

COMMON APPLICATION FORM

excluding for ICICI Prudential Childcare Plan
(Please read the instructions before investing)

• Lumpsum Investment • Systematic Investment Plan (SIP).
SIP payment options: Bank Standing Instruction • Auto Debit (ECS) • Post Dated Cheques



ARN-34120

Sub-broker Code

Serial Number, Date & Time of Receipt

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 FOR EXISTING UNITHOLDERS

[Refer to Instruction II(a)]

Folio No. /

Application No.

If you have an existing folio with PAN validation & KYC validation (if applicable), please mention the folio number in the space provided and proceed to Step 4.

2 ABOUT YOU

Name of First Applicant

Mr. Ms. M/s.

Date: _____

Date of Birth (Mandatory)

Name of Guardian (in case of minor) / Contact Person (In case of non-individual investors)

Mr. Ms.

Status [Please tick (✓)]

- Minor Trust
 NRI/PIO Bank/FI
 Resident Individual AOP/Bol
 HUF Club/Society
 Sole Proprietorship Company
 Partnership Firm FII
 Others (Please specify)

Mailing Address (Please provide full address) (Mandatory)

City (Mandatory) PIN (Mandatory)
 State (Mandatory) Country

Contact Details

Tel. (Res.) Tel. (Off.) Mobile

E-Mail

Communication: As a part of the **Go Green** initiative, Account Statement/Annual Report/other statutory information will be sent only by email to the above mentioned email ID.

Please tick (✓) if you wish to receive Account Statement/Annual Report/other statutory information via physical documents instead of email.

Overseas Address (in case of NRIs/FIIs)

City ZIP/PIN (Mandatory)
 State Country (Mandatory)

Name of Second Applicant

Mr. Ms.

Name of Third Applicant

Mr. Ms.

PAN & KYC [Please refer the instruction Nos.II-b(4), V(l), X] (Mandatory)

APPLICANT DETAILS	PAN (Please attach proof)	Know Your Customer (KYC) (Please ✓)
1st Applicant	<input type="text"/>	<input type="checkbox"/> KYC acknowledgement /Copy enclosed
Guardian (in case 1st applicant is minor)	<input type="text"/>	<input type="checkbox"/> KYC acknowledgement /Copy enclosed
2nd Applicant	<input type="text"/>	<input type="checkbox"/> KYC acknowledgement /Copy enclosed
3rd Applicant	<input type="text"/>	<input type="checkbox"/> KYC acknowledgement /Copy enclosed

Mode of holding [Please tick (✓)]

- Single
 Anyone or Survivor
 Joint

(Default option: Anyone or Survivor)

Occupation [Please tick (✓)]

- Professional Housewife
 Business Service
 Retired Student
 Others (Please specify)

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT

(Refer instruction No.III)

Bank Particulars (Name of the Bank)

Branch Address

City

Account Number Account Type

Current Savings NRO NRE

9 Digit MICR code IFSC Code (11 digit)

If "Mandatory Details" are not provided, your application is liable to be rejected.



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

Application No.

Received from:

Address

Signature, Stamp & Date

Application for Units of ICICI Prudential

Option :

4 INVESTMENT DETAILS (Refer Instruction No.IV) • PLANS, OPTIONS & SUB-OPTIONS (See the Key Features for Scheme specific options & sub-options)

NAME OF THE SCHEME (Please leave one box blank between words)

I	C	I	C	I	P	R	U	D	E	N	T	I	A	L

(Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest)

Retail Dividend Payout Growth/Cumulative AEP-Regular*
 Institutional Dividend Reinvestment AEP-Appreciation

AEP frequency: _____

Dividend Frequencies: Daily Weekly Fortnightly Monthly Quarterly Half Yearly

Dividend Transfer Plan (DTP) (Please refer to instruction No. IV (f): Scheme Name: _____ Option: _____)

PAYMENT DETAILS (LUMP SUM INVESTMENT / FIRST CHEQUE FOR SIP)

Amount Paid (A) Rs. _____ DD Charges (B) Rs. _____ Amount Invested (C) = (A) + (B) Rs. _____

Bank Name & Branch _____

City _____ Cheque/DD No. _____ Cheque/DD Date _____ Account Type (For NRI Investors) _____

_____ D D M M Y Y NRO NRE FCNR

SIP through

Standing Instruction/Direct Debit
 ECS PDCs

SIP Frequency [Please tick(✓)] Monthly Quarterly (Default is Monthly)

SIP TOP UP (Optional)

SUBSEQUENT SIP INSTALMENT DETAILS THROUGH PDCS

Cheque Number From _____ Cheque Number To _____ Number of Cheques _____

Start From _____ End to _____

M M Y Y Y Y M M Y Y Y Y

Instalment Amount Rs. _____ SIP Date 7th 10th 15th 25th

Drawn on Bank & Branch _____

Rs. _____

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

TOP UP Frequency (Mandatory): Half Yearly Yearly

[In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. Please refer to the instruction V(k)]

*Cumulative – AEP Regular Option : Encashment of Units is subject to declaration of dividend in the respective Scheme(s). Please refer to instruction no. IV(c).

Trigger Please (✓) (Trigger can be done only from ICICI Prudential Target Returns Fund – Growth sub-option)

NAV appreciation (Please ✓) 12% 20% 50% 100% Trigger Amount Appreciation amount only All units

Amounts/units to be triggered to Retail Option under (Please ✓): ICICI Prudential Floating Rate Plan– Plan A Plan B

ICICI Prudential Liquid Plan ICICI Prudential Short Term Plan ICICI Prudential Income Plan ICICI Prudential Flexible Income Plan

Sub-options (Please ✓): Growth AEP*– Appreciation Regular Growth/Cumulative Dividend Pay-out Dividend Reinvestment

Default Trigger Options: NAV appreciation: 20%; Scheme: ICICI Prudential Liquid Plan - Growth Option. *Cumulative - AEP Regular option: Encashment of units is subject to declaration of dividend into respective scheme(s).

Micro SIPs Please (✓) (Investment of equal to or less than Rs.50,000/- per annum under SIP registration) (Please refer instruction No. V(II))

	Photo Identification Document Type (Mandatory) (Only in case of PAN not provided)	ID Card No. / Reference No.
1st Applicant		
2nd Applicant		
3rd Applicant		

5 NOMINATION DETAILS (Optional) • For Single nomination, please fill in the details below. • For multiple nominations, please use the form available separately.

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Name of the Nominee _____ Date of Birth (If nominee is minor) _____

Mr. Ms. M/s. _____ D D M M Y Y Y Y

Address of Nominee (Please provide full address) _____

_____ PIN Code _____

Name of the Guardian (If nominee is minor) - Mandatory _____ Relationship with minor _____

Address of Guardian _____ Signature of Guardian _____

_____ PIN Code _____

6 YOUR CONFIRMATION/DECLARATION

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd.(the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I am/we are not US Person(s).

I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc.

If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).

DD MM YYYY

SIGNATURE(S)

First Applicant _____

Second Applicant _____

Third Applicant _____



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

SIP TOP UP Amount Rs. _____ Frequency: Half Yearly Yearly

FOLIO No.: _____

Drawn on (Name of Bank & Branch) _____

Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where application was lodged.