommended to recomme	reby agree to abination and the continue of Nominee is a national and the continue of the cont	de by the Sch vision of the regulations of Act, Regulati e corpus of the have any exi-	eme Informaticentral Board the scheme a It the investme, in making those or any other plan, then IC tommission I commission I commission
Applicant Second Applica Third Applica 11. NOMI We hereby no Nam (Plesam Occument/Geo Sam Notestatutory Splicable Assorbither statutory Applicable Assorbither statutory Splicable Assorbi	(i) Foreign Eicant Cant Cant Cant Cant Cant Cant Cant C	cchange / Money Politically Expos Politically Expos Politically Expos I DETAILS undermentioned ess of Nominee cominee's address Applicant's add minee 1 CLARATIO Memorandum o 114 F to 114H, a ts of SEBI, AMFI, tern, and risk fat in the Government tent Co. Ltd. (the rrent application o him for the diffic mail, SMS, teled en in/with this a	Changer Service ded Person (PEP sed Person (PE	ATURE(S): Toreign Accounts to Plans (Joney Launderint to Plans (Joney Laun	The Trustee, ICICI Prud tax Compliance Act (F1962. I/We apply for the gact, 2002 and such of sexceeding Rs. 50,000 irrous Mutual Funds from the excess to me/us to be exceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and plete in all respects and plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and such or the sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and sexceeding Rs. 50,000 irrous Mutual Funds from plete in all respects and sexceeding R	ential Mutual Fu ATCA) and Comme units of the Fund her regulations as I/we have not re hay and your investing my/our investin	Casino Services — O Not applicable Not applicable Ath as follows: dress of Guardian s a minor (Mandatory non Reporting Standar and agree to abide by may be applicable fro creived nor been indu greed for the purpose trent in the Scheme trent below 25%. IV holder has disclosed the Scheme is being ro 2222 999 (MTNL/BS) vide any additional in	Signate Guardian, in Guardian,	reby agree to abit ATCA & CRS protitions, rules and We confirm to have or gifts, direct or evasion of any e that I/we do not commissions (in the confirm to have one that I/we do not commissions (in the confirm to have the confirm to have one that I/we do not commissions (in the confirm). I/we inclus. I/We inclus. I/we have the confirm to have the confirmation to h	de by the Schivision of the regulations of the regulations of the chave any exihe form of tra ested in receive the AMC/the	eme Informaticentral Board the scheme a the investme in in making ti plan, then IC sting Micro SI commission fing promotion Fund/ Regist
Applicant Second Applica Third Applica 1. NOMI We hereby no Nam (Plesam Occurrent Taxes nother statutory bjectives, invivestment. Invited Taxes nother statutory bried to get the ny other modinaterial from the formation/do and Transfer A	INATION ominate the I me and addresses tick if Non	cchange / Money Politically Expos Politically Expos Politically Expos Politically Expos I DETAILS undermentioned Pess of Nominee Pess of Nomin	Changer Service ded Person (PEP sed Person (PE	ATURE(S): Toreign Accounts to Plans (Joney Launderint to Plans (Joney Laun	o NO; (ii) Gaming / Gad to Politically Exposed of the Political of t	ential Mutual Fu ATCA) and Comme units of the Fund her regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and is not desirate my/our investing my/	Casino Services — O Not applicable Not applicable Ath as follows: dress of Guardian s a minor (Mandatory non Reporting Standar and agree to abide by may be applicable fro creived nor been indu greed for the purpose trent in the Scheme trent below 25%. IV holder has disclosed the Scheme is being ro 2222 999 (MTNL/BS) vide any additional in	Signate Guardian, in Guardian,	reby agree to abit ATCA & CRS protitions, rules and We confirm to have or gifts, direct or evasion of any e that I/we do not commissions (in the confirm to have one that I/we do not commissions (in the confirm to have the confirm to have one that I/we do not commissions (in the confirm). I/we inclus. I/We inclus. I/we have the confirm to have the confirmation to h	de by the Schivision of the regulations of the regulations of the chave any exihe form of tra ested in receive the AMC/the	eme Informaticentral Board the scheme a the investme in in making ti plan, then IC sting Micro SI commission fing promotion Fund/ Regist
