

COMMON APPLICATION FORM

FOR LUMP SUM/SYSTEMATIC INVESTMENTS

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-7787	75	300	3-BROKER			(1	SUB-BI As allotte	d by AR	N holder)		Ε	02	773	39		
#By mentioning RIA code	, I/we authorize you to	o share with the	he Investme	nt Adviser	the details	s of my/ou	ır transact	tions in th	ne scheme	(s) of ICI	CI Prud	ential	Mutua	Fund		
Declaration for "execution is as this is an "execution n-appropriateness, if any,	ı-only" transaction wi	thout any inte	raction or a	dvice by th	e employe	e/relation	iship mana	ager/sales	s person of	the abo	ve distı	ributor	or not	withst	anding	the ad
	OLE / FIRST APPLI		1		RE OF SE			IT		SIG	NATUI	RE OF	THIR) API	LICAI	IT
ANSACTION CHARGE case the purchase/subscr mount and paid the distribu	ription amount Rs 10,0	00/- or more ar	nd your Distr	ibutor has o	opted to rec			narges, the	e same are	deductib	le as ap	plicabl	e from	the pu	rchase/	subscri
pfront commission shall be p	paid directly by the inves	stor to the AMFI	I registered D	istributors b	ased on the										ributor.	
EXISTING UNI	THOLDERS INF	ORMATIO	ON If yo	u have an e	existing foli	io no. with	1 PAN & KY	C validati 7	ion, please	mention	your n	ame &	tolio N	D.	_	/
lame Mr. Ms. M/s	FIRST		MIDDLE			LAST		FOLIO	No.						/	L
APPLICANT(S)) DETAILS (Plea	se Refer to I	nstruction	No. II (b)	& IV) M	landatory	informatio	n – If left	blank the a	pplicatio	n is liab	ole to b	e rejec	ted.		
pplicant Mr. Ms. M	s FIRS			MIDD				AST								
AN/PEKRN*		KYO	C Id No.¥	Enclose	ed (Please •	∕)§*	/C Acknow	ledgemen	t Letter	Date	of Birth	**				
										D	D	IVI	IVI	Υ	Υ	Υ
lame f * #																
	GUARDIAN (in c			· · · · · ·										tors)		
AN/ KYC Proof	Attached (Mandatory)	Relation	nship with N		cant: () N	latural gua	ardian () (Court appo	ointed guar	dian	$\neg \vdash$	e of Bi				
EKRN*			Id No.*								D	D	IVI	M (Na	Υ	Y Y
nd pplicant														•	me sh h PAN	
KYC Proof	Attached (Mandatory))	кус									of Bir	th			
111/											III III					
			Id No.*							<u> </u>	D	D	IVI	M	ΥΥ	Y
rd												D	IVI	(Na	me sh	
pplicant KYC Proof	Attached (Mandatory))	_ Id No.¥									of Bir		(Na		
rd pplicant KYC Proof			Id No.*										th	(Na		
d pplicant KYC Proof AN/ EKRN* Individual client who has re	egistered under Central	KYC Records F	KYC Id No.* Registry (CKY						• •	a No. III	Date	of Bir	th	(Na wit		Card)
d pplicant KYC Proof AN/ EKRN* Individual client who has re BANK ACCOUL andatory information	egistered under Central NT (PAY-OUT) – If left blank the a	KYC Records F	KYC Id No.* Registry (CKY OF SOLE is liable to	E/FIRST be reject	APPLIC ted. (Mand	CANT latory to a	(Please R ttach proof	Refer to I f, in case	nstructio the pay-out		Date D	e of Bir	th M	(Na wit	h PAN	Card)
d opplicant KYC Proof AN/ EKRN* Individual client who has re BANK ACCOUR andatory information r unit holders opting to hol Account Number	egistered under Central NT (PAY-OUT) – If left blank the a	KYC Records F	KYC Id No.* Registry (CKY OF SOLE is liable to	E/FIRST be reject	APPLIC ted. (Mand	CANT latory to a	(Please R ttach proof account is	Refer to I f, in case	nstructio the pay-out d here.	bank acc	Date D	e of Bir	th M	(Na wit	h PAN	Card)
rd pplicant KYC Proof	egistered under Central NT (PAY-OUT) – If left blank the a	KYC Records F	KYC Id No.* Registry (CKY OF SOLE is liable to	E/FIRST be reject	APPLIC ted. (Mand	CANT latory to a	(Please R ttach proof account is	Refer to I f, in case mentioned	nstructio the pay-out d here.	bank acc	Date D	e of Bir	th M	(Na wit	Y Y	Card)
