



COMMON APPLICATION FORM FOR MULTIPLE SCHEMES - LUMP SUM / SIP

Application No.

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

BROKER CODE/AFIN CODE# 99860	SUB-BROKER AFIN CODE	SUB-BROKER CODE (As allotted by AFIN holder)	Existing Folio No. E119669 (IN)
#By mentioning RIA/PMRN 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.			
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 XI)

* 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) (Name should be as per the PAN))

SOLE / 1 ST APPLICANT	Mr. Ms. M/s.	FIRST	MIDDLE	LAST
PAN/PEKRN*	KYC Id No.*	Enclosed (Please ✓) <input type="checkbox"/> KYC Acknowledgement Letter		Date of Birth**
				D D M M Y Y Y Y

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/POA HOLDER (in case of Non-Individual Investors)

Mr. Ms.	FIRST	MIDDLE	LAST
PAN/PEKRN*	<input type="checkbox"/> KYC Proof Attached (Mandatory)	Relationship with Minor applicant: <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian	Date of Birth
	KYC Id No.*		D D M M Y Y Y Y

LEI Number (Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above. See Instruction No. XV, page no. 42)

2 ND APPLICANT	Mr. Ms. M/s.	FIRST	MIDDLE	LAST
PAN/PEKRN*	KYC Id No.*	<input type="checkbox"/> KYC Proof Attached (Mandatory)		Date of Birth
				D D M M Y Y Y Y

3 RD APPLICANT	Mr. Ms. M/s.	FIRST	MIDDLE	LAST
PAN/PEKRN*	KYC Id No.*	<input type="checkbox"/> KYC Proof Attached (Mandatory)		Date of Birth
				D D M M Y Y Y Y

If mandatory information left blank, the application is liable to be rejected. * If individual client who has registered under Central KYC Records Registry (CKYR) 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.

MANDATORY	Account Number	Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
	Name & Branch of Bank		
	Branch City	9 Digit MICR Code	11 Digit IFSC

Enclosed (Please ✓): ☐ 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:

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	ICICI Prudential			
2	ICICI Prudential			
3	ICICI Prudential			
4	ICICI Prudential			
In case of multiple schemes, Cheque/DD should be drawn in favour of "ICICI Prudential Mutual Fund Collection A/c." and the cheque amount should match with the Total Investment amount mentioned here.			TOTAL AMOUNT	

For investors investing in Income Distribution cum Capital Withdrawal (IDCW) option of the Scheme may note that the amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains. (Please see overleaf)



ACKNOWLEDGEMENT SLIP - ICICI PRUDENTIAL MULTIPLE SCHEMES FOR LUMP SUM/SIP

(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: 1900 222 990 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

4. PAYMENT DETAILS

Mode of Payment <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Funds Transfer <input type="radio"/> NEFT <input type="radio"/> RTGS					
Investment Amount	₹ <input style="width: 100%;" type="text" value="A"/>	DD Charges (if applicable)	₹ <input style="width: 100%;" type="text" value="B"/>	Total Amount	₹ 0.00 A + B
Cheque / DD Number	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>		
BANK DETAILS: <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 Bank details below)					
A/c Number	<input style="width: 100%;" type="text"/>	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR		
Name & Branch of Bank	<input style="width: 100%;" type="text"/>				
Branch City	<input style="width: 100%;" type="text"/>	Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) <input type="radio"/> Cheque Copy <input type="radio"/> Bank Statement <input type="radio"/> Banker's Attestation			

Applications with Third Party Cheques, pre-funded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/15/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(a). Third Party Payment Declaration form is available in www.iciciprums.com or ICICI Prudential Mutual Fund branch offices.

