

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 ✓) <input type="radio"/> NSDL OR <input type="radio"/> CDSL	Depository Participant (DP) ID (NSDL only) _____ Depository Participant (DP) ID (CDSL only) _____	Beneficiary Account Number (NSDL only) _____ The application form should mandatorily accompany the latest Client investor master/ Demat account statement.
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6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)* Address Type: <input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/Business <input type="radio"/> Registered Office HOUSE / FLAT NO. _____ STREET ADDRESS _____ CITY / TOWN _____ STATE _____ COUNTRY _____ PIN CODE _____ Tel. (Off.) _____ Tel. (Res.) _____ Fax _____ Email  _____ Mobile _____ <input checked="" type="checkbox"/> Please tick (✓)  <input type="checkbox"/> 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. <input type="radio"/> 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 <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. # Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. ** Mandatory in case the Sole/First applicant is minor. For documents to be submitted on behalf of minor folio refer instruction II-b(2) § For KYC requirements, please refer to the instruction Nos. II b(5) & X § Please refer to instruction no. IX	Overseas Address (Mandatory for NRI / FII Applicants) HOUSE / FLAT NO. _____ STREET ADDRESS _____ CITY / TOWN _____ STATE _____ COUNTRY _____ PIN CODE _____
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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	<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 DDMMYY (Not older than 1 year)						
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						

9 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

<div> <div>Name and address of Nominee(s)</div> <div> <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address) </div> </div>	Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/ Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor <i>(Mandatory)</i>]			
Nominee 1					
Nominee 2					
Nominee 3					

10 | INVESTOR(S) DECLARATION & SIGNATURE(S)

To 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(s). Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS). 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 am/we are not US Person(s). 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.

FOR REGISTRATION OF 1-PRU TOUCH FACILITY: I/we hereby request you to register me/us for availing the facility of '1-PRU TOUCH' 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).**

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT


 ICICI PRUDENTIAL MUTUAL FUND		IPRUTOUCH - ONE TIME MANDATE (OTM) FORM (For Individual, Sole Proprietor & HUF only)																	
		UMRN													Date				
Tick (✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL		Sponsor Bank Code				FOR OFFICE USE ONLY				Utility Code				FOR OFFICE USE ONLY					
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 TO BE MENTIONED												₹					
FREQUENCY		<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtrly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented				DEBIT TYPE				<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount									
Folio No.										Mobile No.									
Reference		NOT REQUIRED IF FOLIO NUMBER IS MENTIONED												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	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
To	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
Or	<input type="checkbox"/> 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. I/We hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH (Debits). **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 (Debit Clearing) 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 (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

EXISTING FOLIO NO.

Name of the Investor: _____

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:

ICICI Prudential Asset Management Company Limited

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063, India

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL:** enquiry@icicipruamc.com **WEBSITE:** www.icicipruamc.com

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		
# 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

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)** (Tick to avail this facility) TOP UP Amount: Rs. TOP UP Frequency: ☐ Half Yearly ☐ Yearly

** 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*: M M Y Y Y Y Y

** 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
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SIP NACH DEBIT MANDATE

	UMRN	FOR OFFICE USE ONLY	Date	
Tick (✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
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 <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input type="checkbox"/> As & when presented DEBIT TYPE <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount				
Folio No.		Mobile No.		
Reference		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.