rd pplicant KYC Proof	egistered under Central NT (PAY-OUT) – If left blank the a	KYC Records F	KYC Id No.* KYC Id No.* Registry (CKY OF SOLE is liable to that the bank	E/FIRST be reject account lin	APPLIC ted. (Mand	CANT latory to a	(Please R ttach proof account is	Refer to I f, in case mentioned	nstructio the pay-out d here. Savi	ngs C	Date D	e of Bir	th M	(Na wit	Y Y	Card)
rd pplicant KYC Proof	egistered under Central NT (PAY-OUT) – If left blank the a	KYC Records F	KYC Id No.* KYC Id No.* Registry (CKY OF SOLE is liable to that the bank	E/FIRST be reject account lin	APPLIC ted. (Mand	CANT latory to a	(Please R ttach proof account is	Refer to I f, in case mentioned	nstructio the pay-out d here. Savi	ngs C	Date D Count is	differe	th M nt from NRE	(Na with the sc	h PAN y urce ba	Card)
AN/ EKRN* Individual client who has re analytic properties and account Number Name & Branch of Bank Branch City INVESTMENT	egistered under Central NT (PAY-OUT) — If left blank the a d units in demat form,	KYC Records F DETAILS application please ensure t	KYC Id No.* Id No.* Id No.* Registry (CKY OF SOLE is liable to that the bank 9 Did MICI	E/FIRST be reject account lin	APPLIC ted. (Mand	CANT datory to a ne demat a	(Please R ttach proof account is account in account is account in	Refer to I f, in case mentioned unt Type	nstructio the pay-out d here. Savi	ngs C	Date D Count is Curren Curren	differe	M NRE	(Na with the so	urce ba	Card)
AN/ EKRN* Individual client who has re analysis and atory information r unit holders opting to hol Account Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR	egistered under Central NT (PAY-OUT) - If left blank the add units in demat form, DETAILS (Refer	KYC Records F DETAILS application in please ensure to the second	KYC Id No.* Id No.* KYC CHOOSE Id No.* Registry (CKYOF SOLE is liable to that the bank Choose MICO MICO CO.*	E/FIRST be reject account lir git R Code	APPLIC Manda With the	CANT datatory to a see demat a	(Please R ttach proof) account is Account is a Account in the Account in the Account is a Account in the Account in the Account in the Account is a Account in the Account	Refer to I f, in case mentioned unt Type	nstructio the pay-out d here. Savi	ngs C	Date D Count is	differe	M NRE	(Na with the so	urce ba	Card)
rd pplicant KYC Proof AN/ EKRN* Individual client who has re BANK ACCOUI andatory information or unit holders opting to hol Account Number Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR Option & Sub option (Pi	egistered under Central NT (PAY-OUT) - If left blank the add units in demat form, DETAILS (Refer UDENTIAL	KYC Records F DETAILS application in please ensure to ple	KYC Id No.* Registry (CKY OF SOLE is liable to that the bank 9 Did MICO In No. IV)	E/FIRST be reject account lir git R Code	APPLIC (Mandaked with the last of the last	CANT latory to a ne demat a	(Please R ttach proof account is a Account in a Account is a Account in a Account is a Account in a Account in a Account is a Account in a Account i	Refer to I f, in case i mentioned unt Type	nstructio the pay-out d here. Savi	ngs C	Date D Count is	differe	M NRE	(Na with the so	urce ba	Card)