Applicant Second Applica Third Applica 11. NOMI We hereby no Nam (Ple: sam Occument/Key Direct Taxes no other statutory objectives, inv nvestment. IV applicable laws rudential Assivhich together any other mod material from t information/do and Transfer A me/us or to sp	INATION ominate the I me and addresses tick if Non	cchange / Money Politically Expos Politically Expos Politically Expos Politically Expos I DETAILS undermentioned Pess of Nominee Pess of Nomin	Changer Service ded Person (PEP sed Person (PE	ATURE(S): Oreign Account to Plans/Option Statutory Authoright to refund to total investment: Schemes of wish to is true and come e Fund immedia arents (applicants)	NO; (ii) Gaming / Gad to Politically Exposed of the Political of the	ential Mutual Fu ATCA) and Comme units of the Fund her regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and is not desirate my/our investing my/	Casino Services — O Not applicable Not applicable Ath as follows: dress of Guardian s a minor (Mandatory and, I/We have read, unon Reporting Standar and agree to abide by may be applicable froeceived nor been indugned for the purpose timent in the Scheme timent below 25%. I/W holder has disclosed the Scheme is being rocated by me. I/we de	Signate Guardian, if Signate Signa	reby agree to abit ATCA & CRS protitions, rules and We confirm to have or gifts, direct or evasion of any e that I/we do not commissions (in the confirm to have one that I/we do not commissions (in the confirm to have the confirm to have one that I/we do not commissions (in the confirm). I/we inclus. I/We inclus. I/we have the confirm to have the confirmation to h	de by the Schivision of the regulations of the regulations of the chave any exihe form of tra ested in receive the AMC/the	eme Informaticentral Board the scheme a the investme in in making ti plan, then IC sting Micro SI commission fing promotion Fund/ Regist
Applicant Second Applica Third Applica 11. NOMI We hereby no Nam (Ple: sam Occument/Key birect Taxes no ther statutory bijectives, inv nvestment. IV piplicable laws rudential Assivhich together my other mod naterial from t information/do ond Transfer A ne/us or to sp	INATION ominate the I me and addresses tick if Non	cchange / Money Politically Expos Politically Expos Politically Expos Politically Expos I DETAILS undermentioned Pess of Nominee Pess of Nomin	Changer Service ded Person (PEP sed Person (PE	ATURE(S): Oreign Account to Plans/Option Statutory Authoright to refund to total investment: Schemes of wish to is true and come e Fund immedia arents (applicants)	NO; (ii) Gaming / Gad to Politically Exposed of the Political of the	ential Mutual Fu ATCA) and Comme units of the Fund her regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and is not desirate my/our investing my/	Casino Services — O Not applicable Not applicable Ath as follows: dress of Guardian s a minor (Mandatory and, I/We have read, unon Reporting Standar and agree to abide by may be applicable froeceived nor been indugned for the purpose timent in the Scheme timent below 25%. I/W holder has disclosed the Scheme is being rocated by me. I/we de	Signate Guardian, if Signate Signa	reby agree to abit ATCA & CRS protitions, rules and We confirm to have or gifts, direct or evasion of any e that I/we do not commissions (in the confirm to have one that I/we do not commissions (in the confirm to have the confirm to have one that I/we do not commissions (in the confirm). I/we inclus. I/We inclus. I/we have the confirm to have the confirmation to h	de by the Schivision of the regulations of the regulations of the chave any exihe form of tra ested in receive the AMC/the	eme Informaticentral Board the scheme a the investme in in making ti plan, then IC sting Micro SI commission fing promotion Fund/ Regist
Applicant Second Applica Third Applica 11. NOMI We hereby no Nam (Plesam Cocument/Key Direct Taxes no other statutory objectives, inv nestment. I/V applicable laws rudential Assivhich together any other mod material from the fromation/do and Transfer A	INATION ominate the I me and addresses tick if Non	cchange / Money Politically Expos Politically Expos Politically Expos Politically Expos I DETAILS undermentioned Pess of Nominee Pess of Nomin	Changer Service ded Person (PEP sed Person (PE	ATURE(S): Toreign Accounts to Plans (Joney Launderint to Plans (Joney Laun	NO; (ii) Gaming / Gad to Politically Exposed of the Political of the	ential Mutual Fu ATCA) and Comme units of the Fund her regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and in our desiration of the regulations as I/we have not re nay and is not desirate my/our investing my/	Casino Services — O Not applicable Not applicable Ath as follows: dress of Guardian s a minor (Mandatory and, I/We have read, unon Reporting Standar and agree to abide by may be applicable froeceived nor been indugned for the purpose timent in the Scheme timent below 25%. I/W holder has disclosed the Scheme is being rocated by me. I/we de	Signate Guardian, in Guardian,	reby agree to abit ATCA & CRS protitions, rules and We confirm to have or gifts, direct or evasion of any e that I/we do not commissions (in the confirm to have one that I/we do not commissions (in the confirm to have the confirm to have one that I/we do not commissions (in the confirm). I/we inclus. I/We inclus. I/we have the confirm to have the confirmation to h	de by the Schivision of the regulations of the regulations of the chave any exihe form of tra ested in receive the AMC/the	eme Info Central E the sche the inve , in make plan, the ting Mid I commi ring pror

