



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

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"/> )* <input type="checkbox"/> KYC Acknowledgement Letter				Date of Birth**	D	D	M	M	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	<input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian				Enclosed (Please <input checked="" type="checkbox"/> )* <input type="checkbox"/> KYC Acknowledgement Letter					

2nd Applicant Name (Should match with PAN Card)	PAN/PEKRN* (2nd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)
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3rd Applicant Name (Should match with PAN Card)	PAN/PEKRN* (3rd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)
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**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="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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.	

**4 INVESTMENT & PAYMENT DETAILS** (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific detailsName of scheme: **ICICI PRUDENTIAL**Option & Sub option (Please  the appropriate boxes only if applicable to the scheme in which you plan to invest)

PLAN:	OPTION:	SUB-OPTION:
<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus ^	<input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout OR AEP- <input type="checkbox"/> Regular @ OR <input type="checkbox"/> Appreciation
	Dividend Frequency:	AEP Frequency:

^ Bonus Option, refer instruction no. IV(h) @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="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	SIP Frequency*	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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**Payment details** Mode of Payment  Cheque  DD  Funds Transfer  NEFT  RTGS

Amount Paid	₹ A	DD Charges (if applicable)	₹ B	Amount Invested	₹ A + B
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Cheque / DD Number		Date	D	D	M	M	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="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
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Name of Bank		Branch City	
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Branch Name		Branch City	
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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. VI(e). Third Party Payment Declaration form is available in www.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

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

**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 / FI
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

**5 DEMAT ACCOUNT DETAILS** (Optional - Please refer Instruction No. XI)  NSDL OR  CDSL (Please ✓)

**Do you want units in demat form :**  Yes OR  No (Please ✓) The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

**If yes, Depository Participant (DP) ID** (NSDL only)  **Beneficiary Account Number** (NSDL only)  **If yes, Depository Participant (DP) ID** (CDSL only)

**6 Correspondence Details of Sole/First Applicant:**

<b>Correspondence Address (Please provide full address)*</b>		<b>Overseas Address (Mandatory for NRI / FII Applicants)</b>	
<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. (Off.) <input type="text"/>		Tel. (Res.) <input type="text"/>	
		Fax <input type="text"/>	
Email <input type="text"/>		Mobile <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**<sup>‡</sup>:  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.  
 ‡ 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

**FATCA declaration/Foreign Tax Laws (self-certification)**

**For Individual**  
 • Is any of the applicants/guardian/Power of Attorney holder's country of birth/citizenship/nationality/tax residency status other than India?  Yes OR  No (Please ✓) If yes, please fill and submit the mandatory Individual Declaration Form (Annexure I)

**For Non-Individual**  
 • Is country of incorporation/Formation/tax residency status other than India?  Yes OR  No (Please ✓) If yes, please fill and submit the mandatory Individual Declaration Form (Annexure II)  
 • Is any of ultimate beneficial owner(s)/authorized signatory (ies)/POA holder's country of birth/citizenship/nationality/tax residency status other than India?  Yes OR  No (Please ✓) If yes the please fill and submit mandatory Individual Declaration Form (Annexure II)

**7 KYC DETAILS (Mandatory)**

**Occupation** [Please tick (✓)]

<b>Sole/First Applicant</b>	<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) _____			
<b>Second Applicant</b>	<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) _____			
<b>Third Applicant</b>	<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  
 Net worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on           (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 (✓)]

**Sole/First Applicant** **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. XX):  
 (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

**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  Date of Birth  (Mandatory if nominee is minor)

Guardian

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

Nominee's Address: HOUSE / FLAT NO  STREET ADDRESS   
 CITY / TOWN  PIN CODE  SIGNATURE OF NOMINEE/GUARDIAN, IF NOMINEE IS A MINOR

(Please tick if Nominee's address is same as 1st/Sole Applicant's address)

**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.

**FOR REGISTRATION OF I-PRU TOUCH FACILITY:** I/We hereby request you to register me/us for availing the facility of 'I-PRU TOUCH' and carrying out transactions of additional purchase/ redemption/ switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize ICICI Prudential Asset Management Company Ltd. (AMC), on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. I/We hereby declare that particulars given above are correct and complete. I/We have read and understood the Terms and Conditions applicable to this facility and that I/we shall abide by the same at all times. Terms and Conditions of this facility as may be amended from time to time are available on our website www.icicipruamc.com. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard.

<b>SIGNATURE OF SOLE / FIRST APPLICANT</b>	<b>SIGNATURE OF SECOND APPLICANT</b>	<b>SIGNATURE OF THIRD APPLICANT</b>

The Transaction facilities offered through IPRUTOUCH form are applicable for Resident Individual, Sole Proprietor & HUF.

**ICICI PRUDENTIAL MUTUAL FUND** **IPRUTOUCH - ONE TIME MANDATE (OTM) FORM**

UMRN  Date

Sponsor Bank Code  Utility Code

Tick (✓)  CREATE  MODIFY  CANCEL

I/We hereby authorize  to debit (tick ✓)

Bank a/c number

with Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No.  Mobile No.

Reference  Email ID

PERIOD From  To  Or  Until Cancelled

Signature Primary Account holder  Signature of Account holder  Signature of Account holder

1.  2.  3.

**Declaration:** I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS. I/We hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH/ECS (Debits). **Authorisation to Bank:** This is to inform that I/we have registered for ECS / NACH (Debit Clearing) facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of the AMC carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. This is to confirm that the declaration/terms & conditions have been carefully read, understood and made by me/us.

ACKNOWLEDGEMENT



**ACKNOWLEDGEMENT SLIP** (Please Retain this Slip)

Application No.

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

EXISTING FOLIO NO.

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. <input type="text"/> Cheque/DD No. <input type="text"/> dtd. <input type="text"/> Bank & Branch <input type="text"/>

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