AN/ EKRN* Individual client who has re BANK ACCOUI andatory information r unit holders opting to hol Account Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR Option & Sub option (Pl OPTION: Growth/Cu	egistered under Central NT (PAY-OUT) - If left blank the add units in demat form, DETAILS (Refer UDENTIAL ease the appropriate	KYC Records F DETAILS application in please ensure to ple	KYC Id No.* Id No.* KYC CHOOSE Id No.* Registry (CKY OF SOLE is liable to that the bank 9 Did MICO n No. IV)	E/FIRST be reject account lir git R Code the schem	APPLIC Manda With the	CANT latory to a ne demat a	(Please R ttach proof account is a Account in a Account is a Account in a Account i	Refer to I f, in case mentioned unt Type	nstructio the pay-out d here. Savi	ngs C	Date Document is	differe	M NRE	(Na with the so	urce ba	Card)
AN/ EKRN* Individual client who has re analytopic and analytopic and account Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR Option & Sub option (Pl OPTION: Growth/Cu Dividend Frequency:	egistered under Central NT (PAY-OUT) — If left blank the add units in demat form, and units in	E Instruction Be boxes only if idend	Id No.* KYC Id No.* Registry (CKY OF SOLE is liable to that the bank 9 Did MICI n No. IV) applicable to	E/FIRST be reject account lir git R Code the schem DN: D OR AEP	APPLIC ted. (Mandaked with the lividend Revision Regular) the in which lividend Revision Regular Regul	CANT lattory to a ne demat a For Pla you plan t sinvestme	(Please R ttach proof account is a Account in the Account in the Account is a Account in the Account in the Account is a Account in the Ac	efer to I f, in case i mentioned unt Type -options 1: vidend Pa preciation	nstructio the pay-out d here. Savi	ngs C	Date Document is Current Description:	different Ban	M NRE	(Na with the so	urce ba	Card)
AN/ EKRN* Individual client who has represented by the policy of the pol	pegistered under Central NT (PAY-OUT) - If left blank the add units in demat form,	E Instruction Be boxes only if idend	Id No.* KYC Id No.* Registry (CKY OF SOLE is liable to that the bank 9 Did MICI n No. IV) applicable to	pit R Code On: OR AEP	APPLIC ted. (Mandaked with the lividend Revision Regular) the in which lividend Revision Regular Regul	CANT latory to a ne demat a For Pla you plan t einvestme ular® OR	(Please R ttach proof account is a Account in a Account is a Account in a Account i	refer to I f, in case i mentioned unt Type -options -options : vidend Pa preciation me(s). Ple	nstructio the pay-out d here. Savi	ngs C ded (Pleas ee key to	Date Document is Current Description:	different C	M NRE	(Na with the so	n PAN Y NRO NRO Lails Procedific c	Card)
rd pplicant KYC Proof AN/ EKRN* Individual client who has re BANK ACCOUR andatory information r unit holders opting to hol Account Number Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR Option & Sub option (PI OPTION: Growth/Cu Dividend Frequency: Cumulative - AEP Regular PAYMENT DET Investment	DETAILS (Refer UDENTIALease ✓ the appropriate mulative Div	E Instruction Be boxes only if idend	KYC Id No.* Registry (CKY OF SOLE is liable to that the bank 9 Did MICI In No. IV) applicable to SUB-OPTIC	pit R Code Other schem ON: OD OR AEP Oranges Oranges	APPLIC ted. (Mand nked with the lividend Re lividend In the li	CANT latory to a ne demat a For Pla you plan t einvestme ular® OR	(Please R ttach proof account is a Account is a Plar to invest) nt	refer to I f, in case i mentioned unt Type -options -options : vidend Pa preciation me(s). Ple	nstructio the pay-out d here. Savi 11 Digit IFSC Encloses splease s AEP Fr DD To	requency o Instruct Fun Total	Date Document is a count is a co	different C	M NRE	(Nawith with the score) the score of the sc	NRO	Card) Y Ink acc O Identified the second of the second