PRLDENTIAL TO MUTUAL FUND

PAN BASED MANDATE CUM SIP/SIP PLUS REGISTRATION FORM [For investment through NACH]

		PAN BASE	 D MANDATE				
PRUDENTIAL TO UMRN		RIOFFIC	EUSEION	LV I		Da	ate
MUTUAL FUND Sponsor Bank C	ode FOR OFFICE	USE ONL)	Utility C	ode		FOR	OFFICE USE ONLY
	ICI PRUDENTIAL ASSET M	IANAGEMEN	T COMPANY LIN	MITED	to debit (tick	1) 5	SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY CANCEL Bank a/c number							
with Bank Name of ou	stomers bank	IFSC				or MICR	
an amount of Rupees	Maximur	m Amount (Ru	peas in words)				₹
	H-Yrly	As & when pr	resented		BIT TYPE 🖾	Fixed A	mount
PAN Reference 63065466	TONIO ATTOLI MINISTER			Mobile Email			-
Reference 63065466 I agree for the debit of mandate processir	APPLICATION NUMBER ig charges by the bank who	om I am autho	rizing to debit m	The control of the control	All Courses	schedule	e of charges of the bank.
PERIOD -							
To .	Sign:				1		Dispersion and the second opening in
Or Until Cancelled Declaration: I/We hereby declare that the particulars given		bank records lete and express my		ime as in ba		3.	Name as in bank records participants in NACH/SI/any other mode as may be
Declaration: I/We hereby declare that the particulars given preferred by the AMC from time to time. I/We hereby confirm Based Mandate Facility and amended from time to time and rate to debit my account. I/We have understood that I/W This is to inform that I/we have registered for this facility and mandate verification, registration, transactions.	that my/our investment in ICICI Prudenti	offered by ICICI Prud nk: This is to confire andate by appropria ial Mutual Fund shall	n that the declaration tely communicating/a be made from my/our a	has been carel mendment to t bove mentioned	fully read, understo he User entity/cor I bank account with	ood & made porate or th your Bank a	by me/us. I am authorizing the user entity/corpo- he or the bank where I have authorized the debit. and to debit my/our account for any charges towards
Olcici SIP Registra	 ntion-cum-Mandate	e Form		IIIS		-	
PRIDENTIAL SE MUTUAL FUND FOR SIP/SIP	PLUS		[Tick (✓) here	to avail SIP		1	63065466
Investor must read Key Scheme Feat	res and Instructions before co	mpleting this for	SUB	-BROKER (CODE	n BLACK/	BLUE INK and BLOCK LETTERS.
#Dy mantioning DIA /DMDN ando I/Mo authorize	you to chare with the Investm	ent Adviser the	details of my/our t	ted by ARI ransactions	in the scheme(s) of ICIC	I Prudential Mutual Fund.
TRANSACTION CHARGES FOR APPLICANTS THI same are deductible as applicable from the purchase/sub registered Distributors based on the investors' assessme	ROUGH DISTRIBUTORS ONLY: In scription amount and paid the distributed of the control of the cont	n case the purchas outor. Units will be i	e/subscription amoun issued against the bal he distributor	t Rs 10,000/- o ance amount i	or more and your I nvested. Upfront o	Distributor I commission	has opted to receive transactions charges, the or shall be paid directly by the investor to the AMF
Declaration for "execution-only" transaction (or transaction without any interaction or advice by the employee/relationship manager/sales per	ly where EUIN box is left blank) - I/We hereby o	confirm that the EU	IN box has b	een intentional	ly left bla	nk by me/ us as this is an "execution-only' vice of in-appropriateness, if any, provided
SIGNATURE OF SOLE / FIRST APP The Trustee, ICICI Prudential Mutual Fund, I/We has SOLE/FIRST APPLICANT'S NAME: Mr. / Ms / M/s.	ive read and understood the conte	ents of the Schen		ment of the f		e and the t	
FOLIO NO. Sr. Scheme Name/Plan/Option/Sub-option#\$	SIP Installment	of Birth:	SIP Frequency		Month & Year a		on via Existing OTM [Please tick (✓) Top-Up (Minimum ₹ 100 or in percentage)
No.	Amount (₹)	P Day & Date onthly & Quarterly	(Refer T&C No.14)	SIP En	d Month & Year	Am	nount (₹) or Percentage (%) Frequency*
1 ICICI Prudential	₹		Daily O Weekly Fortnightly Monthly	MM	Y Y Y	Y ₹	OR % Yearly Half Yearly P UP CAP Amount ₹
	No. of Installment /	Weekly**	Quarterly	MM	YYY	Y OR	Month-Year: M M Y Y Y
2 ICICI Prudential	Mc ₹ I	plolic	Daily \(\text{Weekly} \) Fortnightly	MM	YYY	Y∐₹	OR % Yearly Half Yearly
	No. of Installment	W 11 **) Monthly) Quarterly	MM	to Y Y Y		P UP CAP Amount ₹ Month-Year: M M Y Y Y Y
3 ICICI Prudential	Mc ₹	onthly & Quarterly	Daily O Weekly	MM	YYY	Y ₹	08 Yearly O Half Yearly
	No. of Installment	Weekly** C	Fortnightly Monthly Quarterly	MM	to Y Y Y	Y OR	P UP CAP Amount ₹ : Month-Year: M M Y Y Y Y
4 ICICI Prudential		onthly & Quarterly	Daily O Weekly	MM	YYY	Y ₹	OR % Yearly
	₹ L No. of Installment L	Weekly**	Fortnightly Monthly	[M [M]	· to Y Y Y		P UP CAP Amount ₹
In case of multiple schemes, Cheque/DD should be drawn in	\\	case of Quarterly) Quarterly SIP, only Yearly freque	ency is availab	ole under SIP TOP	UP. (Top-u	n % is multiples of 5% only. Top-Up amount shou
favour of "ICICI Prudential Mutual Fund Collection A/c." EXISTING OTM / FIRST INSTALLMENT BANK D	be	in multiples of ₹ 1	100). **investors car	choose any	day of the week i	from Mond	day to Friday to register under weekly frequenc
Cheque/DD No	Cheque/DD Amount Re	s		A/c N	lo		
Bank Name:	ected then all schemes mentioned by t	the investor should	be eligible for SIP Plus,	else AMC rese	erves the right to re	gister all SI	10
PICICI ACKNOWLEDGEME	INT SLIP (To be filled in by the	investor)		SIP P	LUS [Tick	(√) here	
PRIDENTIAL TOND Name of the Investor: Scheme (1):			on:	-			63065466
Scheme (2) :		Plan & Option	on:				
Scheme (3) :		Plan & Opti	on:				
Scheme (4):		Plan & Option	on:				Acknowledgement Stamp

