SMART FEATURES FORM

Application No.

STP / SWP / DTP / TRIGGER / LIQUITY MUTUAL FUND Please read INSTRUCTIONS carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Employee Unique SUB-BROKER CODE ARN-16709 Identi**E039709**EUIN) (As allotted by ARN holder) 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. 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. If you have an existing folio no. with PAN & KYC validation please mention your name & folio No 1 EXISTING UNITHOLDERS INFORMATION Folio No. 2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information – If left blank the application is liable to be rejected. Sole/First Date of Birth** Mr. Ms. M/s Applicant Enclosed (Please ✓)§ PAN* Name of * # GUARDIAN IN CASE FIRST APPLICANT IS A MINOR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS Mr Me Natural guardian Enclosed (Please ✓)§ PAN* Relationship with Minor applicant KYC Acknowledgement Letter Court appointed guardian 2nd Applicant LAST PAN* Enclosed (Please ✓)§ KYC Acknowledgement Letter MIDDI F LAST Mr. Ms. 3rd Applicant PAN* Enclosed (Please ✓)§ ○ KYC Acknowledgement Letter 3 SYSTEMATIC TRANSFER PLAN (STP) (Please refer to instruction No. XV) Name of scheme: ICICI PRUDENTIAL Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, in which you plan to invest) PLAN: OPTION: SUB-OPTION: Regular Direct Dividend Frequencies: AFP Frequencies: Name of scheme: ICICI PRUDENTIAL Option & Sub option (Please √ the appropriate boxes or fill in the respective options/sub-options/facilities, in which you plan to invest) PLAN: OPTION: SUB-OPTION: Regular Direct Dividend Frequencies: **AEP Frequencies:** Transfer Frequencies Oaily Oweekly Omonthly Ouarterly STP Date (Monthly frequency only) 7th 010th 015th 025th OLast day of Month Note: In case of Daily STP the minimum installment amount is $\ref{thm:property}$ 20 $\ref{thm:property}$ 4 in multiples of $\ref{thm:property}$ 50 thereof and minimum. (Daily STP is available for specific source $\ref{thm:property}$ 4 target schemes, please refer to instruction XV). Installment Amount No. of Installments (Minimum of Rs.1,000) (Minimum 6 installments) 4 SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please refer to instruction No. XVI) Name of scheme **ICICI PRUDENTIAL** PLAN: OPTION: SUB-OPTION: Regular Direct Dividend Frequencies: Withdrawal Frequency Monthly Quarterly Start Date: M M / Y Y Y Y End Date: M M / Y Y Y Y Amount 5 DIVIDEND TRANSFER (DTP) (Please refer to instruction No. XVII) Name of Source scheme **ICICI PRUDENTIAL** (SCHEME NAME & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT FOR DTP) Name of Target scheme **ICICI PRUDENTIAL** Option & Sub option (Please \checkmark the appropriate boxes or fill in the options/sub-options, only if applicable to the scheme into which you wish to transfer dividend) OPTION: PLAN: SUB-OPTION: Regular Direct Dividend Frequencies: **AEP Frequencies:** * Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. * Mandatory information – If left blank the application is liable to be rejected. ** 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) & VII Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. VII(g) Application No. 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.