5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FI Applicants)			
<input style="width: 100%;" type="text" value="HOUSE / FLAT NO."/>				<input style="width: 100%;" type="text" value="HOUSE / FLAT NO."/>			
<input style="width: 100%;" type="text" value="STREET ADDRESS"/>				<input style="width: 100%;" type="text" value="STREET ADDRESS"/>			
<input style="width: 100%;" type="text" value="CITY / TOWN"/>		<input style="width: 100%;" type="text" value="STATE"/>		<input style="width: 100%;" type="text" value="CITY / TOWN"/>		<input style="width: 100%;" type="text" value="STATE"/>	
<input style="width: 100%;" type="text" value="COUNTRY"/>		<input style="width: 100%;" type="text" value="PIN CODE"/>		<input style="width: 100%;" type="text" value="COUNTRY"/>		<input style="width: 100%;" type="text" value="PIN CODE"/>	
Tel. <input style="width: 100%;" type="text"/>		Office <input style="width: 100%;" type="text"/>		Residence <input style="width: 100%;" type="text"/>		Mobile <input style="width: 100%;" type="text"/>	
Email <input style="width: 100%;" type="text"/>							
Please <input type="checkbox"/> if you wish to receive Annual Report or Abridged Summary via Post - (Applicable only if email is not available) [Refer Instruction No.IX(a)]							
Please <input type="checkbox"/> if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]							
Please <input checked="" type="checkbox"/> any of the frequencies to receive Account Statement through e-mail [†] : <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> 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. 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) & X				[†] Please refer to instruction no. IX			

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"/> FPI category I	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> Bank
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> FPI category II	<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"/> Public limited company	<input type="checkbox"/> FPI category III	<input type="checkbox"/> Defence Establishment	
<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. XIV)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<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.

(Please see overleaf)

INVESTMENT DETAILS

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	ICICI Prudential			
2	ICICI Prudential			
3	ICICI Prudential			
4	ICICI Prudential			

PAYMENT DETAILS

Amount	Cheque/DD No.	dated
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Bank & Branch <input style="width: 100%;" type="text"/>		

	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.icicimutual.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="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 checked="" type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others (Please specify) _____
Second Applicant	<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) _____
Third Applicant	<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	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM YYY (Not older than 1 year)
Second Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____
Third Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____
Others [Please tick (✓)]	
Sole/First Applicant	For Individuals [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 For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services - <input type="radio"/> YES <input type="radio"/> NO: (ii) Gaming / Gambling / Lottery / Casino Services - <input type="radio"/> YES <input type="radio"/> NO: (iii) Money Lending / Pawning - <input type="radio"/> YES <input type="radio"/> NO
Second Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

11. NOMINATION DETAILS (For Mutual Fund units) (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:

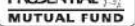
Name and address of Nominee(s) <input type="checkbox"/> Please tick if Nominee's address is same as 1st/Sole Applicant's address	Applicant's Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/Guardian, if nominee is a minor	Proportion (%) in which the units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

INVESTOR(S) DECLARATION & SIGNATURE(S): 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, 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 the 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.30,000 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. I/we declare that the email address provided in the form belongs to me/us or to spouse, dependent children or dependent parents (applicable to individual investors only).

Sole/1st Applicant	2nd Applicant	3rd Applicant
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PAN BASED MANDATE CUM SIP REGISTRATION FORM
[For investment through NACH]

 ICICI PRUDENTIAL MUTUAL FUND	PAN BASED MANDATE															
	UMRN	FOR OFFICE USE ONLY										Date				
	Sponsor Bank Code	FOR OFFICE USE ONLY					Utility Code	FOR OFFICE USE ONLY								
	Tick <input checked="" type="checkbox"/> CREATE / <input type="checkbox"/> MODIFY / <input type="checkbox"/> CANCEL															
I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick <input checked="" type="checkbox"/>) SB/CA/CC/SB-NRE/SB-NRO/Other																
Bank a/c number																
with Bank _____ IFSC _____ or MICR _____																
an amount of Rupees _____ Maximum Amount (Rupees in words) _____ ₹ _____																
FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented																
DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																
PAN _____										Mobile No. _____						
Reference _____										Email ID _____						
APPLICATION NUMBER																
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.																
PERIOD From _____ To _____ Or <input checked="" type="checkbox"/> Until Cancelled																
Sign: _____ Sign: _____ Sign: _____																
1. Name as in bank records 2. Name as in bank records 3. Name as in bank records																

Declaration: I/we hereby declare that the particulars given in this mandate are correct and complete and express my/our willingness and authorize to make payments referred above through participants in NACH/S/any other mode as may be preferred by the AMC from time to time. I/we hereby confirm adherence to the terms of this facility offered by ICD Prudential Asset Management Company Limited (the AMC) as specified in terms & conditions under registration of OMF/PAN Based Mandate facility and amended from time to time and of NACH (Debits). **Authorization to Bank:** This is to confirm that the declaration has been duly read, understood & signed by me/us. I am authorizing the user/entity/corporate to debit my account. I/we understand that I/we authorized to execute/amend this mandate by appropriately communicating/amendment to the User/entity/corporate or the bank whom I have authorized the debit. This is to inform that I/we have registered for this facility and that my/our investment in ICD Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank and to debit my/our account for any charges towards mandate verification, registration, transactions, transactions, returns, etc, as applicable.



