

Common Application Form for Lump sum/Systematic Investments Plan

Investor must read Key Scheme Features and Instructions before completing this form.

All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

Application No.

BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
#By mentioning RIA/PMRN 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.			
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.			
SIGNATURE OF SOLE / FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT	

LEI Number Existing Folio No.

(Legal Entity Identifier Number is for Transaction valued of INR 50 crore and above. See Instruction No. XV)

1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per the PAN)

SOLE / 1ST APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.* Enclosed (Please ☒ KYC Acknowledgement Letter ☐ KYC Proof Attached (Mandatory) Date of Birth (Mandatory)

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Mr. Ms. FIRST MIDDLE LAST

PAN/PEKRN* ☐ KYC Proof Attached (Mandatory) | Relationship with Minor ☐ Natural guardian ☐ Court appointed guardian Date of Birth (Mandatory)

2ND APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.* ☐ KYC Proof Attached (Mandatory) Date of Birth (Mandatory)

3RD APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* KYC Id No.* ☐ KYC Proof Attached (Mandatory) Date of Birth (Mandatory)

If mandatory information left blank, the application is liable to be rejected. *Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

2. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)
For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. Core Banking account (CBS) is mandatory.

MANDATORY Account Number Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Name & Branch of Bank Branch City

9 Digit MICR Code 11 Digit IFSC Enclosed (Please ☒ Bank Account Details Proof Provided. ☐ KYC Proof Attached (Mandatory)

3. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme name below:

ICICI Prudential Plan: Option:

For investors investing in Income Distribution cum Capital Withdrawal (IDCW) option of the Scheme may note that the amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

4. PAYMENT DETAILS

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

Investment Amount ₹ Cheque 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 details below]

A/c Number Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ 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(d). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

Name of the Investor: EXISTING FOLIO NO.

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

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 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
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 ₹ _____								

PEP status [Please tick (✓)]	
Sole/First Applicant	For Individuals [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 For Non-Individuals [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

* (Also applicable for the authorised signatories/ Promoters /Karta /Trustee /Whole time Directors)

PEP are defined as individuals who have been entrusted with prominent public functions by a foreign country, including the Heads of States or Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations and important political party official are considered as PEP. Family members or close relatives of such individuals are considered as RPEP.

As per the prevailing regulatory requirements, it is necessary to obtain approval of senior management of the AMC for establishing business relationship with PEPs and their close relatives/ accounts of family members. In case the applicant or its UBO is a PEP or RPEP, the application shall be processed subject to approval of the senior management of the AMC, which may take upto 2 business days.

11. NOMINATION

NOMINEE (OPT-IN) Details or OPT-OUT Declaration is **Mandatory** to process the application. Please choose from below **Option A** or **Option B** as appropriate. (Refer instruction VII).

A) FOR NOMINATION OPT-IN: I/WE HEREBY NOMINATE THE UNDERMENTIONED NOMINEE(S) TO RECEIVE THE AMOUNT TO MY/OUR CREDIT IN EVENT OF MY/OUR DEATH AS FOLLOWS:				
Nomination Details				
Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory information				
1	Name of the nominee(s)	Mr./Ms.	Mr./Ms.	Mr./Ms.
2	Share of each Nominee#	%	%	%
3	Date of Birth (in case Nominee is Minor)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
4	Relationship with the Applicant (select one)	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) _____	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) _____	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) _____
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar(last 4 digits) **** * <input type="checkbox"/> Passport(for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar(last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar(last 4 digits) **** * <input type="checkbox"/> Passport(for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____
6	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country			
		Pincode:	Pincode:	Pincode:
7	Mobile of nominee(s)/ Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			
Non-mandatory details				
9	Nominee Guardian Name (in case Nominee is Minor)			
# Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.				
I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)				
<input type="radio"/> Name of nominee(s) with % <input type="radio"/> Nomination: Yes / No (Default)				

B) FOR NOMINATION OPT-OUT: ☐ (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of First Unit holder

Signature of 2nd Unit holder

Signature of 3rd Unit holder

12. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XVI).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

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 have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. I/We hereby provide consent for uploading/updating/ fetching CKYC record from Central KYC Records Registry. 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).

