



# COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

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)/<br><b>ARN-34348</b> | SUB-BROKER ARN CODE | SUB-BROKER CODE<br>(As allotted by ARN holder) | Employee Unique<br>Identity Number (EUIIN)<br><b>E-025124</b> |
|---|---------------------|--|---|

#By mentioning RIA 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 |
|-------------------------------------|-------------------------------|------------------------------|

**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY** [Refer Instruction XII]

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the 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.

**1 EXISTING UNITHOLDERS INFORMATION** If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

|      |             |       |        |      |           |
|------|-------------|-------|--------|------|-----------|
| Name | Mr. Ms. M/s | FIRST | MIDDLE | LAST | FOLIO No. |
|------|-------------|-------|--------|------|-----------|

**2 APPLICANT(S) DETAILS** (Please Refer to Instruction No. II (b) & IV) Mandatory information – If left blank the application is liable to be rejected.

|                      |  |  |        |  |
|----------------------|--|--|--------|--|
| Sole/First Applicant | Mr. Ms. M/s  | FIRST  | MIDDLE | LAST   |
| PAN/ PEKRN*          | Enclosed (Please <input checked="" type="checkbox"/> ) <sup>S*</sup> <input type="checkbox"/> KYC Acknowledgement Letter |  |        | Date of Birth**  |
| Name of **           | Mr. Ms.  | GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors) |        |  |
| PAN/ PEKRN*          | Relationship with Minor applicant  | <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court appointed guardian                                  |        | Enclosed (Please <input checked="" type="checkbox"/> ) <sup>S*</sup> <input type="checkbox"/> KYC Acknowledgement Letter |

|   |                            |   |
|---|----------------------------|---|
| 2nd Applicant Name (Should match with PAN Card) | PAN/PEKRN* (2nd Applicant) | <input type="checkbox"/> KYC Proof Attached (Mandatory) |
|---|----------------------------|---|

|   |                            |   |
|---|----------------------------|---|
| 3rd Applicant Name (Should match with PAN Card) | PAN/PEKRN* (3rd Applicant) | <input type="checkbox"/> KYC Proof Attached (Mandatory) |
|---|----------------------------|---|

**3 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="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR |
|           | Name of Bank      |                    |   |
|           | Branch Name       | Branch City        |   |
|           | 9 Digit MICR code | 11 Digit IFSC Code | Enclosed (Please <input checked="" type="checkbox"/> )<br><input type="checkbox"/> Bank Account Details Proof Provided.                                   |

**4 INVESTMENT & PAYMENT DETAILS** (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details Regular Plan (Purchase/Subscription routed through Distributor)  Direct Plan (Purchase/Subscription made directly with the Fund)Scheme Name: **ICICI PRUDENTIAL**Option & Sub option (Please  the appropriate boxes only if applicable to the scheme in which you plan to invest)

|  |   |
|--|---|
| OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend | SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout OR AEP – <input type="radio"/> Regular <sup>®</sup> OR <input type="radio"/> Appreciation |
| Dividend Frequency:  | AEP Frequency:  |

©Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

|  |  |
|--|--|
| SIP Date <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 7 <sup>th</sup> <input type="radio"/> 10 <sup>th</sup> <input type="radio"/> 15 <sup>th</sup> <input type="radio"/> 20 <sup>th</sup> <input type="radio"/> 25 <sup>th</sup> | SIP Frequency* <input type="radio"/> Monthly <input type="radio"/> Quarterly |
|--|--|

|                 |  |
|-----------------|--|
| Payment details | Mode of Payment <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Funds Transfer <input type="radio"/> NEFT <input type="radio"/> RTGS |
| Amount Paid ₹ A | DD Charges (if applicable) ₹ B   |
|                 | Amount Invested ₹ A + B  |

|                    |      |   |   |   |   |   |   |
|--------------------|------|---|---|---|---|---|---|
| Cheque / DD Number | Date | D | D | M | M | 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]

|                |              |  |
|----------------|--------------|--|
| 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 of Bank   |              |  |
| Branch Name    | 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.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

**Mode of Holding** [Please tick (✓)]  Single  Joint  Anyone or Survivor (Default)

**Tax Status** [Please tick (✓)]

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <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"/> FII                           | <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) _____ |   |  |

**5 | DEMAT ACCOUNT DETAILS** (Optional - Please refer Instruction No. XI)

(Please ✓)

NSDL  OR  CDSL

**Depository Participant (DP) ID (NSDL only)** \_\_\_\_\_ **Beneficiary Account Number (NSDL only)** \_\_\_\_\_

**Depository Participant (DP) ID (CDSL only)** \_\_\_\_\_

The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

**6 | CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

**Correspondence Address (Please provide full address)\***  
Address Type:  Residential  Business  Residential/Business  Registered Office

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

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Fax \_\_\_\_\_

Email<sup>†</sup> \_\_\_\_\_ Mobile \_\_\_\_\_

**Overseas Address (Mandatory for NRI / FII Applicants)**  
HOUSE / FLAT NO. \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY / TOWN \_\_\_\_\_ STATE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ PIN CODE \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Fax \_\_\_\_\_

Email<sup>†</sup> \_\_\_\_\_ Mobile \_\_\_\_\_

Please tick (✓)  I/We would like to register for PRU TRACKER to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for Prutracker registration on the same.

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-mail<sup>‡</sup>** :  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\* Mandatory information – If left blank the application is liable to be rejected.  
\*\* Mandatory in case the Sole/First applicant is minor.  
‡ For KYC requirements, please refer to the instruction Nos. II b(5) & 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 II-b(2)  
† Please refer to instruction no. IX

**7 | 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

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

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India?  Yes  No [Please tick (✓)]

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 mandatorily 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 viz; www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

**8 | KYC DETAILS (Mandatory)**

**Occupation** [Please tick (✓)]

**Sole/First Applicant**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify)

**Second Applicant**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify)

**Third Applicant**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify)

**Gross Annual Income** [Please tick (✓)]

**Sole/First Applicant**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
OR Net worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on DD MM YYYY (Not older than 1 year)

**Second Applicant**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth ₹ \_\_\_\_\_

**Third Applicant**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth ₹ \_\_\_\_\_

**Others** [Please tick (✓)]

**Sole/First Applicant** **For Individuals** [Please tick (✓)]:  I am Politically Exposed Person (PEP) ^  I am Related to Politically Exposed Person (RPEP)  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 –  YES  NO; (ii) Gaming / Gambling / Lottery / Casino Services –  YES  NO; (iii) Money Lending / Pawning –  YES  NO

**Second Applicant**  Politically Exposed Person (PEP) ^  Related to Politically Exposed Person (RPEP)  Not applicable

**Third Applicant**  Politically Exposed Person (PEP) ^  Related to Politically Exposed Person (RPEP)  Not applicable

