

Please read INSTRUCTIONS (Page 16-18) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BRN- ARN-0988	SUB-BROKER CODE	Please tick (✓) <input type="radio"/> Existing Investor <input type="radio"/> New Investor (Refer instruction no.XII)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
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1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to Step 4

Name Mr. Ms. M/s FIRST MIDDLE LAST 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.

1st Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth*

PAN* Enclosed (Please ✓)[§] Attested PAN Card KYC Acknowledgement Letter

Name of ** Mr. Ms. GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS

PAN* Relationship with Minor applicant Natural guardian Enclosed (Please ✓)[§] Attested PAN Card KYC Acknowledgement Letter
 Court appointed guardian

2nd Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth

PAN* Enclosed (Please ✓)[§] Attested PAN Card KYC Acknowledgement Letter

3rd Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth

PAN* Enclosed (Please ✓)[§] Attested PAN Card KYC Acknowledgement Letter

[§] For PAN & KYC requirements, please refer to the instruction Nos. II b(5), V(I) & 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)

Mode of holding [Please tick (✓)] <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor (Default option: Anyone or Survivor)	Status of First Applicant [Please tick (✓)] <input type="radio"/> Others <input type="radio"/> Minor <input type="radio"/> NRI/PIO <input type="radio"/> Resident Individual <input type="radio"/> HUF <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership Firm <input type="radio"/> Trust <input type="radio"/> Bank/FI <input type="radio"/> AOP/Bol <input type="radio"/> Club/Society <input type="radio"/> Company <input type="radio"/> FII	PLEASE SPECIFY
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Correspondence Address (Please provide full address)* <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE	Overseas Address (Mandatory for NRI / FII Applicants) <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE
Tel. (Off.) <input type="text"/> Tel. (Res.) <input type="text"/> Fax <input type="text"/> Email [£] <input type="text"/> Mobile <input type="text"/>	

Occupation [Please tick (✓)] Professional Business Retired Housewife Service Student Others (Please specify)

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. [£] Please refer to instruction no.IX

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) Mandatory information – If left blank the application is liable to be rejected.

MANDATORY	Account Type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	Account Number <input type="text"/>
	Name of Bank <input type="text"/>	
	Branch Details <input type="text"/> BRANCH NAME	<input type="text"/> BRANCH CITY
	9 Digit MICR code <input type="text"/>	11 Digit IFSC Code <input type="text"/>

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer Instruction No. XI) NSDL OR CDSL

Depository Participant (DP) ID (NSDL only) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>	Depository Participant (DP) ID (CDSL only) <input type="text"/>
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FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US

ICICI Prudential Asset Management Company Limited
 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051. India

SIGNATURE STAMP & DATE SIGNATURE STAMP & DATE SIGNATURE STAMP & DATE

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.

1 Name of scheme **ICICI PRUDENTIAL**

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

Retail/Regular Option Growth/Cumulative OR Dividend – Reinvestment OR Payout OR AEP ^ – Regular* OR Appreciation
 Institutional Option * Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly **AEP Frequencies** Monthly Quarterly Half Yearly

Payment Details for Scheme 1 **Mode of Payment** Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ DD Charges (if applicable) ₹ Amount Invested ₹

Cheque / DD Number Date

BANK ACCOUNT DETAILS (For Payment Details of Scheme 1) Mandatory information – If left blank the application is liable to be rejected.

Account Type Current Savings NRO NRE FCNR Account Number

Bank Details

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. V(e). Third Party Payment Declaration form is available on www.icicipruamc.com or in ICICI Prudential Mutual Fund branch offices.

2 Name of scheme **ICICI PRUDENTIAL**

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

Retail/Regular Option Growth/Cumulative OR Dividend – Reinvestment OR Payout OR AEP ^ – Regular* OR Appreciation
 Institutional Option * Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(c)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly **AEP Frequencies** Monthly Quarterly Half Yearly

Payment Details for Scheme 2 **Mode of Payment** Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ DD Charges (if applicable) ₹ Amount Invested ₹

Cheque / DD Number Date

BANK ACCOUNT DETAILS (For Payment Details of Scheme 2) Mandatory information – If left blank the application is liable to be rejected.

Account Type Current Savings NRO NRE FCNR Account Number

Bank Details

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) on page 17. Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

Please ensure that the Bank Account details are mentioned separately, for Cheque and Demand Draft (DD) payments for Investments in **Scheme 1** and in **Scheme 2**. ^ AEP - Automatic encashment plan

6 NOMINATION DETAILS (Refer instruction VII) • For Multiple nominations, please use the separate form available in AMC's branch offices or in the website www.icicipruamc.com • Nomination is mandatory if the mode of holding is SINGLE.

I/We do not wish to nominate (Please tick (✓) & sign)

I/We hereby nominate the under-mentioned nominee to receive the amount to my/our credit in the event of my/our death and confirm that I/we have read and understood the nomination clause under instruction no. VII.

Nominee Date of Birth Date of Birth is MANDATORY in case Nominee is a minor
 Guardian Relationship with Natural guardian
 Nominee's Address Minor applicant (✓) Court appointed guardian

7 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).**

ICICI PRUDENTIAL MUTUAL FUND **ACKNOWLEDGEMENT SLIP**
Please Retain this Slip

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

1 Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹	AMOUNT	CHEQUE / DD No.	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
2 Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹	AMOUNT	CHEQUE / DD No.	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

4 **1** DRAWN ON BANK & BRANCH **2** DRAWN ON BANK & BRANCH