AN/ EKRN* Individual client who has re BANK ACCOUR Individual client who has re Investment Amount KYC Proof KYC Proof KYC Proof INVE STMENT INVESTMENT Scheme Name: ICICI PR Option & Sub option (PI OPTION: Growth/Cu Dividend Frequency: Cumulative - AEP Regular PAYMENT DET Investment Amount	pegistered under Central NT (PAY-OUT) - If left blank the add units in demat form,	I KYC Records F DETAILS application to please ensure to p	Id No.¥ KYC Id No. F Registry (CKY OF SOLE is liable to that the bank 9 Did MIC n No. IV) applicable to SUB-OPTIC oject to decla	E/FIRST be reject account lir git R Code Othe schem OR AEP ration of d Mo DD Charges f applicable	APPLIC ted. (Mand nked with the lividend Re lividend In the li	CANT latory to a ne demat a For Pla you plan t einvestme ular® OR	(Please R ttach proof account is a Account in a Account is a Account in a Account i	refer to I f, in case i mentioned unt Type -options -options : vidend Pa preciation me(s). Ple	nstructio the pay-out d here. Savi 11 Digit IFSC Encloses splease s AEP Fr DD To	ngs C t	Date Document is Count is Currer Description of the property of the proper	different C	M NRE	(Nawith with the score)	NRO	Card) Y Ink acc O Identified the second of the second
AN/ EKRN* Individual client who has re BANK ACCOUL Andatory information r unit holders opting to hol Account Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR Option & Sub option (Pl OPTION: Growth/Cu Dividend Frequency: Cumulative - AEP Regular PAYMENT DET Investment Amount Cheque / DD Number	DETAILS (Refer UDENTIALease TOption: Encashment FAILS	Please ensure to the please en	KYC Id No. * Registry (CKY OF SOLE is liable to that the bank 9 Dig MIC SUB-OPTIC SUB-OPTIC D D D	pthe schem On AEP ration of d Mo D Charges f applicable M	APPLIC ted. (Mandaked with the lividend Record Regulation in the lividend of Particle) Y	For Pla you plan teinvestme ular® OR the respect	Plars & Sub Plar o invest) Approximate Schere Chee	efer to I f, in case mentioned unt Type -options -options : correctation me(s). Plee	nstructio the pay-out d here. Savi 11 Digit IFSC Encloses s please s AEP Fr DD To A	equency o Instruction of Fun that is a simple of the simpl	Date Date Document is Currer	differe Ban IV(g)	th M NRE	(Nawith with the score) the score of the sc	NRO	Card) Y Ink acc O Identified the second of the second
Manuel Branch City INVESTMENT Cheme Name: ICICI PR Option & Sub option (P) Complete A Regular PAYMENT DET Investment Amount Cheque / DD Number BANK DETAILS: SAccount	DETAILS (Refer UDENTIALease ✓ the appropriate mulative Div	Please ensure to the please en	KYC Id No. * Registry (CKY OF SOLE is liable to that the bank 9 Dig MIC SUB-OPTIC SUB-OPTIC D D D	pthe schem On AEP ration of d Mo D Charges f applicable M	APPLIC ted. (Mand nked with the lividend Re lividend In the li	For Pla you plan teinvestme ular® OR the respect	(Please R ttach proof account is a Account is Account in Account is Account in Account is Account in Account is Account in Account in Account is Account in Account i	efer to I f, in case mentioned unt Type -options -options : correctation me(s). Plee	nstructio the pay-out d here. Savi 11 Digit IFSC Encloses s please s AEP Fr DD To A	equency o Instruction of Fun otal mount	Date Document is in the decimal property in the decima	different C Bank Bank IV(g) IV(g)	M NRE	(Nawith with the score) the score of the sc	NRO Atails Proceeding of the control of the contro	Card) Y Ink acc O Identified the second of the second