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.

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 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 confirmations. 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.

ISDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) IE	(CDSL only)
inee to receive Insurance Coverage bene made to such Nominee (upon such docu for Insurance coverage benefit)	efit to my / our credit in this folio no. in the	e event of my / our death. I / We also he ÁMC/Mutual Fund/Trustees. (<i>Plea</i>	to hereby nominate the undermentioned No understand that all payments and settlem use refer to terms & conditions for Nomina
Nominee Name		Relationship:	Date of Birth://
Guardian/Parent Name (If nominee is a minor):			
OUR CONFIRMATION/DECLARATIO	Instruction No.IV(d) of the common application fo	rm. The ARN holder has disclosed to me/us	all the commissions (in the form of trail commission
Address: OUR CONFIRMATION/DECLARATION Exceeding Rs.50, 000 in a year as described in the open that ther mode), payable to him for the different come crediting the scheme collection accounts by the occument. I understand that I am eligible to avail	Instruction No.IV(d) of the common application fo peting Schemes of various Mutual Funds from ame Service Providers which may result in a delay in VER: I am informed about the arrangement between cover under such arrangement and hereby wish to	rm. The ARN holder has disclosed to me/us ongst which the Scheme is being recomme application of NAV. on ICICI Prudential Mutual Fund and the Insu	Signature of Nominee or Parent / Guerdien th the current application will result in a total investall the commissions (in the form of trail commission nded to me/us. The AMC would not be liable for an arrance Company and about the details of the Maste
Address: /OUR CONFIRMATION/DECLARATIO xceeding Rs.50, 000 in a year as described in the ther mode), payable to him for the different com in crediting the scheme collection accounts by the SECLARATION FOR AVAILING INSURANCE CO	Instruction No.IV(d) of the common application fo peting Schemes of various Mutual Funds from ame Service Providers which may result in a delay in VER: I am informed about the arrangement between cover under such arrangement and hereby wish to	rm. The ARN holder has disclosed to me/us ongst which the Scheme is being recomme application of NAV. on ICICI Prudential Mutual Fund and the Insu	h the current application will result in a total inves all the commissions (in the form of trail commission nded to me/us. The AMC would not be liable for an

