

Common Application Form for Lump sum/Systematic Investments Plan

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.

Application No. _____

BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIIN)
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#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 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 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 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.

Existing Folio No. _____

1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per the PAN)

SOLE / 1ST APPLICANT Mr. Ms. M/s _____ FIRST _____ MIDDLE _____ LAST _____

PAN/PEKRN* _____ KYC Id No.* Enclosed (Please ☒ ⁹ ☐ KYC Acknowledgement Letter Date of Birth**
 _____ D D M M Y Y Y Y

LEI Number _____ (Legal Entity Identifier Number is for Transaction valued of INR 50 crore and above. See Instruction No. XVI)

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* ☐ KYC Proof Attached (Mandatory) | Relationship with Minor ☐ Natural guardian ☐ Court appointed guardian Date of Birth
 _____ KYC Id No.* _____ D D M M Y Y Y Y

2ND APPLICANT Mr. Ms. M/s _____ FIRST _____ MIDDLE _____ LAST _____

PAN/PEKRN* _____ KYC Id No.* ☐ KYC Proof Attached (Mandatory) Date of Birth
 _____ D D M M Y Y Y Y

3RD APPLICANT Mr. Ms. M/s _____ FIRST _____ MIDDLE _____ LAST _____

PAN/PEKRN* _____ KYC Id No.* ☐ 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. *Individual client who has registered under Central KYC Records Registry (CKYCR) 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="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> 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:

ICICI Prudential _____ Plan: _____ Option: _____

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.

4. PAYMENT DETAILS

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

Investment Amount ₹ _____ A DD Charges (if applicable) ₹ _____ B Total Amount ₹ _____ A + B

Cheque / DD Number _____ Date D D M M Y Y Y Y

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]

A/c Number _____ Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Name & Branch of Bank _____

Branch City _____ 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.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

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. _____

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

Correspondence Address (Please provide full address)*

Correspondence Address (Please provide full address)	
HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Tel.					Office										Residence				
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[illegible]

Mobile No.* provided pertains to: [Please tick (✓)]

- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

*if above any option is not ticked (✓) or selected then **[Self]** option is considered as a default.

2nd Unitholder : Mobile

Overseas Address (Mandatory for NRI / FII Applicants)

(Please refer to the instruction No. II (b) 2)

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Email

Email ID* provided pertains to: [Please tick (✓)]

- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

<input type="checkbox"/> Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)] <input type="checkbox"/> Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]	
Please ✓ 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	
<p>* Mandatory information – If left blank the application is liable to be rejected.</p> <p>** Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement Fund. ⁵ For KYC requirements, please refer to the instruction Nos. II b(5) & X</p>	<p>[#] 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)</p> <p>[£] Please refer to instruction no. IX</p>

6. MODE OF HOLDING [Please tick (✓)] ☒ Single ☐ Joint ☐ Anyone or Survivor (Default)

7. TAX STATUS [Please tick (✓)]

- ☐ Resident Individual ☐ NRI ☐ Partnership FIRM ☐ Government Body ☐ FPI category I ☐ NPS Trust ☐ Bank
- ☐ On behalf of Minor ☐ Company ☐ AOP/BOI ☐ FPI category II ☐ NON Profit Organization/Charities ☐ FPI category III ☐ Mutual Funds
- ☐ HUF ☐ Body Corporate ☐ Private Limited Company ☐ Public limited company ☐ Mutual Funds FOF Schemes ☐ Defence Establishment
- ☐ Financial Institution ☐ Trust/Society/NGO ☐ Limited Partnership (LLP) ☐ Sole Proprietorship ☐ Others (Please specify) _____

8. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)**NSDL:** Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

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

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 type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<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.

	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:

Address Type of 2nd Holder:

Address Type of 3rd Holder:

- ☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business

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.

10. 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

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

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 <table border="1"> <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 ₹ _____								
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

NOMINEE (OPT-IN) Details or **OPT-OUT Declaration** is **Mandatory** to process the application. Please tick (✓) from below **Option A** or **Option B** as appropriate. (Refer instruction VII).

A) FOR NOMINATION OPT-IN: <input type="checkbox"/> 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) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth [Mandatory]*	Name and address of Guardian (Mandatory if nominee is minor)	Signature of Nominee / Guardian*	Guardian's Relationship with Nominee [Mandatory]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%)
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
<small>* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)</small>							
B) FOR NOMINATION OPT-OUT: <input type="checkbox"/> (Please tick (✓) if the unit holder does not wish to nominate anyone)							
I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.					Signature of First Unit holder		
					Signature of 2nd Unit holder		
					Signature of 3rd Unit holder		

12. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XVI).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	
If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.	

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) 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 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. **I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. I/We hereby provide consent for uploading/updating/fetching CKYC record from Central KYC Records Registry.** 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 toll free no. **1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

Sole / 1st Applicant	2nd Applicant	3rd Applicant
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