RYC Proof AN/ EKRN* Individual client who has re BANK ACCOUI Inductory information or unit holders opting to hol Account Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR Option & Sub option (Pl OPTION: Growth/Cu Dividend Frequency: Cumulative – AEP Regular PAYMENT DET Investment Amount Cheque / DD Number BANK DETAILS: Si Account Number Name & Branch	DETAILS (Refer UDENTIALease TOption: Encashment FAILS	Please ensure to the please en	KYC Id No. * Registry (CKY OF SOLE is liable to that the bank 9 Dig MIC SUB-OPTIC SUB-OPTIC D D D	pthe schem On AEP ration of d Mo D Charges f applicable M	APPLIC ted. (Mandaked with the lividend Record Regulation in the lividend of Particle) Y	For Pla you plan teinvestme ular® OR the respect	(Please R ttach proof account is a Account is Account in Account is Account in Account is Account in Account is Account in Account in Account is Account in Account i	refer to I f, in case is mentioned unt Type -options -op	nstructio the pay-out d here. Savi 11 Digit IFSC Encloses please s ayout AEP Fr DD The AEP Fr AE	equency o Instruction of Fun otal mount	Date Document is in the decimal property in the decima	different C Bank Bank IV(g) IV(g)	M NRE	(Nawith Mark Mark Mark Mark Mark Mark Mark Mark	NRO Atails Proceeding of the control of the contro	Card) Y Ink acc O Doof Pro Betails RTGS
AN/ EKRN* Individual client who has re BANK ACCOUNT Account Number Name & Branch of Bank Branch City INVESTMENT Scheme Name: ICICI PR Option & Sub option (Pl OPTION: Growth/Cu Dividend Frequency: Cumulative – AEP Regular PAYMENT DET Investment Amount Cheque / DD Number BANK DETAILS: Schecount Number	DETAILS (Refer UDENTIALease TOption: Encashment FAILS	Please ensure to the please en	KYC Id No. * Registry (CKY OF SOLE is liable to that the bank 9 Did MICO IN NO. IV) applicable to SUB-OPTIC igical to declar Office of the solution of t	pit R Code Othe schem ON: OD OR AEP Interval of the schem ON: Mo OD Charges f applicable M M M Different fr	APPLIC ted. (Mandaked with the lividend Record Regulation in the lividend of Particle) Y	For Pla you plan t einvestme ular® OR ayment Please tic.	Please R Ittach prool account is Account Plar o invest) App Stive Scher Che Account Account App Stive Scher Che Account Account Account Account Account	refer to I f, in case is mentioned unt Type -options -op	nstructio the pay-out d here. Savi 11 Digit IFSC Encloses splease s AEP Fr DD To A from above Savin	equency o Instruction of Fun otal mount	Date Date Document is Current Date Da	different C Ban Ban IV(g) IV(g) Sfer	M NRE	(Nawith with the source of the	NRO NRO NRO	Card) Y Ink acc O Doof Pro Betails RTGS

4 MOE	DE OE HOL	DING [Please tick	, (/)]	○ Single	e O Joir	ot O A nye	uno or Curvin	or (Defe	<i>l</i> +1							
	STATUS		(V)]	○ Single	; () 3011	II O Allyc	ne or Survi	701 Dela	iuitj							
Resident I On behalf HUF Financial	Individual of Minor	Rease tick (*)] NRI Foreign National Body Corporate Trust/Society/NGO	□ (□ F		FIRM ted Compar tnership (LLI	☐ AOP. ny ☐ FII	ernment Boo /BOI ProprietorsI	•	□ De	fence Est blic limite	ifolio Invest ablishment ed company ase specify)	: /	□ QFI □ NON Pr □ Bank	rofit Orga	nization/Cha	arities
NSDL: Deposit	tory Participant (I	JNT DETAILS DP) ID (NSDL only)	Beneficiary Acc	count Numbe	er (NSDL only)		CDSL:	Deposito	ory Partic	ipant (DP)	ID (CDSL on	ıly)				
		ENCE DETAIL (Please provide f		E/FIRST	APPLIC		verseas <i>F</i>	Address	(Man	latory fo	or NRI / FI	I Appli	cants)			
		HOUSE / F	LAT NO.								HOUSE /	FLATI	10.			
