



# 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.

|   |                     |  |  |
|---|---------------------|--|--|
| <b>ARN-118586</b><br>BROKER CODE (ARN CODE)/<br>CODE#   | SUB-BROKER ARN CODE | SUB-BROKER CODE<br>(As allotted by ARN holder) | Employee Unique<br>Identification No. (EUIN) |
| <p>#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.</p> <p>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.</p> |                     |  |  |
| SIGNATURE OF SOLE / FIRST APPLICANT   |                     | SIGNATURE OF SECOND APPLICANT                  |  |
| SIGNATURE OF SOLE / FIRST APPLICANT   |                     | SIGNATURE OF THIRD APPLICANT                   |  |

**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.

Existing Folio No. \_\_\_\_\_

**1. APPLICANT(S) DETAILS** (Please Refer to Instruction No. II (b) & IV) (Mandatory information)

|   |  |
|---|--|
| <b>Sole/First Applicant</b><br>PAN/PEKRN* _____ KYC Id No.* _____ Enclosed (Please ✓)* <input type="radio"/> KYC Acknowledgement Letter<br>NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)<br>PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached (Mandatory)   Relationship with Minor applicant: <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian<br>KYC Id No.* _____ | Date of Birth**<br>D D M M Y Y Y Y<br>AADHAAR No. [Refer Instruction No.II(b)(10)]<br>_____<br>Date of Birth<br>D D M M Y Y Y Y<br>AADHAAR No. [Refer Instruction No.II(b)(10)]<br>_____ |
| <b>2<sup>ND</sup> APPLICANT</b> (Name should match with PAN Card)<br>PAN/PEKRN* _____ KYC Id No.* <input type="radio"/> KYC Proof Attached (Mandatory)  | Date of Birth<br>D D M M Y Y Y Y<br>AADHAAR No. [Refer Instruction No.II(b)(10)]<br>_____  |
| <b>3<sup>RD</sup> APPLICANT</b> (Name should match with PAN Card)<br>PAN/PEKRN* _____ KYC Id No.* <input type="radio"/> KYC Proof Attached (Mandatory)  | Date of Birth<br>D D M M Y Y Y Y<br>AADHAAR No. [Refer Instruction No.II(b)(10)]<br>_____  |

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.

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

**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: \_\_\_\_\_

**4. PAYMENT DETAILS**

|                                  |   |   |  |                     |         |
|----------------------------------|---|---|--|---------------------|---------|
| <b>Investment Amount</b>         | ₹ _____   | <b>DD Charges (if applicable)</b>   | ₹ _____  | <b>Total Amount</b> | ₹ _____ |
| <b>Mode of Payment</b>           | <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Funds Transfer <input type="radio"/> NEFT <input type="radio"/> RTGS  |   |  |                     |         |
| <b>Cheque / DD Number</b>        | _____   | <b>Date</b>   | D D M M Y Y Y Y  |                     |         |
| <b>BANK DETAILS:</b>             | <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below] |   |  |                     |         |
| <b>A/c Number</b>                | _____   | <b>Account Type</b>   | <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR |                     |         |
| <b>Name &amp; Branch of Bank</b> | _____   |   |  |                     |         |
| <b>Branch City</b>               | _____   | <b>Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque)</b> | <input type="radio"/> Cheque Copy <input type="radio"/> Bank Statement <input type="radio"/> 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.

**5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

|  |  |
|--|--|
| <b>Correspondence Address (Please provide full address)*</b> | <b>Overseas Address (Mandatory for NRI / FII Applicants)</b> |
| HOUSE / FLAT NO. _____                                       | HOUSE / FLAT NO. _____                                       |
| STREET ADDRESS _____   | STREET ADDRESS _____   |
| CITY / TOWN _____ STATE _____                                | CITY / TOWN _____ STATE _____                                |
| COUNTRY _____ PIN CODE _____                                 | COUNTRY _____ PIN CODE _____                                 |
| Tel. _____ Office _____ Residence _____                      | Mobile _____   |
| Email <sup>£</sup> _____                                     |  |

 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 <sup>£</sup>:  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)

<sup>£</sup> For KYC requirements, please refer to the instruction Nos. II b(5) & X<sup>£</sup> Please refer to instruction no. IX**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

**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) \_\_\_\_\_

**9. 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

| Applicant / 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.

| Applicant / Guardian       | 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.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

**10. KYC DETAILS** (Mandatory)

**Occupation** [Please tick (✓)]

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

**Gross Annual Income** [Please tick (✓)]

|                      |   |                                   |                                    |                                     |   |                                   |                      |
|----------------------|---|-----------------------------------|------------------------------------|-------------------------------------|---|-----------------------------------|----------------------|
| Sole/First Applicant | <input type="checkbox"/> Below 1 Lac  | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore | <input type="checkbox"/> >1 crore |                      |
|                      | OR Net worth (Mandatory for Non-Individuals) _____ as on DD MM YYYY (Not older than 1 year) |                                   |                                    |                                     |   |                                   |                      |
| Second Applicant     | <input type="checkbox"/> Below 1 Lac  | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore | <input type="checkbox"/> >1 crore | OR Net worth ₹ _____ |
| Third Applicant      | <input type="checkbox"/> Below 1 Lac  | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore | <input type="checkbox"/> >1 crore | OR Net worth ₹ _____ |

**Others** [Please tick (✓)]

|                      |  |
|----------------------|--|
| Sole/First Applicant | <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(h)):   |
| Second Applicant     | <input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable  |
| Third Applicant      | <input type="checkbox"/> Politically Exposed Person (PEP) ^ <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable  |

**11. NOMINATION DETAILS** (Refer instruction VII). I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

| Name and address of Nominee(s)<br><input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address) | Applicant's Relationship with the Nominee | Date of Birth | Name and address of Guardian | Signature of Nominee/Guardian, if nominee is a minor | Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%) |
|---|---|---------------|------------------------------|--|---|
| Nominee 1   |   |               |                              |  |   |
| Nominee 2   |   |               |                              |  |   |
| Nominee 3   |   |               |                              |  |   |

**INVESTOR(S) DECLARATION & SIGNATURE(S):** To 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(s), 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 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)."

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. I/We further declare that this consent will remain valid until specifically withdrawn by me / us.

|                    |               |               |
|--------------------|---------------|---------------|
| Sole/1st Applicant | 2nd Applicant | 3rd Applicant |
|--------------------|---------------|---------------|

| Scheme Name | Plan | Option/Sub-option | Payment Details  |
|-------------|------|-------------------|--|
|             |      |                   | Amt. _____ Cheque/DD No. _____ dtd. _____<br>Bank & Branch _____ |