Sole/1st Applicant

2nd Applicant

3rd Applicant

[^]Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

	Name of the Holder	Signature / Thumb Impression
Sole / First Holder (Mr./Ms.)	Name:	Signature /Thumb Impression:
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:
Second Holder (Mr./Ms.)	Name:	Signature /Thumb Impression:
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:
Third Holder (Mr./Ms.)	Name:	Signature /Thumb Impression:
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:

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PAN BASED MANDATE CUM SIP REGISTRATION FORM

[For investment through NACH (Not eligible for Minors Bank Account)]



PAN BASED MANDATE

Tick (✓)

CREATE ☒
MODIFY ☐
CANCEL ☐

I/We hereby authorize

ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED

to debit (tick ✓)

☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

Maximum Amount (Rupees in words)

₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

PAN No.

Mobile No.

Reference

APPLICATION NUMBER

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Sign: _____

Sign: _____

Sign: _____

Maximum period of validity of this mandate is 40 years only

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participants in NACH/SI/any other mode as may be preferred by the AMC from time to time. I/We hereby confirm adherence to the terms of this facility offered by ICICI Prudential Asset Management Company Limited (the AMC) as specified in Terms & Conditions under Registration of OTM/PAN Based Mandate Facility and amended from time to time and of NACH (Debits). **Authorization to Bank:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating/amendment to the User entity/corporate or the or the bank where I have authorized the debit. This is to inform that I/we have registered for this facility and that my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank and to debit my/our account for any charges towards mandate verification, registration, transactions, transactions, returns, etc, as applicable.



SIP Registration-Cum-Mandate Form for SIP

Application No.

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS.

BROKER CODE (ARN CODE)/
RIA/PMRN CODE#

SUB-BROKER ARN CODE

SUB-BROKER CODE
(As allotted by ARN holder)

Employee Unique
Identification No. (EUIIN)

#By mentioning RIA/PMRN 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.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

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

FOLIO NO.

Sole/1st
Applicant:

☐ Registration via Existing OTM (Please mention UMRN if multiple OTMs exist in folio) [Tick to avail (✓)]

Scheme: ICICI PRUDENTIAL

PLAN:

OPTION:

SUB-OPTION:

IDCW* FREQUENCY:

*(IDCW - Income Distribution cum capital withdrawal option)

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

Each SIP Amount: Rs.

In words:

SIP Frequency: ☐ Daily (Only business days) ☐ Weekly*** (_____) ☐ Fortnightly** ☐ Monthly ☐ Quarterly*

*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. **Fortnightly is available on 1st and 16th of each moth, as applicable. ***investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the choosen date is a non-business day, the transaction would be processed on the next business day. ^Number of installments have to be mentioned only in case of Daily/Weekly/Fortnightly frequencies. [Refer T&C no.12(f)]

SIP
Date*:

SIP Start
Month/Year

SIP End
Month/Year

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque No. _____ Cheque Amount Rs. _____ A/c No. _____

Bank Name: _____

☐ SIP TOP UP (Optional)
(Tick to avail this facility)

(Refer point no. 19 under Terms and Conditions for details)

Percentage: ☐ 10% ☐ 15% ☐ 20%
other _____ (multiples of 5% only)

TOP UP Amount: Rs. _____

* TOP UP amount in multiples of Rs.100 only.

Frequency: ☐ Half Yearly ☐ Yearly

SIP TOP UP CAP Amount:

Rs. _____ OR

Month-Year#:

*Investor has to choose only one option - either CAP Amount or CAP Month-Year

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL - PLEASE REFER INSTRUCTION NO. 19)

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

(Please sign overleaf)



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

Folio No./ Application No.

Name of the Investor: _____

Scheme: _____

SIP Amount Rs. _____

SIP Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly

☐ Monthly ☐ Quarterly

☐ SIP TOP UP Amt. Rs. _____

TOP UP CAP: ☐ Amt. Rs. _____

OR ☐ Month-Year:

Acknowledgement Stamp