

Tax Status <small>[Please tick (✓)]</small>					
<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"/> FI	<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)		

(Please ✓)	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)
<input type="radio"/> NSDL OR <input type="radio"/> CDSL	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Depository Participant (DP) ID (CDSL only)	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Correspondence Address (Please provide full address)*															Overseas Address (Mandatory for NRI / FII Applicants)																													
Address Type: <input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/Business <input type="radio"/> Registered Office																																												
HOUSE / FLAT NO.															HOUSE / FLAT NO.																													
STREET ADDRESS															STREET ADDRESS																													
CITY / TOWN							STATE								CITY / TOWN							STATE																						
COUNTRY							PIN CODE								COUNTRY							PIN CODE																						
Tel. (Off.) <input style="width: 100%;" type="text"/>															Tel. (Res.) <input style="width: 100%;" type="text"/>															Fax <input style="width: 100%;" type="text"/>														
Email [†] <input style="width: 100%;" type="text"/>															Mobile <input style="width: 100%;" type="text"/>																													
Please tick (✓) <input type="checkbox"/> 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(l) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for INVEST NOW registration on the same.																																												
<input type="radio"/> Please <input checked="" type="checkbox"/> if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email																																												
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.
 ** 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) & X [‡] Please refer to instruction no. IX

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

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

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 mandatorilly 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.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

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

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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
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 ` _____																	

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(hh): (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)
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:

<div>Name and address of Nominee(s)</div> <div><input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)</div>	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 <i>(Mandatory)</i>]			
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



IPRUTOUCH - ONE TIME MANDATE (OTM) FORM (For Individual, Sole Proprietor & HUF only)

UMRN

FOR OFFICE USE ONLY

Date

Tick (✓)

Sponsor Bank Code

FOR OFFICE USE ONLY

Utility Code

FOR OFFICE USE ONLY

CREATE
MODIFY
CANCEL

I/We hereby authorize

ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED

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 ☒ Mthly ☒ Qtrly ☒ H-Yrly ☒ Yrly ☒ As & when presented

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Folio No.

Mobile No.

Reference

NOT REQUIRED IF FOLIO NUMBER IS MENTIONED

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
To
Or ☐ 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 from 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, transactions, 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.

Name of the Investor:

EXISTING FOLIO NO.

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

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



SIP REGISTRATION CUM MANDATE FORM [For investment through NACH/ECS/SI/Auto Debit]

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)
Declaration for "execution-only" transaction (only where EUIIN box is left blank) - 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 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:

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.

Please tick (✓) ☐ New Registration ☐ Cancellation ☒ Existing UMRN

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 FIRST MIDDLE LAST Folio No. /

Scheme: ICICI PRUDENTIAL PLAN:

OPTION: SUB-OPTION: Dividend Frequency: AEP Frequency:

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. Dated

Drawn on Bank Amount Rs.

Bank Branch City

Each SIP Amount: Rs. Rupees in words:

SIP Frequency: ☐ Monthly ☐ Quarterly

(Default SIP frequency is Monthly)

In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

SIP Date: ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

SIP Start Month/Year M M Y Y Y Y

SIP End Month/Year M M Y Y Y Y

☐ SIP TOP UP (Optional) (Tick to avail this facility) Percentage: 10% ☐ 15% ☐ 20% ☐ other (multiples of 5% only) TOP UP Amount: Rs. TOP UP Frequency: ☐ Half Yearly ☐ Yearly

* TOP UP amount has to be in multiples of Rs.500 only.

(Please refer to Terms & Conditions No. B(6) for SIP TOP UP)

SIP TOP UP CAP: Amount*: Rs. OR Month-Year*: M M Y Y Y Y (Investor has to choose only one option - either CAP Amount or CAP Month-Year)

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. B(8)]

☐ NSDL Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only)
OR (Please ✓) ☐ 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.

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

1st Holder 2nd Holder 3rd Holder

SIP NACH DEBIT MANDATE

ICICI PRUDENTIAL MUTUAL FUND UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓) CREATE ☒ I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY CANCEL Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees Maximum Amount (Rupees in words) ₹

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

Folio No. Mobile No.

Reference APPLICATION NUMBER 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 To Or ☒ Until Cancelled 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/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH/ECS/SI/Auto Debit. **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/ECS/SI/Auto Debit 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, transactions, returns, etc., as applicable.

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

Name of the Investor:

SIP Amount Rs.

SIP Frequency: ☐ Monthly ☐ Quarterly

Scheme Name:

Option:

Folio No. /
Application No.

Acknowledgement Stamp

☐ SIP TOP UP Amt. Rs. TOP UP CAP: ☐ Amt:Rs. OR ☐ Month-Year: M M Y Y Y Y