SIP Start Date (DD/MM/YY):SCHEME (2):SCHEME (2):	Scheme (3):
sip Start Date (DD/MM/YY):	SIF TOF OF Its.
010 0	SIP TOP UP Rs.
ncy:SIP Start Date (DD/MM/YY):	SIP TOP UP Rs
SIP Start Date (DD/MM/YY):	SIP TOP UP Rs
scy:SIP Start Date (DD/MM/YY):	SIP TOP UP Rs
	SIP Start Date (DD/MM/YY):

PRICENTIAL TO MUTUAL FUND

PAN BASED MANDATE CUM SIP/SIP PLUS REGISTRATION FORM [For investment through NACH]

(MOTOAL FOND)		 					
AICICI		PAN BAS	ED MANDAT	E			
PRLDENTIAL TO UMRN		OR OFFIC	EUSE OI	VLY		Date	and the
Tick () Sponsor Bank Co	ode FOR OFF	ICE USE ONL	.Y Utility	Code	F	OR OFFICE USE ONLY	
CREATE✓ I/We hereby authorize IC	ICI PRUDENTIAL ASSE	T MANAGEMEN	NT COMPANY LI	IMITED to de	ebit (tick ✓)	SB/CA/CC/SB-NRE/SB-NR	0/Other
MODIFY CANCEL Bank a/c number							
with Bank Name of cu	stomers bank	IFSC			or M	IICR	
an amount of Rupees	Max	mum Amount (R	upees in words)			₹	FL Word
FREQUENCY Athly Qtly	H-Yrly	As & when p	oresented		YPE 🖾 Fixe	ed Amount	n Amount
PAN		Control of the Contro		Mobile No.			
Reference 63065466 I agree for the debit of mandate processin	APPLICATION NUMI		orizina to dehit m	Email ID	r latest sche	dule of charges of the bank	
PERIOD	ig charges by the bank	Wildin'i am adai.	onling to dobit in	ry adocume ao po	i latoot cono	adio of charges of the same	
From To	Sign:		Sign:			Sign:	When .
Or		s in bank records		lame as in bank re		3 Name as in bank reco	
Declaration: I/We hereby declare that the particulars given preferred by the AMC from time to time. I/We hereby confirm Based Mandate Facility and amended from time to time and	on this mandate are correct and n adherence to the terms of this fa	complete and express m cility offered by ICICI Pru	y willingness and authordential Asset Managem	orize to make payments in nent Company Limited (the	referred above thr ne AMC) as specif	rough participants in NACH/SI/any other mo fied in Terms & Conditions under Registration	nde as may be n of OTM/PAN
rate to debit my account. I/We have understood that I/w. This is to inform that I/we have registered for this facility and	e authorized to cancel/amend the that my/our investment in ICICI Pr	is mandate by appropri	iately communication/a	amendment to the User	entity/corporate	or the or the bank where I have authorize	zed the debit.
mandate verification, registration, transactions, transactions							
PRIDENTIALTER	ntion-cum-Mand	ate Form	SIP P	PLUS to avail SIP Plus	Арр	olication No. 6306546	:6
MUTUAL FUND for SIP/SIP I	res and Instructions befor	e completing this fo			I NGLISH in BLA		
ARN-93643 D	t ya tuanah	KUMAR		I-BROKER CODE tred by ARN hold	ler)	E.09771	2
#By mentioning RIA/PMRN code, I/We authorize TRANSACTION CHARGES FOR APPLICANTS THE	ROUGH DISTRIBUTORS ON	IV- In case the nurchas	se/subscription amour	ot Rs 10 000/- or more	and your Distrib	utor has onted to receive transactions of	narges, the
same are deductible as applicable from the purchase/sub- registered Distributors based on the investors' assessmen	scription amount and paid the o	listributor. Units will be	issued against the ba	lance amount invested	l. Upfront commi	ission shall be paid directly by the invest	or to the AMFI
