



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)/ RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
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#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 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 (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
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PAN/PEKRN*	KYC Id No. ¥	Enclosed (Please ✓) <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)
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<input type="checkbox"/> KYC Proof Attached (Mandatory)	Relationship with Minor applicant: <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian	Date of Birth
PAN/PEKRN*	KYC Id No. ¥	D D M M Y Y Y Y

2nd Applicant	<input type="checkbox"/> KYC Proof Attached (Mandatory)	Date of Birth	(Name should match with PAN Card)
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PAN/PEKRN*	KYC Id No. ¥	D D M M Y Y Y Y
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3rd Applicant	<input type="checkbox"/> KYC Proof Attached (Mandatory)	Date of Birth	(Name should match with PAN Card)
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PAN/PEKRN*	KYC Id No. ¥	D D M M Y Y Y Y
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¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

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
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Name & Branch of Bank

Branch City	9 Digit MICR Code	11 Digit IFSC
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Enclosed (Please ✓): Bank Account Details Proof Provided.**4. INVESTMENT DETAILS** (Refer Instruction No. IV)

For Plans & Sub-options please see key features for scheme specific details

Scheme Name: ICICI PRUDENTIAL	Plan:
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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	
Dividend Frequency:	OR AEP- <input type="radio"/> Regular® OR <input type="radio"/> Appreciation	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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5. 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
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Investment Amount	₹	A	DD Charges (if applicable)	₹	B	Total Amount	₹	A + B
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Cheque / DD Number	Date	D D M M Y Y Y Y
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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
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Name & Branch of Bank

Branch City	Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque)	<input type="radio"/> Cheque Copy <input type="radio"/> Bank Statement <input type="radio"/> Banker's Attestation
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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.

6. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

7. 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
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____	

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

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*		Overseas Address (Mandatory for NRI / FII Applicants)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email <input type="text"/>			

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 folio refer instruction II-b(2)
 † For KYC requirements, please refer to the instruction Nos. II b(5) & X ‡ Please refer to instruction no. IX

10. 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

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder: Residential Registered Office Business

Address Type of 2nd Holder: Residential Registered Office Business

Address Type of 3rd Holder: Residential Registered Office Business

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.

11. 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 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 (✓)]

For Individuals [Please tick (✓)]: I am Politically Exposed Person (PEP) ^ I am Related to Politically Exposed Person (RPEP) 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 – YES NO; (ii) Gaming / Gambling / Lottery / Casino Services – YES NO; (iii) Money Lending / Pawning – YES NO

Second Applicant Politically Exposed Person (PEP) ^ Related to Politically Exposed Person (RPEP) Not applicable

Third Applicant Politically Exposed Person (PEP) ^ Related to Politically Exposed Person (RPEP) Not applicable

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