

# ICICI Prudential Child Care Plan

An open-ended fund

Application Form for Resident Indians and NRIs/PIOs.  
Investor must read Key Information Memorandum and Instructions  
before completing this form. All sections to be completed in **ENGLISH**  
in **BLACK / BLUE COLOURED INK** and in **BLOCK LETTERS**.

Application No.

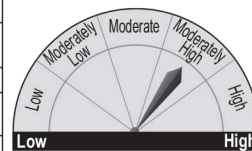
**ICICI Prudential Child Care Plan - Gift Plan is suitable for investors who are seeking\*:**

- Long Term Wealth Creation Solution
- A diversified equity fund that aims to generate capital appreciation by investing in equity and equity related securities.

**ICICI Prudential Child Care Plan - Study Plan is suitable for investors who are seeking\*:**

- Long term regular income solution
- A hybrid fund that seeks to generate current income by investing in debt, money market instruments and equity and equity related securities.

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them



Investors understand that their principal will be at moderately high risk

BROKER CODE (ARN CODE)/ **ARN 18053** SUB-BROKER ARN CODE SUB-BROKER CODE (As allotted by ARN holder) Employee Unique Identifier (EUIIN) **E040403**

#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 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

## TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XIII]

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. and proceed

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 ✓)<sup>S\*</sup> ☐ 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 ✓)<sup>S\*</sup> ☐ 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)

Name of Donor (if different from Parent/Legal Guardian) Date of Birth D D M M Y Y Y Y

Mr. Ms. PAN/PEKRN\* Enclosed (Please ✓)<sup>S\*</sup> ☐ KYC Acknowledgement Letter

## 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)

Name of scheme: ICICI PRUDENTIAL CHILD CARE PLAN ☐ Gift Plan ☐ Study Plan Units subject to Lock-in Period (Please ✓): ☐ Yes ☐ No

[Please tick (✓) any of these Plans]

SIP Through ☐ ECS/Standing Instruction / Direct Debit SIP Date ☐ 1<sup>st</sup> ☐ 7<sup>th</sup> ☐ 10<sup>th</sup> ☐ 15<sup>th</sup> ☐ 20<sup>th</sup> ☐ 25<sup>th</sup> 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. VII(e). Third Party Payment Declaration form is available in www.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

**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"/> FI	<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)		

(Please ✓)

(Please ✓) <input type="radio"/> NSDL OR <input type="radio"/> CDSL	<b>Depository Participant (DP) ID (NSDL only)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Beneficiary Account Number (NSDL only)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	The application form should mandatorily accompany the latest Client investor master/ Demat account statement.
	<b>Depository Participant (DP) ID (CDSL only)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

**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										Overseas Address (Mandatory for NRI / FII Applicants)																			
HOUSE / FLAT NO.																													
STREET ADDRESS																													
CITY / TOWN										STATE																			
COUNTRY										PIN CODE																			
Tel. (Off.)										Tel. (Res.)										Fax									
Email										Mobile																			
Please tick (✓) <input type="checkbox"/> 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.																													

<input type="radio"/> Please <input checked="" type="checkbox"/> if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email	
Please <input checked="" type="checkbox"/> any of the frequencies to receive <b>Account Statement through e-mail<sup>£</sup></b> : <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> 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) & XI	* 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

**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](http://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"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify)			
Second Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify)			
Third Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify)			

Gross Annual Income [Please tick (✓)]																				
Sole/First Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore																			
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <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
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 ₹ _____													

<b>Others</b> [Please tick (✓)]			
<b>Sole/First Applicant</b>	<b>For Individuals</b> [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) ^ <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable		
	<b>For Non-Individuals</b> [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(hh): (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		
<b>Second Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^	<input type="radio"/> Related to Politically Exposed Person (RPEP)	<input type="radio"/> Not applicable
<b>Third Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^	<input type="radio"/> Related to Politically Exposed Person (RPEP)	<input type="radio"/> Not applicable

**8 | ASSIGNMENT FOR INSURANCE - Applicable only for investments on behalf of minor\* [Please refer to the Personal Accident Insurance Cover Instruction]**

I \_\_\_\_\_ (parent/legal guardian), do hereby assign the amount payable by ICICI Lombard General Insurance Co. Ltd., in the event of my death, to \_\_\_\_\_ (nominee) my \_\_\_\_\_. I further declare that his/her receipt shall be sufficient discharge by ICICI Lombard General Insurance Co. Ltd.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

Name (Parent/Legal Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

\* Assignee should be a resident who has attained the age of majority.

**9 | NOMINATION DETAILS (Refer instruction VIII)**

I/We hereby nominate the undermentioned nominee to receive the amount to my/our credit in event of my/our death.

Nominee \_\_\_\_\_ NAME OF NOMINEE \_\_\_\_\_ Date of Birth 

D	D	M	M	Y	Y
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 (Mandatory if nominee is minor)

Guardian \_\_\_\_\_ MANDATORY, IF NOMINEE IS A MINOR \_\_\_\_\_

Relationship with the Nominee: ☐ Father ☐ Mother ☐ Legal Guardian [Please tick (✓)]

Nominee's Address 

HOUSE / FLAT NO	STREET ADDRESS
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(Mandatory) 

CITY / TOWN	PIN CODE	SIGNATURE OF NOMINEE/GUARDIAN, IF NOMINEE IS A MINOR
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☐ (Please tick if Nominee's address is same as 1st/Sole Applicant's address)

**10 | INVESTOR(S) DECLARATION & SIGNATURE(S)**

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). 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 am/we are not US Person(s). I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).** Information/documents given in/with this application form is true and complete in all respects and I/we agree to provide any additional information that may be required by the AMC/the Fund/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the Fund immediately upon change in any information furnished by me.

SIGNATURE OF SOLE / FIRST APPLICANT/GUARDIAN

X

SIGNATURE OF SECOND APPLICANT

X

SIGNATURE OF THIRD APPLICANT

ACKNOWLEDGEMENT

**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. \_\_\_\_\_

EXISTING FOLIO NO. \_\_\_\_\_ / \_\_\_\_\_

Scheme Name	Plan	Option/Sub-option	Payment Details	Receiver's Signature & Stamp
			Amt. _____ Cheque/DD No. _____ dtd: _____ Bank & Branch _____	

**FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US**

**ICICI Prudential Asset Management Company Limited**

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India  
**TOLL FREE NUMBER** 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL** enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com

Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Mutual Fund Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where application was lodged.