Declaration for "execution-only" transaction (on transaction without any interaction or advice by	ly where EUIN box is left b the employee/relationship	lank) - I/We hereby o manager/sales pe	confirm that the EU	JIN box has been in listributor or notwi	tentionally left thstanding the	t blank by me/ us as this is an "exe e advice of in-appropriateness, if a	cution-only" ny, provided
by the employee/relationship manager/sales per	son of the distributor and t	he distributor has n	ot charged any ad	visory fees on this f	transaction.		
SIGNATURE OF SOLE / FIRST APPI The Trustee, ICICI Prudential Mutual Fund, I/We ha			SECOND APPLIC	a comment		NATURE OF THIRD APPLICANT	
SOLE/FIRST APPLICANT'S NAME: Mr. / Ms / M/s.		Someths of the School	me information boot	ariencor die ionovvin	y ochemic and	the terms and containing of the Dir 1	inornare.
FOLIO NO.		ate of Birth:	D M M	YYYY	Registr	ration via Existing OTM [Ple	ease tick (🗸)]
Sr. Scheme Name/Plan/Option/Sub-option#\$	SIP Installment Amount (₹)	SIP Day & Date	SIP Frequency (Refer T&C No.14)	SIP Start Month SIP End Mont	& Year and h & Year	Top-Up (Minimum ₹ 100 or in p Amount (₹) or Percentage (%)	ercentage) requency*
1 ICICI Prudential	₹	Monthly & Quarterly	Daily O Weekly Fortnightly	MMY	/	₹ OR % O	rearly Half Yearly
	No. of Installment	Wookhu**) Monthly) Quarterly	to	/ y y	TOP UP CAP Amount ₹	
2 ICICI Prudential			Daily Weekly			- 1 .10	Y Y Y Y
2 Islantiacinal	₹) Fortnightly) Monthly	M M Y to	YYY	₹ 0R % OF	Half Yearly
	No. of Installment	Weekly**	Quarterly	M M Y	YY	OR Month-Year: M M Y	YYY
3 ICICI Prudential	₹	Monthly & Quarterly	Daily \(\rightarrow \text{Weekly} \) Fortnightly	MMY	YYY	₹ 08 - % O N	early Half Yearly
	No. of Installment	Weekly**) Monthly) Quarterly	to	/	TOP UP CAP Amount ₹ : OR Month-Year:	<u> </u>
4 ICICI Prudential		Monthly & Ouartorly		M M Y		39: [19:] 1	Yearly
	₹		Daily Weekly Fortnightly	to		₹ OR % 0	Half Yearly
	No. of Installment	Weekly** (Monthly Quarterly	MMY	YYY	OR Month-Year:	Y Y -Y
In case of multiple schemes, Cheque/DD should be drawn in favour of "ICICI Prudential Mutual Fund Collection A/c."	Total ₹					op-up % is multiples of 5% only. Top-Up Monday to Friday to register under wee	
EXISTING OTM / FIRST INSTALLMENT BANK DE							85
Cheque/DD NoBank Name:	Cheque/DD Amou	nt Rs		A/c No			Please
		by the investor should	be eligible for SIP Plus.	else AMC reserves the	right to register a	all SIPs as normal SIP without the benefit of	
#\$ If Multiple Schemes are provided and SIP Plus is also sele	cted then all schemes mentioned						of SIP plus facilit
PICICI ACKNOWLEDGEMEN					[Tick (√) l	nere to avail SIP Plus]	of SIP plus facilit
PICICI PRIDENTIAL TOND ACKNOWLEDGEMEN ACKNOWLEDGEMEN Name of the Investor:	NT SLIP (To be filled in by	the investor)		SIP PLUS		nere to avail SIP Plus] 63065466	of SIP plus facilit
PICICI ACKNOWLEDGEMEN	NT SLIP (To be filled in by	the investor) Plan & Opti	on:				of SIP plus facilit

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 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 toilfree 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.

ISDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP)	ID (CDSL only)
the sale and the bearings of t	afit to much our cradit in this folio an in the	e event of my / our death. L/ We al	e do hereby nominate the undermentioned N so understand that all payments and settleme ease refer to terms & conditions for Nominate Date of Birth;//
Guardian/Parent Name (If nominee is a minor):			
			Signature of Nominee or Parent / Guerdien
OUR CONFIDMATION/DECLARATION	DN: [/We hereby declare that I/we do not have a	any existing Micro SIPs which together v	with the current application will result in a total invest
xceeding Rs.50, 000 in a year as described in the ther mode), payable to him for the different com n crediting the scheme collection accounts by the NFCLARATION FOR AVAILING INSURANCE CO	Instruction No.IV(d) of the common application for peting Schemes of various Mutual Funds from am e Service Providers which may result in a delay in VER: I am informed about the arrangement betwe cover under such arrangement and hereby wish to	orm. The ARN holder has disclosed to me/ ongst which the Scheme is being recomr application of NAV. en ICICI Prudential Mutual Fund and the Ir	with the current application will result in a total invest us all the commissions (in the form of trail commission mended to me/us. The AMC would not be liable for any insurance Company and about the details of the Master

		Scheme (3):
_ SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
	SIP Frequency:	SIP Frequency: SIP Start Date (DD/MM/YY):

COMMON TRANSACTION SLIP (For existing Unitholders only)

From Scheme (in case of switch)

DHANANTAY KUMBR

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)

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 at manager/sales person of the distributor and the distribu-	pove distributor or notwithst utor has not charged any adv	anding the advice isory fees on this	of in-appropr transaction.	riateness, if an	y, provided by	the employee/i	elationship		terresenta	MANGRICH THE SUSPENIES STREET
Signature of Sole/First Holder		Signature	of Second I	lolder			Signature	of Third Hol	der	
FOLIO NO. (Mandatory):		TAX STATUS	: 	······································	M	ODE OF HOL	DING:			
1st Holder <i>(Mandatory)</i> 2nd Holder										-
3rd Holder						no case with advantage to the law back		ournament on the manufacture of the contract o		
* PAN & KYC are mandatory for all applicants including I	NRIs. Cheque/DD to be drawn	in favour of "I	lame of the	Scheme").	In case vou	i do not me	ntion Pla	an and/or O	ption u	units will
Additional Fundase nequest b	e allotted under defa	ult option as	per respe	ctive schei	me informa	tion docun	ents.			
Scheme Name	Drawn on E	Bank	PLA	IN:		OPTION:				
Cheque / DD No.	Name & Bra	anch			DD cl	harges, if any	Т			
Cheque / DD Date	DD in figure	111		Savings	Rs. (i	n figures)	∃NR0	□NRE		FCNR
Bank A/c No.		Acc	count Type	Others	Cun	ent L		se specify)		
We hereby confirm having initiated the Trans	fer / RTGS for transfer o	f INR			from o	ur account ne)			
with Documents attached to avoid Third Party Pa	ymant Rejection where	annlicable:	In case	e. the additio	nal purchase	amount is ₹10	.000 or ab	ove and distr	ibutor h	as opted to
Bank Certificate - for DD	Third Party Declaratio	n	receiv	e transaction	charges, ₹10	0/- will be deallotted for the	lucted from	m the Purchas	se amoui	
For third party investment/pre-funded instrument, please fill		THE THE THE PROPERTY OF THE PR	- Postanous and a second							Units
Switch Request (Please refer to the SIII	O of the scheme you are switch		To	switch: Rs.				or	Plan:	
(Scheme)		Plan:	(Scheme (Option)						rian:	
(Option)			(option)			Transport of the state of the s	anton en		ALTERNATION AND ADDRESS	
Have you invested long enough? • Longer investment time period m	nav allow vour monev t	he Benefit of	100000000000000000000000000000000000000	demption	Request			Marin N		
			Please Redeem	Rs.			or			Units
Compounding. • We recommend you check your in goals and not to get swayed by sho			Scheme							
 Have you been invested long enou tax and exit load charges? 	gh to avoid any short ter	m capital gain	Plan							
Consult your financial advisor for		and the second control of the second control	Option			-				
If you have registered for multiple bank account facility bank account in the folio else the payout will be release	r in the above folio please spe ed to the default bank accour	ecify the bank det nt registered for th	ails in which y ne folio.	ou wish to rec	eive the redem	ption proceeds.	The bank ac	count should b	e one of t	he registered
Bank Name			Bank A	/c No.						
	Contac	ct details o	of First/S	ole appl	icant					
Mobile Number		and/	or Land Lir	ne Number						
E-mail Address										
As per the press release dated April 11, 2017	issued by Ministry of Fir	nance, the AM	C has block	ed/freezed tl	ne folios ope	ned between	1st July 2	2014 to 31st	August	2015 where
FATCA self certification is not provided. The A by the Investor and due diligence is completed	MC shall not process and by the AMC.	ny transaction	which is ini	tiated by the	Investor in s	such folio(s)	ınless FA	TCA self-cert	ification	n is provided
YOUR CONFIRMATION/DECLARATION: Information(s) of the Scheme(s) and agree to abide commissions (in the form of trail commission or any me/us. I/We hereby confirm that I/we have not been of the scheme	by the terms, conditions, ru	ules and regulation for the different	ons of the Sch competing Sc	neme(s) as on themes of vari	the date of th ous Mutual Fur	is transaction. Ids from amono	The ARN h	older has discle	osed to n	ne/us all the 1
Signature(s)										
	Holder	AMAIN A CASE OF THE STATE OF	Seco	nd Holder	*********	AND DESCRIPTION OF THE PARTY OF		Third Holder		
In case there is any change in your KYC <u>www.iciciprumf.com</u> under the downloads se	information please u ection, and submit the sa	pdate the sa me at the Poir	me by usin it of Service	ng the pres e of any KYC	cribed 'KYC Registration	Change Re Agency.	quest Fo	rm', availab	le on o	ur website
Folio No		P	urchase	Re	deem	Switch		Date:		
Scheme				Amount	Rs			or Units		

