

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

BROKER CODE (ARN CODE) ARN-16709	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E039709
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	

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

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. 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.

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		PAN/PEKRN*		Enclosed (Please <input checked="" type="checkbox"/> ⁵ *)	<input type="checkbox"/> KYC Acknowledgement Letter	Date of Birth**	D	D	M	M	Y	Y	Y	Y
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)										

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

3 Correspondence Details of Sole/First Applicant:

Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO.				HOUSE / FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
CITY / TOWN		STATE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. (Off.)		Tel. (Res.)		Fax			
Email [†]				Mobile			

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.

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

⁵ 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

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

8 NOMINATION DETAILS (Refer instruction VII)

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
(Mandatory if nominee is minor)																	
Guardian	MANDATORY, IF NOMINEE IS A MINOR																
Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please tick (✓)]																	
Nominee's Address (Mandatory)	HOUSE / FLAT NO					STREET ADDRESS											
	CITY / TOWN					PIN CODE					SIGNATURE OF NOMINEE/GUARDIAN, IF NOMINEE IS A MINOR						

9 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.

DECLARATION FOR AVAILING INSURANCE COVER

I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement and hereby wish to avail the said insurance cover.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT



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	ICICI PRUDENTIAL	SCHEME AND OPTION	₹ TOTAL AMOUNT	₹ AMOUNT PER CHEQUE
From Cheque/DD No.	<input type="text"/>	To Cheque/DD No.	BANK AND BRANCH	
From Date	M M Y Y Y Y	SIP Tenure: 100 yrs – Your Current Age	yrs =	yrs or M M Y Y Y Y Y

(E.g. Your Current Age is 40 years, then your SIP Tenure would be 100 years – 40 years = 60 years.) For more information please refer Instruction No. 5 under Section "Terms for Group Life Insurance Cover".

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.

SIGNATURE, STAMP & DATE