E039709

_	New Registration Oupda		to instruction ito. X	Cancellation (Of any trigger	set-up registered earlier
Amount / Unit ICICI Prudential		(Please ✓ Source Scheme) Prudential Flexible Income Plan	ICICI Prudential Income	Plan (ICICI Providential I	Short Torm Plan
ICICI Prudential ICICI Prudential		Ĭ	ICICI Prudential Income	<u> </u>	Snort Term Plan
PLAN:	OPTION: Growth/Cumu		_	Divident Reinvestment OR (Dividend Payout
Regular ODirec		Daily Weekly Fortnightly		<u> </u>	·
Amount / Unit	s to be triggered To (Ple		, , ,	<u> </u>	
O ICICI Prudential	= =	O ICICI Prudential Focused Bluechip	Equity Fund	ICICI Prudential Index Fund	
O ICICI Prudential		ICICI Prudential Top 100 Fund	From d	ICICI Prudential Top 200 Fund	antono Fund
	Select Large Cap Fund	ICICI Prudential Value Discovery		ICICI Prudential Balanced Adv	
PLAN: Regular Olirec	OPTION: Growth/Cumu Dividend Frequencies: D			Divident Reinvestment OR (Half Yearly Annual D	·
TOTAL AMOUN	NT TO BE REGISTERED	TRIGGER LEVEL		TRIGGER AMOUNT	
₹ AM	OUNT IN FIGURES	% drop in NAV (Please ✓) or BSE Se	ensex Value	% of Total Registered Amo	unt to be Transferre
Rupees		5% or IN MULTIPLES OF 100 POINTS		MINIMUM 10% AND IN MULTIPLE OF 5%	
Паросо		10% or INMULTIPLES	OF 100 POINTS	MINIMUM 10% AND IN N	MULTIPLE OF 5%
AB	AOLINT IN WORDS	15% or INMULTIPLES		MINIMUM 10% AND IN N	
AIV	OUNT IN WORDS				
		20% or IN MULTIPLES (JE 100 POINTS	MINIMUM 10% AND IN N	
		(Please refer instruction	XVIII(1))	100 % of Total Registe	ered Amount
7 LIQUITY FA	CILITY (Please refer to ins	truction No. XIX)			
SOURCE SCHE	MES & OPTIONS (Apprecia	tion / Dividend amount to be transferre	d from - Please ✓ any	oneoftheScheme/Options)	
ICICI PRUDEN	TIAL FLEXIBLE INCOME	E PLAN	PLAN: Regu	ular OR Olire	ect
Growth OR I	Dividend Option - Payout Ro	einvestment Daily Weekly	○ Fortnightly		Olividend Others
CICI PRUDEN	TIAL LIQUID PLAN		PLAN: Regu	ular OR Oire	ect
Growth OR	Dividend Option - O Payout O Re	einvestment ODaily Weekly	○ Monthly ○ Quart	terly O Half Yearly O Yearly	O Dividend Others
ICICI PRUDEN	TIAL SAVINGS PLAN		PLAN: Regu	ılar OR ()Dire	ect
_	Dividend Option - Payout Re	einvestment Daily Weekly		Monthly	O Dividend Others
	MES & OPTIONS		PLAN: Regu		
		rom - Please ✓ any one of the Schemes – o	© 0	<u> </u>	
		Fund CICI Prudential Dy		() ICICI Prudential	Infrastructure Fund
O ICICI Prudenti		O ICICI Prudential Va		I O ICICI Prudential	Midcap Fund
O ICICI Prudenti	al Top 100 Fund	O ICICI Prudential Ex	port and Other Ser	vices Fund	
R INVESTOR	S) DECLARATION & SIG	CNATURE/S)			
v the terms conditions	tiai iviutuai Fuliu, i/ vve liave leau aliu uli	nderstood the Scheme Information Document/Key other statutory requirements of SEBI, AMFI, Prev	vention of Money Laundering	of the Scheme(s). If the apply for the units	on the Fund and agree to a
o time.I/We confirm to hir gifts, directly or indirec ny Act, Regulations or ar f the plan, then ICICI Pruw We hereby declare that I s all the commissions (ir or me/us. I/We interested if We hereby confirm that f the above distributor or	ave understood the investment objectively, in making this investment. I/We deen yother applicable laws enacted by the fundantial Asset Management Co. Ltd.(the lift) we do not have any existing Micro SIPs on the form of trail commission or any other than the the EUIN box has been intentionally left.	res, investment pattern, and risk factors applicab clare that the amount invested in the Scheme is t Government of India or any Statutory Authority. I/ 'AMC'), has full right to refund the excess to me/, s which together with the current application will her mode), payable to him for the different comp. AMC via mail, SMS, telecall, etc. If you do not wi : t blank by me/us as this is an "execution-only" to priateness, if any, provided by the employee/rela	through legitimate sources o We agree that in case my/ou us to bring my/our investmer I result in a total investments eting Schemes of various M sh to receive, please call or ransaction without any inter	the Scheme(s). I/we have not received not not and is not designed for the purpose ur investment in the Scheme is equal to onthe below 25%. I/We hereby declare that sexceeding Rs.50,000 in a year. The AF utual Funds from amongst which the Suntollfree no. 1800 222 999 (MTNIL/BSN) action or advice by the employee/relat	or been induced by any religion of contravention or evasion or more than 25% of the cor I am/we are not US Person I handler has disclosed to sheme is being recommen (I) or 1800 200 6666 (Othe ionship manager/sales per
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