		STREET A	DDRESS								STREET A	ADDRE	SS			
	CITY / TOV	/N		STATE				CITY	// TOV	VN				STAT	E	
	COUNTRY	/		PIN COI	DE			CO	UNTR	Y				PIN CO	DE	
Tel.		Office				Residence				Mobile						
Email [£]																
Please ✓ a * Mandato ** Mandato	ny of the frec ry informatio ry in case the S	uto receive Accor quencies to receiv n – If left blank th Sole/First applicant ease refer to the in	re Account S e application is minor.	tatement is liable t	through to be rejec	e-mail ^E : O cted. # Nam For do	Daily (Week ian/Con be sub	kly tact Per mitted	Mont son is M on behal	thly Clandatory) Quarte in case	of Minor/		ividual Inve	Annually estor.
Non-Ir	ndividual inve	RS DETAILS F estors should ma required for all a	ndatorily fill	separate				andato	ory)							
First Applie	ant / Guardian	Place	/City of Birth			Country of	Birth			0	Country U.S. Ot	•	izenship /		lity	
Second App									Olno		J.S. 0t					
Third Applic	cant								_		J.S. 0t		-	-		
		you assessed for Ta tries (other than India		-		O Yes	○ No	_		tick (🗸)		or / Tay	Docidont i	n the rec	noctive cou	ntrice
ii iE3 picasc	THI TOT FALL COURT	·	ax Residency		Tax Ident	ification Numbional Equivale	per or		Ider	tification			If TIN is	not avail	able please r C (as defin	tick (🗸)
First Applic	ant / Guardian												Reason :	А	В□	С
Second App													Reason :		В□	C 🗆
Third Applic		ntry where the A	ccount Holde	er is liable	to pay ta	x does not i	ssue Tax I	dentific	cation I	Number	s to its re	esident	Reason :	A 🗌	В□	С
□ Reason □ Reason	$B \Rightarrow NoTIN$	required (Select please state the	this reason C	of:	authoritie							require	e the TIN		collected)	
_		d Office O Business are available on the v				Registered Office com or at the I			tres (ISC	Cs) of ICIO	\circ	_	, ,	ed Office	Busines	SS
	DETAILS (
Sole/First	Please tick (O Private Sec	ctor Service O	Public Sector S	ervice		nment Service		siness			rofessional) Agricultu	rist	O Retired	
Applicant Second	O Housewife O Private Sec		Student Public Sector S	ervice	O Forex	Dealer nment Service		ers (Pleasiness	ase spe	J.,	rofessional	1 () Agricultu	rist	○ Retired	
Applicant Third Applicant	O Housewife O Private Sec O Housewife	ctor Service O	Student Public Sector S Student	ervice	O Forex O Forex	nment Service	○ Bu	ners (Plea siness ners (Plea		O F	rofessional) Agricultu	rist	O Retired	
Gross Annu Sole/First App	Jiicani	rlease tick (🗸)] Below 1 Lac 🔷 1-5 Net worth (Mandato			⊃ 10-25 Lac	cs	_acs-1 crore			M M	YYY	/ Y	(Not old	ler thar	ı 1 year)	
Second Applica		Below 1 Lac 01-5		5-10 Lacs 5-10 Lacs	○ 10-25 ○ 10-25		25 Lacs-1 (R Net wort					
Others [Plea		DETUW I LAC U 1-5	Lats O	o- IO LaCS	O 10-28	u Lals () >	· ZO LBCS-I (JUIE	U >	r crore O	r ivet wort	.11				
Sole/First	For Individua	Is [Please tick (🗸)]:		, ,					•				applicable			
	(i) Foreign Excha	ange / Money Change litically Exposed Pers	er Services – C	YES OI	NO; (ii) Gai		g / Lottery /		Services	- O YES				ng / Pawi	ning – 🔾 YE	S ONO
Third Applica		litically Exposed Pers				Exposed Persor	<u> </u>	O Not a								

Name and address of No	• •	Applicant's Relationship	Date of Birth	Name and address of Guardian				Signature of Nominee/	Proportion (% which the units be shared by 6
