

# COMMON APPLICATION FORM

(Please read the instructions before investing)

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



Making your money work as hard as you do

Broker Code  
**SARIN S. PAREKH**  
**ARN-18941**

Sub-broker Code

Serial Number, Date & Time of Receipt

Application No.

## 1 FOR EXISTING UNITHOLDERS

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 5. Please note that the applicable details and mode of holding will be as per the existing folio.

Folio No.

7180432

## 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) \_\_\_\_\_

Designation of the Contact Person (In case of non-individual investors)

Mailing Address (Please provide full address) (Mandatory)

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

Communication

Tel. (Res.)  Tel. (Off.)  Mobile   
E-Mail

Overseas Address (in case of NRIs/FIIs)

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

Name of Second Applicant

Mr. Ms.

Mode of holding [Please tick (✓)]

- Single  Joint  
 Anyone or Survivor  
(Default option: Anyone or Survivor)

Name of Third Applicant

Mr. Ms.

**Permanent Account Number (PAN) - Mandatory**  
{Please submit a copy of PAN card. In case the 1st applicant is minor, please provide Guardian's PAN. Refer to Instruction No. II-b(4) }

**Know Your Customer (KYC)**  
(Please refer to instruction no. IX) Please tick (✓)  
(Mandatory for investment of Rs.50,000 & above)

1st Applicant   
Guardian (in case 1st applicant is minor)   
2nd Applicant   
3rd Applicant

Copy of KYC acknowledgement enclosed   
Copy of KYC acknowledgement enclosed   
Copy of KYC acknowledgement enclosed   
Copy of KYC acknowledgement enclosed

Occupation [Please tick (✓)]

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

## 3 E-MAIL COMMUNICATION - We wish to receive the following via e-mail instead of physical document:

Account Statement  Annual Report  Other statutory information

## ICICI Prudential AMC Ltd. - ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from:

Application No.

7180432

Application for Units of ICICI Prudential \_\_\_\_\_ Option : \_\_\_\_\_

Signature, Stamp & Date

#### 4 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Refer instruction No.III)

**MANDATORY**

Bank Particulars (Name of the Bank)									
Branch Address									
							City		
Account Number					Account Type				
					<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE				
9 Digit MICR code				IFSC Code (11 digit)					

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

Please quote 9 Digit Code No. of your Bank and Branch corresponding to Bank Account details. (This number appears on every leaf of your cheque book after your cheque number). Please attach a blank "cancelled" Cheque or a clear photocopy of a cheque issued by your bank verifying of the Code No. The AMC reserves the right to make dividend payments through ECS where MICR code is available.

#### 5 INVESTMENT DETAILS (Refer Instruction No IV)

NAME OF THE SCHEME (Please leave one box blank between words)										PLANS, OPTIONS & SUB-OPTIONS (See the Key Features for Scheme specific options & sub-options) [Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest]																	
I C I C I					P R U D E N T I A L					<input type="checkbox"/> Retail			<input type="checkbox"/> Cumulative/ Growth			<input type="checkbox"/> AEP-Regular*			<input type="checkbox"/> AEP-Appreciation			<input type="checkbox"/> Monthly			<input type="checkbox"/> Half Yearly		
										<input type="checkbox"/> Institutional									<input type="checkbox"/> Quarterly								
In case of DTP the dividend to be transferred to: Scheme										<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Transfer Plan (DTP)																	
Plan										Option																	
Dividend Frequencies:										<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly																	

PAYMENT DETAILS FOR LUMP SUM INVESTMENT / DETAILS OF FIRST CHEQUE FOR SIP PAYMENT THROUGH PDCs.										SIP through									
Amount Paid (A)					DD Charges (B) <sup>5</sup>					Amount Invested (C) = (A) + (B)					<input type="checkbox"/> Standing Instruction/Direct Debit <input type="checkbox"/> ECS <input type="checkbox"/> PDCs SIP Frequency [Please tick(✓)] <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default is Monthly)				
Rs.					Rs.					Rs.					<input type="checkbox"/> SIP TOP UP (Optional)				
Bank Name & Branch										TOP UP Amount*:									
City										Rs.									
Cheque/DD No.					Cheque/DD Date					Account Type (For NRI Investors)					*TOP UP amount has to be in multiples of Rs.500 only. TOP UP Frequency (Mandatory): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly [In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. Please refer to the instruction V(k)]				
					D D M M Y Y					<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR									
SUBSEQUENT SIP INSTALLMENT DETAILS [To be filled in case of SIP through Post Dated Cheques (PDCs)]																			
Single Installment Amount					Cheque Number From					Cheque Number To									
Rs.																			
Cheque Dated					Number of Cheques					Start From					End to				
<input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th										M M Y Y Y Y					M M Y Y Y Y				
Drawn on Bank										Branch									

\* Cumulative – AEP Regular Option : Encashment of Units is subject to declaration of dividend in the respective Scheme(s). \$ Read the Instruction Number VI(d).

#### 6 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									
Number of enclosures																			

#### 7 YOUR CONFIRMATION

The Trustee, ICICI Prudential Mutual Fund I/We have read and understood the Offer Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the ICICI Prudential Mutual Fund and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme(s). I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We agree to abide by the terms, conditions, rules, regulations 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 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, Regulation, Rule, Notification, Directions 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., Investment Manager to the Scheme, has full right to refund the excess to me/us to bring my/our investment below 25%.	<b>SIGNATURE(S)</b>	First Applicant <input checked="" type="checkbox"/>
	Second Applicant <input type="checkbox"/>	
	Third Applicant <input type="checkbox"/>	

#### ICICI Prudential AMC Ltd. - ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Investment Plan	Cheque/DD No.	Dated	Amount (Rs.)	Drawn on (Name of Bank & Branch)
<input type="checkbox"/> SIP TOP UP    Amount Rs. _____    Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly				

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.