

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)/
ARN-18053

SUB-BROKER ARN CODE

 SUB-BROKER CODE
(As allotted by ARN holder)

 Employee Unique
Ident **E-040403 (UIN)**

#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE /FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the 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.

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b) & IV)

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)*

 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

 Natural guardian

 Court appointed guardian

 Enclosed (Please)*

 KYC Acknowledgement Letter

2nd Applicant Name (Should match with PAN Card)

PAN/PEKRN* (2nd Applicant)

 KYC Proof Attached (Mandatory)

3rd Applicant Name (Should match with PAN Card)

PAN/PEKRN* (3rd Applicant)

 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

 Savings Current NRE NRO FCNR

 Name of Bank

 Branch Name

 Branch City

 9 Digit MICR code

 11 Digit IFSC Code

 Enclosed (Please):

 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

 Regular Plan (Purchase/Subscription routed through Distributor)

 Direct Plan (Purchase/Subscription made directly with the Fund)

 Scheme Name: **ICICI PRUDENTIAL**

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

OPTION: Growth/Cumulative Dividend SUB-OPTION: Dividend Reinvestment Dividend Payout OR AEP – Regular® OR 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

 1st
 7th
 10th
 15th
 20th
 25th

SIP Frequency*

 Monthly

 Quarterly

Payment details

Mode of Payment

 Cheque

 DD

 Funds Transfer

 NEFT

 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

 Savings

 Current

 NRE

 NRO

 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)

Beneficiary Account Number (NSDL only)

 NSDL

OR

 CDSL

Depository Participant (DP) ID (CDSL only)

The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

6 | CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

Address Type: Residential Business Residential/Business Registered Office

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN

STATE

COUNTRY

PIN CODE

Tel. (Off.)

Tel. (Res.)

Fax



Email

Mobile

I/We would like to register for PRU TRACKER to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for Prutracker registration on the same.

 Please ✓ if you wish to receive Account statement / Annual Report / Other statutory information via Post instead of EmailPlease ✓ any of the frequencies to receive Account Statement through e-mail[✉] : Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected.

** Mandatory in case the Sole/First applicant is minor.

§ For KYC requirements, please refer to the instruction Nos. II b(5) & X

Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.

For documents to be submitted on behalf of minor folio refer instruction II-b(2)

✉ Please refer to instruction no. IX

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 viz; www.icicipruamc.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"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Second Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Third Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify)	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Below 1 Lac OR Net worth (Mandatory for Non-Individuals) ₹ _____	<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	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	(Not older than 1 year)
Second Applicant	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore	<input type="radio"/> 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	<input type="radio"/> 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

