

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

Overseas Address (Mandatory for NRI / FII Applicants)

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

Tel. (Off.) _____ Tel. (Res.) _____ Fax _____

Email [†] _____ Mobile _____

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** [‡]: Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected. [§] 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)

** Mandatory in case the Sole/First applicant is minor. [¶] Please refer to instruction no. IX

[§] For KYC requirements, please refer to the instruction Nos. II b(5) & X

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.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

8 | KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Second Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Third Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> 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 DDMMYY (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 (✓)]

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



SIP REGISTRATION CUM MANDATE FORM

[For investment through NACH/ECS/SI/Auto Debit]

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.

ARN: 58603 - VRIDHI	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	EUIN: E 026768
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#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 EUIN box is left blank) - I/We hereby confirm that the EUIN 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
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY:
 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.

Please tick (✓) **New Registration** **Cancellation** **Existing UMRN** _____

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Sole/First Applicant's Name

Mr. Ms. M/s	FIRST	MIDDLE	LAST	Folio No.	_____ / _____
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Scheme Name: ICICI PRUDENTIAL PLAN: Regular Direct

OPTION: _____ SUB-OPTION: _____ Dividend Frequency: _____ AEP Frequency: _____

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. _____ Dated _____

Drawn on Bank _____ Amount Rs. _____

Bank Branch _____ City _____

Each SIP Amount: Rs. _____ Rupees in words: _____

SIP TOP UP (Optional) TOP UP Amount: Rs. _____ TOP UP Frequency: Half Yearly Yearly
 (Tick to avail this facility) *TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Terms & Conditions No. B(6)]

SIP TOP UP CAP: Amount*: Rs. _____ OR Month-Year#: _____

* TOP-UP CAP Amount: Please refer to T&C No. B[6-h(i)] # TOP-UP CAP Month-Year: Please refer to T&C No. B[6-h (i) & (ii)]

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. B(8)]

NSDL Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____

OR (Please ✓) CDSL Depository Participant (DP) ID (CDSL only) _____

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

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.

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

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

SIP NACH DEBIT MANDATE

UMRN _____ Date _____

Sponsor Bank Code _____ Utility Code _____

Tick (✓) **CREATE** **MODIFY** **CANCEL**

I/We hereby authorize **ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number _____

with Bank _____ Name of customers bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ Maximum Amount (Rupees in words) _____ ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. _____ Mobile No. _____

Reference _____ APPLICATION NUMBER _____ Email ID _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From _____ To _____ Or **Until Cancelled**

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. Name as in bank records _____ 2. Name as in bank records _____ 3. Name as in bank records _____

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended form time to time and of NACH/ECS/SI/Auto Debit. **Authorisation to Bank: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.** This is to inform that I/we have registered for NACH/ECS/SI/Auto Debit facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Name of the Investor: _____ Folio No./ Application No. _____

SIP Amount Rs. _____ Scheme Name: _____

SIP Frequency: Monthly Quarterly Option: _____

SIP TOP UP Amt. Rs. _____ TOP UP CAP: Amt:Rs. _____ OR Month-Year: _____

Acknowledgement Stamp