

# 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. (EUIIN)
<p>Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN 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 inappropriateness, 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			

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

In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transaction 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.

### 1 | EXISTING UNITHOLDERS INFORMATION

If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/>	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. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/>	FIRST	MIDDLE	LAST			
PAN/ PEKRN*			Enclosed (Please <input checked="" type="checkbox"/> )*	<input type="checkbox"/> KYC Acknowledgement Letter	Date of Birth**	D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	
Name of *#	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		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)	
3rd Applicant Name (Should match with PAN Card)			PAN/PEKRN* (3rd Applicant)			<input type="checkbox"/> KYC Proof Attached (Mandatory)	

### 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"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	
Name of Bank								
Branch Name			Branch City					
9 Digit MICR code			11 Digit IFSC Code					

Enclosed (Please ):  
 Bank Account Details Proof Provided.

### 4 | INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV)

For Plans & Sub-options please see key features for scheme specific details

Scheme Name: ICICI PRUDENTIAL		Plan: _____	
Option & Sub option (Please <input checked="" type="checkbox"/> the appropriate boxes only if applicable to the scheme in which you plan to invest)			
OPTION: <input type="checkbox"/> Growth/Cumulative	<input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Dividend Payout OR <input type="checkbox"/> AEP – <input type="checkbox"/> Regular <sup>®</sup> OR <input type="checkbox"/> Appreciation
Dividend Frequency:		AEP Frequency:	
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"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	SIP Frequency* <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
PAYMENT DETAILS			
Amount Paid	A	DD Charges (if applicable)	B
Cheque / DD Number	Date D D M M Y Y		Amount Invested A + B
BANK DETAILS:	<input type="checkbox"/> Same as above [Please tick ( <input checked="" type="checkbox"/> ) if yes] <input type="checkbox"/> Different from above [Please tick ( <input checked="" type="checkbox"/> ) if it is different from above and fill in the details below]		
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 of Bank			
Branch Name	Branch City _____		
Mandatory Enclosures (Please tick ( <input checked="" type="checkbox"/> ) if the first instalment is not through cheque)	<input type="checkbox"/> Cheque Copy <input type="checkbox"/> Bank Statement <input type="checkbox"/> 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 <a href="http://www.icicipruamc.com">www.icicipruamc.com</a> 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)**

(Please ✓) Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

 NSDL

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OR

Depository Participant (DP) ID (CDSL only)

 CDSL

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**6 | CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

Correspondence Address (Please provide full address)\*

Address Type:  Residential  Business  Residential/Business  Registered Office

HOUSE / FLAT NO.
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STREET ADDRESS
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CITY / TOWN	STATE
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COUNTRY	PIN CODE
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Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.
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STREET ADDRESS
----------------

CITY / TOWN	STATE
-------------	-------

COUNTRY	PIN CODE
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Tel. (Off.)  Tel. (Res.)  Fax 

 Email  Mobile

Please tick (✓)   I/ We would like to register for INVEST NOW to transact online as per the terms & conditions for this facility as referred in point I(I) of the Instructions.  
By providing Email ID, I/We agree to receive the IPIN for INVEST NOW registration on the same.

 Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of EmailPlease ✓ any of the frequencies to receive **Account Statement through e-mail** <sup>E</sup> :  Daily  Weekly  Monthly  Quarterly  Half Yearly  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.

\*\* 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) &amp; X

E Please refer to instruction no. IX

**7 | 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

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India?  Yes  No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

Annexure I and Annexure II are available on the website of AMC i.e. [www.icicpruamc.com](http://www.icicpruamc.com) or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.**8 | KYC DETAILS (Mandatory)**

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Second Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Third Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Below 1 Lac OR Net worth (Mandatory for Non-Individuals) ` _____	<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	as on <input type="radio"/> D <input type="radio"/> D <input type="radio"/> M <input type="radio"/> M <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y	(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 (✓)]: <input type="radio"/> (i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; <input type="radio"/> (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; <input type="radio"/> (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		

## 9 NOMINATION DETAILS (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)	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					

## 10 INVESTOR(S) DECLARATION & SIGNATURE(S)

To 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(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS). 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/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.

**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 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 (MTNL/BSNL) or 1800 200 6666 (Others).**

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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<b>IPRUTOUCH - ONE TIME MANDATE (OTM) FORM (For Individual, Sole Proprietor &amp; HUF only)</b>					
UMRN	FOR OFFICE USE ONLY				
Sponsor Bank Code	FOR OFFICE USE ONLY		Utility Code	FOR OFFICE USE ONLY	
Tick (✓)					
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize				
<input type="checkbox"/> MODIFY	ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED				
<input type="checkbox"/> CANCEL	to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other				
Bank a/c number					
with Bank	Name of customers bank	IFSC	or MICR		
an amount of Rupees	MAXIMUM AMOUNT TO BE MENTIONED				
FREQUENCY	<input type="checkbox"/> Mthly	<input type="checkbox"/> Qtrly	<input type="checkbox"/> H-Yrly	<input type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented
Folio No.	DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount				
Reference	NOT REQUIRED IF FOLIO NUMBER IS MENTIONED				
Mobile No.	Email ID				

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or	<input 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 on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH. I/We hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH (Debits). **Authorisation to Bank:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/We authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit. This is to inform that I/We have registered for 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 bank to debit my/our account for any charges towards mandate verification, registration, transaction, returns, etc, as applicable.



## 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. /

Name of the Investor:

Scheme Name	Plan	Option/Sub-option	Payment Details		
			Amt. _____	Cheque/DD No. _____	dtd. _____

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