(Please tick if Nominee's same as 1st/Sole Applica		with the Nominee	[To be furnished	in case the Nominee is a minor (Mandatory)]				ardian, if nominee is a mind	Nominee (Sho aggregate to 10
Nominee 1									
Nominee 2									
Nominee 3									
count Tax Compliance Act (FATC les, 1962. I/We apply for the unit: undering Act, 2002 and such oth Plans/Options under the Scheme heme is through legitimate sourcy Statutory Authority. I/We agrees full right to refund the excees toult in a total investments excee ferent competing Schemes of var GISTRATION OF OTM /BANK It tions of additional purchase/rede to authorize the AMC, on behalf dependent of the purchase of the mobility of the mobility of the mobility of the purchase of the mobility	s of the Fund and ag erregulations as m écso. I/We have not i ces only and is not ce that in case my/ou o me/us to bring my ding Rs.50,000 in a rious Mutual Funds DEBIT MANDATE F, emption/switch in m of ICICI Prudential N, ille number provided sons of incomplete u participant banks re	ree to abide by the ay be applicable fr eceived nor been lesigned for the pur r investment in the r/our investment by year. The ARN ho from amongst whi ACILITY: "As an in any/our folio through futual Fund (Mutu in the common ag or incorrect inform.	e terms, conditions, rom time to time. I/V induced by any rebarpose of contraventive Scheme is equal to elow 25%. I/We here older has disclosed to the Scheme is between the Sch	rules and regulation: We confirm to have a ate or gifts, directly ion or evasion of any or more than 25% o eby declare that I/w o me/us all the come eing recommended t request you to regist also authorize the il on my/our registere be used as registere aution/verification of uld not be liable for	s of the schunderstood or indirectly and Act, Regul and Act, Regular and Act, Regul and Act, Regular and Act, Regul and Act, Regul and Act, Regul and Act, Regular and Act, Regul and Act,	eme and off the investm , in making ations or ar of the plar or eany exist or availing to or availing to or availing to in the for ve ion due to a crediting t	ner statut nent objecthis inversely other a this inversely other a the individual of trail con- the facility the above the above defication the schemes of the schemes the schemes	tory requirements of SEBI, Al ctives, investment pattern, a estment. I/We declare that the applicable laws enacted by the ICI Prudential Asset Manager of SIPs which together with the or silves which together with the or silves which together with the or of OTM/Bank Debit Manda we transactions on my/our be due verification and confirmation of transact and confirmation of transact in, I/we shall not hold AMC, Note collection accounts by the or silvestment of the collection accounts by the properties of the collection accounts by the properties of the collection accounts by the properties of the collection accounts by the collection accounts accou	MFI, Prevention of N nd risk factors appli e amount invested i he Government of In- ment Co. Ltd. (the 'A he current applicatio e), payable to him for the and carrying out the chalf. In this regard, tion of the transacti ions. If the transacti ions. If the transacti control is sports.
