



COMMON APPLICATION FORM FOR LUMP SUM INVESTMENTS

Application No. _____

Please read INSTRUCTIONS (Page 16-18) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

ARN-7671	SUB-BROKER CODE	FOR OFFICIAL USE ONLY
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.		SERIAL NUMBER, DATE & TIME OF RECEIPT

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII and please tick (✓) any one]
 I confirm that I am a First time investor across Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

 I confirm that I am an existing investor in Mutual Funds.
(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is 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 payable to the Distributor. Units will be issued against the balance amount invested.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to Step 4

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Folio No.															
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2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information - If left blank the application is liable to be rejected.

1st Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) [§]	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>			
Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR				OR	CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS						
PAN*					Relationship with Minor applicant	<input type="radio"/>	Natural guardian	Enclosed (Please ✓) [§]	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) [§]	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>			
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) [§]	<input type="radio"/>	Attested PAN Card	<input type="radio"/>	KYC Acknowledgement Letter	<input type="radio"/>			

[§] For PAN & KYC requirements, please refer to the instruction Nos. II b(5), V(I) & X

** Mandatory in case the Sole/First applicant is minor.

* 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)

Mode of holding [Please tick (✓)]	<input type="radio"/> Single	<input type="radio"/> Joint	<input type="radio"/> Anyone or Survivor <i>(Default option: Anyone or Survivor)</i>	Status of First Applicant [Please tick (✓)] <input type="radio"/> Others	PLEASE SPECIFY							
	<input type="radio"/> Minor	<input type="radio"/> NRI/PIO	<input type="radio"/> Resident Individual	<input type="radio"/> HUF	<input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership Firm	<input type="radio"/> Trust	<input type="radio"/> Bank/FI	<input type="radio"/> AOP/Bol	<input type="radio"/> Club/Society	<input type="radio"/> Company	<input type="radio"/> FI
Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FII Applicants)								
HOUSE / FLAT NO.				HOUSE / FLAT NO.								
STREET ADDRESS				STREET ADDRESS								
STREET ADDRESS				STREET ADDRESS								
CITY / TOWN		STATE		CITY / TOWN		STATE						
COUNTRY		PIN CODE		COUNTRY		PIN CODE						
Tel. (Off.)		Tel. (Res.)		Fax		Mobile						
Email [£]												
Occupation [Please tick (✓)] <input type="radio"/> Professional <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Service <input type="radio"/> Student <input type="radio"/> Others (Please specify)												

 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**[£]: Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information - If left blank the application is liable to be rejected.

[£] Please refer to instruction no.IX**3 BANK ACCOUNT DETAILS OF FIRST APPLICANT** (Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected.

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

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer Instruction No. XI) NSDL OR CDSL

Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	Depository Participant (DP) ID (CDSL only)

**FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US****ICICI Prudential Asset Management Company Limited**

3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051. India

Application No. _____

SIGNATURE, STAMP & DATE

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

Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Mutual Fund 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.

5 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

1 Name of scheme **ICICI PRUDENTIAL**

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

Retail/Regular Option Institutional Option
 Growth/Cumulative OR Dividend – Reinvestment or Payout OR AEP ^ – Regular* or Appreciation
* 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)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly
 AEP Frequencies Monthly Quarterly Half Yearly

Payment Details for Scheme 1 **Mode of Payment** Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ DD Charges (if applicable) ₹ Amount Invested ₹
 Cheque / DD Number Date Account Number

Account Type Current Savings NRO NRE FCNR

Bank Name Bank Branch & City

2 Name of scheme **ICICI PRUDENTIAL**

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

Retail/Regular Option Institutional Option
 Growth/Cumulative OR Dividend – Reinvestment or Payout OR AEP ^ – Regular* or Appreciation
* 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)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly
 AEP Frequencies Monthly Quarterly Half Yearly

Payment Details for Scheme 2 **Mode of Payment** Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ DD Charges (if applicable) ₹ Amount Invested ₹
 Cheque / DD Number Date Account Number

Account Type Current Savings NRO NRE FCNR

Bank Name Bank Branch & City

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) on page 17. Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices. Please ensure that the Bank Account details are mentioned separately, for Cheque and Demand Draft (DD) payments for Investments in Scheme 1 and in Scheme 2. ^ AEP - Automatic encashment plan

6 NOMINATION DETAILS (Refer instruction VII) • For Multiple nominations, please use the separate form available in AMC's branch offices or in the website www.icicipruamc.com • Nomination is mandatory if the mode of holding is SINGLE.

6(a) I/We hereby nominate the under-mentioned nominee to receive the amount to my/our credit in the event of my/our death and confirm that I/we have read and understood the nomination clause under instruction no. VII. Date of Birth is MANDATORY in case Nominee is a minor

Nominee Date of Birth
 Guardian Relationship with Natural guardian
 Minor applicant (✓) Court appointed guardian
 Nominee's Address STREET ADDRESS
 (Mandatory) PIN CODE SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR

6(b) I/We do not wish to nominate [Please tick (✓) & sign]

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

7 INVESTOR(S) DECLARATION & SIGNATURE(S)

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).**

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT



ACKNOWLEDGEMENT SLIP
Please Retain this Slip

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

1 Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹	AMOUNT	CHEQUE / DD No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹	AMOUNT	CHEQUE / DD No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 1	DRAWN ON BANK & BRANCH		2	DRAWN ON BANK & BRANCH		EXISTING FOLIO NO.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>