SIP Registration-cum-Mandate Form for SIP

Application No.

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS.									
BROKER CODE (ARN CODE): BIA/PMRN CODE#		SUB-BROKER ARN CODE		SUB-BROKER CODE (As allotted by ARN holder)		Employee Unique Identification No. (EUN)			
<p>#By mentioning BIA/PMRN 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>TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY: In case the purchase/subscription amount is 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.</p> <p>Declaration for "execution-only" transaction (only where EUN box is left blank) - I/We hereby confirm that the EUN 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 THIRD APPLICANT			
The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.									
SOLE/FIRST APPLICANT'S NAME: Mr / Ms / M/s. _____									
FOLIO NO. _____		Date of Birth: _____		<input type="radio"/> Registration via Existing OTM [Please tick (✓)]					
Sr No.	Scheme Name/Plan/Option/Sub-option#	SIP Installment Amount (₹)	SIP Day & Date	SIP Frequency (refer Trf No 14)	SIP Start Month & Year SIP End Month & Year	Top-Up (Minimum ₹ 100 or in percentage) Amount (₹) or Percentage (%) Frequency*			
1	ICICI Prudential	₹ _____ No. of Installment <input type="text"/>	Monthly & Quarterly <input type="text"/> <input type="text"/> <input type="text"/> Weekly**	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ _____ OR _____ % <input type="radio"/> Yearly <input type="radio"/> Half Yearly TOP UP CAP Amount ₹ _____ OR Month-Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
2	ICICI Prudential	₹ _____ No. of Installment <input type="text"/>	Monthly & Quarterly <input type="text"/> <input type="text"/> <input type="text"/> Weekly**	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ _____ OR _____ % <input type="radio"/> Yearly <input type="radio"/> Half Yearly TOP UP CAP Amount ₹ _____ OR Month-Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3	ICICI Prudential	₹ _____ No. of Installment <input type="text"/>	Monthly & Quarterly <input type="text"/> <input type="text"/> <input type="text"/> Weekly**	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ _____ OR _____ % <input type="radio"/> Yearly <input type="radio"/> Half Yearly TOP UP CAP Amount ₹ _____ OR Month-Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4	ICICI Prudential	₹ _____ No. of Installment <input type="text"/>	Monthly & Quarterly <input type="text"/> <input type="text"/> <input type="text"/> Weekly**	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ _____ OR _____ % <input type="radio"/> Yearly <input type="radio"/> Half Yearly TOP UP CAP Amount ₹ _____ OR Month-Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
In case of multiple schemes, Cheque/DD should be drawn in favour of "ICICI Prudential Mutual Fund Collection A/c."		Total ₹ _____	*In case of Quarterly SIP, only yearly frequency is available under SIP TOP UP. Top-up % is multiples of 5% only. Top-Up amount should be in multiples of ₹ 100. **Investors can choose any day of the week from Monday to Friday to register under weekly frequency.						
(Please sign overleaf)									

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor)

MUTUAL FUND		Name of the Investor: _____		
Scheme (1): _____	Plan & Option: _____			
Scheme (2): _____	Plan & Option: _____			
Scheme (3): _____	Plan & Option: _____			
Scheme (4): _____	Plan & Option: _____			
				Acknowledgement Stamp

Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers in case for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate 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 the 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. 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. 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. I/we hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/we hereby agree and confirm to inform AMC promptly in case of any changes. 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 (M INL/BSNL) or 1800 200 6666 (Others).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque/DD No. _____ Cheque/DD Amount Rs. _____ A/c No. _____
Bank Name: _____

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL - PLEASE REFER INSTRUCTION NO. 19)

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

YOUR CONFIRMATION/DECLARATION: 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 as described in the Instruction No.IV(d) of the common application form. 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. 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.

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(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

1st Holder	2nd Holder	3rd Holder

Scheme (1): SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
Scheme (2): SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
Scheme (3): SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
Scheme (4): SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
TOP UP CAP Amount Rs. OR TOP UP CAP Month/Year: Scheme (1): _____ Scheme (2): _____ Scheme (3): _____
Scheme (4): _____