

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

Investment Amount	₹ A	DD Charges (if applicable)	₹ B	Total Amount	₹ A + B
Cheque / DD Number	<div style="border: 1px solid black; height: 25px; width: 150px;"></div>	Date	<div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div>		
BANK DETAILS: <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the Bank details below]					
A/c Number	<div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			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		Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) <input type="radio"/> Cheque Copy <input type="radio"/> Bank Statement <input type="radio"/> 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.

Overseas Address (Mandatory for NRI / FII Applicants)

Correspondence Address (Please provide full address)*															Overseas Address (Mandatory for NRI / FII Applicants)														
HOUSE / FLAT NO.															HOUSE / FLAT NO.														
STREET ADDRESS															STREET ADDRESS														
CITY / TOWN										STATE					CITY / TOWN										STATE				
COUNTRY										PIN CODE					COUNTRY										PIN CODE				
Tel.							Office													Residence									

[illegible]

Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email ^E <input type="text"/>
Mobile No.* provided pertains to: <i>[Please tick (✓)]</i> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	Email ID* provided pertains to: <i>[Please tick (✓)]</i> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA

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

2nd Unitholder :	Mobile	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Email [£]	
3rd Unitholder :	Mobile	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Email [£]	

Please <input type="checkbox"/> if you wish to receive Annual Report or Abridged Summary via Post - (Applicable only if email is not available) [Refer Instruction No.IX(a)]	
Please <input type="checkbox"/> if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]	
Please <input checked="" type="checkbox"/> 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	
* Mandatory information – If left blank the application is liable to be rejected. [£] For KYC requirements, please refer to the instruction Nos. ll 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 ll-b(2) [£] Please refer to instruction no. IX

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

7. 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"/> FPI category I	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> Bank
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> FPI category II	<input type="checkbox"/> NON Profit Organization/Charities	<input type="checkbox"/> FPI category III	<input type="checkbox"/> Mutual Funds
<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public limited company	<input type="checkbox"/> Mutual Funds FOF Schemes	<input type="checkbox"/> Defence Establishment	
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

8. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XIV)

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. (Please see overleaf)

INVESTMENT DETAILS

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	ICICI Prudential			
2	ICICI Prudential			
3	ICICI Prudential			
4	ICICI Prudential			

PAYMENT DETAILS

Amount _____ Cheque/DD No. _____ dated _____
Bank & Branch _____

	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:

☐ Residential ☐ Registered Office ☐ Business

Address Type of 2nd Holder:

☐ Residential ☐ Registered Office ☐ Business

Address Type of 3rd Holder:

☐ 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								
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: ☐ 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] [Mandatory]	Relationship with Sole / First unit holder	Date of Birth* [Mandatory]	Name and address of Guardian* [Mandatory if Nominee is Minor]	Signature of Nominee / Guardian*	Guardian's Relationship with Nominee* [attach proof]	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	

* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

B) FOR NOMINATION OPT-OUT: ☐ (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

INVESTOR(S) DECLARATION & SIGNATURE(S): 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, 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 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).**

Sole/1st Applicant		2nd Applicant		3rd Applicant	
---------------------------	--	----------------------	--	----------------------	--

THIS PAGE HAS BEEN LEFT INTENTIONALLY BLANK

Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. 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).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque/DD No. _____ Cheque/DD Amount Rs. _____ A/c No. _____
Bank Name: _____

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19)

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

Beneficiary Account Number (NSDL only)

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

YOUR CONFIRMATION/DECLARATION: 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 as described in the Instruction No.IV(d) of the common application form. 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. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

DECLARATION FOR AVAILING INSURANCE COVER: I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement and hereby wish to avail the said insurance cover.

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

Sole/First Holder		2nd Holder		3rd Holder	
--------------------------	--	-------------------	--	-------------------	--

Scheme (1) : SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
Scheme (2) : SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
Scheme (3) : SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
Scheme (4) : SIP Installment Rs. _____ SIP Frequency: _____ SIP Start Date (DD/MM/YY): _____ SIP TOP UP Rs. _____
TOP UP CAP Amount Rs. OR TOP UP CAP Month-Year: Scheme (1): _____ Scheme (2): _____ Scheme (3): _____
Scheme (4): _____