

# 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	<input type="text"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>
Guardian (in case 1st applicant is minor)	<input type="text"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>
2nd Applicant	<input type="text"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>
3rd Applicant	<input type="text"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>

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**

**Account Number**      **Account Type**  
 Current     Savings     NRO     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)

I	C	I	C	I		P	R	U	D	E	N	T	I	A	L
---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---

**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]

Retail     Cumulative/ Growth     AEP-Regular\*     AEP-Appreciation     Monthly     Half Yearly     Quarterly

Institutional     Dividend Payout     Dividend Reinvestment     Dividend Transfer Plan (DTP)

**In case of DTP the dividend to be transferred to:** Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

**Dividend Frequencies:**  Daily     Weekly     Fortnightly     Monthly     Quarterly     Half Yearly

**PAYMENT DETAILS FOR LUMP SUM INVESTMENT / DETAILS OF FIRST CHEQUE FOR SIP PAYMENT THROUGH PDCs.**

**Amount Paid (A)** Rs. \_\_\_\_\_ **DD Charges (B) \$** Rs. \_\_\_\_\_ **Amount Invested (C) = (A) + (B)** Rs. \_\_\_\_\_

**Bank Name & Branch** \_\_\_\_\_ **City** \_\_\_\_\_ **Cheque/DD No.** \_\_\_\_\_ **Cheque/DD Date** D D M M Y Y **Account Type (For NRI Investors)**  NRO  NRE  FCNR

**SUBSEQUENT SIP INSTALLMENT DETAILS** [To be filled in case of SIP through Post Dated Cheques (PDCs)]

**Single Installment Amount** Rs. \_\_\_\_\_ **Number of Cheques** \_\_\_\_\_ **Cheque Number From** \_\_\_\_\_ **Cheque Number To** \_\_\_\_\_

**Cheque Dated**  7th     10th     15th     25th **Start From** M M Y Y Y Y **End to** M M Y Y Y Y

**Drawn on Bank** \_\_\_\_\_ **Branch** \_\_\_\_\_

**SIP through**  
 Standing Instruction/Direct Debit  
 ECS     PDCs  
**SIP Frequency**  Monthly     Quarterly  
 [Please tick (✓)]  
 (Default is Monthly)  
 **SIP TOP UP** (Optional)  
**TOP UP Amount\*:**  
 Rs. \_\_\_\_\_  
 \*TOP UP amount has to be in multiples of Rs.500 only.  
**TOP UP Frequency (Mandatory):**  
 Half Yearly     Yearly  
 [In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. Please refer to the instruction V(k)]

\* 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) 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** \_\_\_\_\_ **PIN Code** \_\_\_\_\_

**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%.

**SIGNATURE(S)**

**First Applicant**  \_\_\_\_\_

**Second Applicant** \_\_\_\_\_

**Third Applicant** \_\_\_\_\_

**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)** \_\_\_\_\_

**SIP TOP UP** Amount Rs. \_\_\_\_\_ Frequency:  Half Yearly     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.

