## COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS **PICICI** Application No. PRUDENTIAL\* 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 MUTUAL FUND SUB-BROKER CODE ARN-2828 (As allotted by ARN holder) IdeE032003UIN) **DIPAK N MORJARIA** #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) (Refer Instruction No. XIII). - 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. TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII] • In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. • Upfront commission shall be paid **Existing Folio No.** directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. 1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per Aadhaar) (Mandatory information) Date of Birth\*\* Sole/First IVI Applicant PAN/PEKRN\* KYC Id No.¥ Enclosed (Please ✓)§\* () KYC Acknowledgement Letter AADHAAR No. [Refer Instruction No.II(b)(10)] NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors) Date of Birth D D PAN/PEKRN\* | KYC Proof Attached (Mandatory) | Relationship with Minor applicant: Natural guardian Court appointed guardian AADHAAR No. [Refer Instruction No.II(b)(10)] KYC Date of Birth 2<sup>ND</sup> APPLICANT (Name should be as per Aadhaar) D D IVI PAN/PEKRN\* KYC Proof Attached (Mandatory) KYC Id No.¥ AADHAAR No. [Refer Instruction No.II(b)(10)] Date of Birth 3RD APPLICANT (Name should be as per Aadhaar) IVI PAN/PFKRN<sup>3</sup> KYC Id No.¥ KYC Proof Attached (Mandatory) AADHAAR No. [Refer Instruction No.II(b)(10)] If mandatory information left blank, the application is liable to be rejected. ¥Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN). 2. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. Account Account Type Savings Current NRE NRO FCNR Number Name & Branch of Bank 9 Digit MICR Code 11 Digit **Branch City** Enclosed (Please ✓): Bank Account Details Proof Provided. 3. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme name below: **ICICI Prudential** Plan: Option 4. PAYMENT DETAILS Mode of Payment ○ Cheque $\bigcirc$ DD Funds Transfer ○ NEFT RTGS Investment DD Charges (if applicable) Total Amount Amount Cheque / IVI Υ Date M Υ Υ **DD Number BANK DETAILS:** Same as above [Please tick ( ) if yes] Different from above [Please tick (🗸) if it is different from above and fill in the details below] A/c Number Account Type Savings Current NRE ○ NRO Name & Branch of Bank Mandatory Enclosures (Please tick (✔) O Bank Banker's Attestation Cheque **Branch City** if the first instalment is not through cheque) Statement Copy 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. 5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANTS Correspondence Address (Please provide full address)\* Overseas Address (Mandatory for NRI / FII Applicants) Mobile Office 1 Residence Tel. Email <sup>£</sup>

*HICICI* PRI DENTIAL

\*\* Mandatory in case the Sole/First applicant is minor.

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

Name of the Investor:

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

Please ✓ any of the frequencies to receive **Account Statement through e-mail** <sup>£</sup> : ○ Daily

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

Please 🗸 if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Application No.

Monthly

For documents to be submitted on behalf of minor folio refer instruction II-b(2)

○ Weekly

<sup>£</sup> Please refer to instruction no. IX

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

Quarterly

Half Yearly

\* 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.

6. MODE	OF HOL	DING	[Please tick (🗸)]	Singl	e 🔾 Joi	nt O Anyon	e or Survivor (Default)							
7. TAX S	TATUS [F	Please tic	ck (✓)]											
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On behalf			eign National	Company		AOP/BOI	-,	☐ Defence E		■ NON Profit Organization/Charities				
□HUF		☐ Boo	ly Corporate	☐ Private Li	mited Company	☐ FII		Public limi	ited company	9				
☐ Financial	Institution	☐ Trus	st/Society/NG0		Limited P	artnership (LLP)	Sole Proprietor:	ship	Others (PI	ease specify)				
8. DEMAT			ETAILS (Option			er Instruction N nber (NSDL only)		: Denosito	rv Participant (D	P) ID (CDSL only)				
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			uld mandatorily f	fill se	parate FA		ole Proprietor) <i>(Ma</i> nexure II). The bel				applicants/guardia			
			Place/City	of Birt	h		Country of Birth			Country of Citizenship / Nationality				
First Applicant / Guardian		an							☐ Indian ☐ U.S. ☐ Others (Please specify)					
Second Applicant									Indian U.S. Others (Please specify)					
Third Applicant														
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If 'YES' please	till for ALL co	ountries	(other than India) in v	vhich y	ou are a Re		·	e a Citizer			Tax Resident in the re	<u> </u>		
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Second App	plicant										Reason: A	В	C $\square$	
Third Applicant											Reason: A	В 🗌	C $\square$	
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Annexure I a	nd Annexure	II are av	vailable on the websi	te of A	MC i.e. ww	w.icicipruamc.co	m or at the Investor Se	ervice Cen	tres (ISCs) of I	CICI Prudential IV	lutual Fund.			
10. KYC			datory)											
Occupation														
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