.... To Scheme

	INSFER PLAN (STI				overleaf be	fore filling up t	ne form)	AIC	**
ARN-9364	43 Dhanayja	ykumas	E 09771	.2	(ALS)	s arthre indicated by ARM and	det)	-	ENTIAL 7
pfront commission shall be paid dire	ctly by the investor to the AMFI register	red Distributors based on the in	vestors' assessment of various fac	ctors in	cluding the serv	ice rendered by the d	istributor.	INIOI	UAL FUND
I/We hereby confirm that the FI	transaction (only where EUIN box JIN box has been intentionally left i standing the advice of in-appropria	hlank hu ma/ue ae this is an	"execution-only" transaction ne employee/relationship man	witho ager/s	ut any interac ales person o	tion or advice by the distributor and	ne employee I the distribu	/relationship m tor has not cha	anager/sales person rged any advisory fe
Signature of	Sole/First Holder	Sign	ature of Second Holder	A STATE OF THE STA			Signature	e of Third Ho	lder
We hereby apply to the Trund conditions of the Scher	ustee of ICICI Prudential Muta ne(s)/Plan(s).	ual Fund for the System	natic Transfer Plan (STP)	Enrol	lment unde	r the following s	scheme(s)	and agree to	abide by the ter
Registration	Cancellation	Application No.				Folio No.			
Scheme, Plan (Regular or Direct), Option & Sub-Option From which you wish to transfer amount):			Scheme, Plai (Regular or L Option & Sul (To which you to transfer amo	Direct b-Op wish					
nstalment Amount Rs Minimum of Rs.1,000)		Frequency	Daily]w	eekly (every	monday)	М	onthly	Quarterly
No. of Instalments (Minimum of 6 Instalments)			(Select only in case frequency)		7th Last day	10th		15th	25th
From Date		To Date	13 D M M	Y	Y V	Tyles			
	the minimum instalment am								
Quartely frequencie	unt that can be transferred f es and a minimum amount t	hat can be transferred	is Rs.250 and in multipl	es of	Rs.50/- un	der Daily freque	ency.		
target schemes of I	thly and Quarterly Frequence CICI Prudential Mutual Fund nder the scheme(s), please r	as mentioned below.							
Scheme Features" r	nentioned in the Common A	pplication Form and A	ddenda of the Scheme(s).					
	should be received on or listering or discontinuing Sy								rans.
Source Schemes (Eligin	ble Schemes from which yo emes of ICICI Prudential Mut	ou can Transfer):	Target Schemes (Eligi All the open-ended scallowed.	ible S	Schemes in	to which you c	an Transf	er):	tion is
k									
					Sole/First				
YOUR CONFIRMATION/E	DECLARATION			=	Applicant				
/We have read and un	derstood the contents of			S					
Infromation Memorandun to abide by the terms, co transaction. I/We hereby		nal Information(s) of the ions of the Scheme(s) tUS Person(s). The AR	e Scheme(s) and agree as on the date of this N holder has disclosed	SIGNATURE(S	Second Applicant				

... Name of the applicant:

.. or Units .

.... Amount Rs. ...

Frequency: Daily Weekly Monthly Quarterly Instalment Rs.

Application No.

Folio No.

Scheme Plan & Option (To).....

Scheme, Plan & Option (From).....