

COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Application No. _____

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

BROKER CODE (ARN CODE) 24863	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Application No. (EUIIN) E043887
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Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]

In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	FOLIO No.		
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2 APPLICANT(S) DETAILS Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST									
PAN/PEKRN*				Enclosed (Please ✓) ^s <input type="radio"/> KYC Acknowledgement Letter	Date of Birth**	D	D	M	M	Y	Y	Y	Y
Name of * #	Mr. Ms.												
GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)													
PAN/PEKRN*				Relationship with Minor applicant	<input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian		Enclosed (Please ✓) ^s <input type="radio"/> KYC Acknowledgement Letter						

2nd Applicant Name (Should match with PAN Card)	PAN/PEKRN* (2nd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)

3rd Applicant Name (Should match with PAN Card)	PAN/PEKRN* (3rd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)

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

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

MANDATORY	Account Number		Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR			
	Name of Bank						
	Branch Name		Branch City				
	9 Digit MICR code		11 Digit IFSC Code				
							Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.

4 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

Scheme Name: ICICI PRUDENTIAL _____ Plan: _____

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend	SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout OR	AEP- <input type="radio"/> Regular [®] OR <input type="radio"/> Appreciation
Dividend Frequency: _____	AEP Frequency: _____	

[®]Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

SIP Date: <input type="radio"/> 1 st <input type="radio"/> 7 th <input type="radio"/> 10 th <input type="radio"/> 15 th <input type="radio"/> 20 th <input type="radio"/> 25 th	SIP Frequency* <input type="radio"/> Monthly <input type="radio"/> Quarterly
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PAYMENT DETAILS			Mode of Payment <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Funds Transfer <input type="radio"/> NEFT <input type="radio"/> RTGS					
Amount Paid	A	DD Charges (if applicable)	B	Amount Invested	A + B			
Cheque / DD Number		Date	D	D	M	M	Y	Y

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]

Account Number		Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR			
Name of Bank						
Branch Name		Branch City				

Mandatory Enclosures
(Please tick (✓) if the first instalment is not through cheque) Cheque Copy Bank Statement Banker's Attestation _____

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

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

Tax Status [Please tick (✓)]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM	<input type="checkbox"/> Government Body	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> NON Profit Organization/Charities
<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> FII	<input type="checkbox"/> Public limited company	<input type="checkbox"/> Bank / FI
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

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

(Please ✓) Depository Participant (DP) ID (NSDL only) NSDL Beneficiary Account Number (NSDL only)

OR

Depository Participant (DP) ID (CDSL only) CDSL

6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

<p>Correspondence Address (Please provide full address)* Address Type: <input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/Business <input type="radio"/> Registered Office</p> <p>HOUSE / FLAT NO. _____</p> <p>STREET ADDRESS _____</p> <p>CITY / TOWN _____ STATE _____</p> <p>COUNTRY _____ PIN CODE _____</p> <p>Tel. (Off.) _____ Tel. (Res.) _____ Fax _____</p> <p>Email [€] _____ Mobile _____</p> <p>Please tick (✓) <input type="checkbox"/> I/ We would like to register for INVEST NOW to transact online as per the terms & conditions for this facility as referred in point I(i) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for INVEST NOW registration on the same.</p>	<p>Overseas Address (Mandatory for NRI / FII Applicants)</p> <p>HOUSE / FLAT NO. _____</p> <p>STREET ADDRESS _____</p> <p>CITY / TOWN _____ STATE _____</p> <p>COUNTRY _____ PIN CODE _____</p>
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Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive **Account Statement through e-mail** [€]: Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected. [#] Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.
 ** Mandatory in case the Sole/First applicant is minor. [€] For documents to be submitted on behalf of minor follo refer instruction II-b(2)
[§] For KYC requirements, please refer to the instruction Nos. II b(5) & X [€] Please refer to instruction no. IX

7 FATCA and CRS Details for Individuals (Including Sole Proprietor) (Mandatory) Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? Yes No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

Annexure I and Annexure II are available on the website of AMC i.e. www.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

8 KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Second Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
Third Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

Gross Annual Income [Please tick (✓)]

Sole/First Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 OR Net worth (Mandatory for Non-Individuals) ` _____ as on DD MM YYYY (Not older than 1 year)

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ` _____

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ` _____

Others [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

