

Please read INSTRUCTIONS (Page 24-26) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

ARN- 0155 / NJ India Invest	55537	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

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.	<input type="text"/> / <input type="text"/>
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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*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Enclosed (Please <input checked="" type="checkbox"/>) ⁵ <input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter	
Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS				
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Relationship with Minor applicant <input type="radio"/> Natural guardian Enclosed (Please <input checked="" type="checkbox"/>) ⁵ <input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter <input type="radio"/> Court appointed guardian	
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Enclosed (Please <input checked="" type="checkbox"/>) ⁵ <input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter	
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PAN*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Enclosed (Please <input checked="" type="checkbox"/>) ⁵ <input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter	

⁵ For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(I) & X * 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 IIb(2)

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

Occupation [Please tick (✓)]
 Professional
 Business
 Retired
 Housewife
 Service
 Student
 Others (Please specify)

Please ✓ if you wish to receive Account statement / Annual Report / Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive Account Statement through e-mail⁶:
 Daily
 Weekly
 Monthly
 Quarterly
 Half Yearly
 Annually

* Mandatory information - If left blank the application is liable to be rejected. ⁶ 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Name of Bank	<input type="text"/>			
	Branch Details	BRANCH NAME	BRANCH CITY		
	9 Digit MICR code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11 Digit IFSC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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

Depository Participant (DP) ID (NSDL only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Depository Participant (DP) ID (CDSL only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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

SIGNATURE STAMP & DATE SIGNATURE STAMP & DATE 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.

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 Option Institutional Option
 Growth 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

BANK ACCOUNT DETAILS (For Payment Details of Scheme 1) Mandatory information – If left blank the application is liable to be rejected.

Account Type Current Savings NRO NRE FCNR Account Number

Bank Details

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. For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively.

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 Option Institutional Option
 Growth 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

BANK ACCOUNT DETAILS (For Payment Details of Scheme 2) Mandatory information – If left blank the application is liable to be rejected.

Account Type Current Savings NRO NRE FCNR Account Number

Bank Details

For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively and refer instruction VI(e).

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 form on page 23. • Nomination is mandatory if the mode of holding is SINGLE.

I/We do not wish to nominate (Please tick (✓) & sign)

SIGNATURE OF FIRST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT

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.

Nominee Date of Birth

Guardian Relationship with Natural guardian Minor applicant (✓) Court appointed guardian

Nominee's Address

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 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" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
2 Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹	AMOUNT	CHEQUE / DD No.	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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"/>