ny result in a delay in application nfirm to inform AMC promptly in . 1800 222 999 (MTNL/BSNL) or	case of any change: 1800 200 6666 (Otl	s. I/We interested i hers)."	in receiving promotion	ents provided by me onal material from th DF SECOND APP	e AMC via	form are tro mail, SMS,	ue, correc telecall, e	ct and complete in all respected. If you do not wish to rece	ive, please call on to
SIGNATURE OF SOLE / F	INST AFFLICAN		0.0.0		LICAIVI				7 Y = 1.07.11.1
			ANDATE (OTM			Sole Pro	- — – prietor		
UMF		ONE TIME MA) FORM (For In		Sole Pro	- — - prietor	-	
PICICI RUDENTIAL TOND VIUTUAL FUND Spon EATE V I/We hereby author	RN sor Bank Code	ONE TIME MA	ANDATE (OTM) FORM (For In	- — — dividual, ONL ty Code		prietor	& HUF only) Date FOR OFFICE US	E ONLY
DICICI RUDENTIAL TO UMF UTUAL FUND Spon	RN Sor Bank Code	ONE TIME MA	ANDATE (OTM) FORM (For In	- — — dividual, ONL ty Code			& HUF only) Date FOR OFFICE US	E ONLY
UTUAL FUND Spon EATE V IDIFY NCEL Bank a/c nu	RN Sor Bank Code	FOR O	ANDATE (OTM) FORM (For In	- — — dividual, ONL ty Code			& HUF only) Date FOR OFFICE US	E ONLY
DICICI LIDENTIAL FUND (() Spon EATE IWe hereby authority NCEL Bank a/c nu	Sor Bank Code prize ICICI Pl	FOR O RUDENTIAL AS	ANDATE (OTM FOR OFF OFFICE USE O) FORM (For In	dividual,			& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB-	E ONLY
DICICI RUDENTIAL SUMB UTUAL FUND Spon EATE I We hereby author DIFY NCEL Bank a/c nu h Bank amount of Rupees	sor Bank Code prize ICICI PI mber Name of custom	FOR O RUDENTIAL AS	ANDATE (OTM FOR OFF OFFICE USE O SSET MANAGEN IFSC) FORM (For In IDE USE USE INLY Util	dividual, ONLY ty Code Y LIMITEI) to c	lebit (tio	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB-	E ONLY
DICICI RUDENTIAL STATE V EATE V NCEL Bank a/c nu th Bank amount of Rupees CUENCY	sor Bank Code prize ICICI PI mber Name of custom	FOR O RUDENTIAL AS	ANDATE (OTM FOR OFF DEFICE USE OF SSET MANAGEN IFSC AXIMUM AMOU) FORM (For In IDE USE USE INLY Util	dividual, ty Code / LIMITEI) to c	lebit (tid	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB-	E ONLY NRE/SB-NRO/Ot
DICICI RUDENTIAL SUMB UTUAL FUND Spon EATE I We hereby author DIFY NCEL Bank a/c nu h Bank amount of Rupees	sor Bank Code prize ICICI PI mber	FOR O RUDENTIAL AS ers bank M -Yrly Yrly	ANDATE (OTM FOR OFF DEFICE USE OF SSET MANAGEN IFSC AXIMUM AMOU) FORM (For In	dividual, ONLY ty Code Y LIMITEI) to c	lebit (tid	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB-	E ONLY NRE/SB-NRO/Ot
DICICI RUDENTIAL SO UMF UTUAL FUND Spon EATE V IVWe hereby author DIFY NCEL Bank a/c nu th Bank amount of Rupees COUENCY Mthly o No. erence uree for the debit of mandat	sor Bank Code prize ICICI PI mber Name of custom	FOR O RUDENTIAL AS ers bank M. Yrly Yrly	ANDATE (OTM FOR OFF DEFICE USE OFF D) FORM (For In	dividual, ONLY ty Code / LIMITEI	o to control to to control to con	lebit (tid	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB- or MICR d Amount Ma	E ONLY NRE/SB-NRO/Ot
DICICI UTUAL FUND (\(\sigma \) EATE \(\sigma \) NCEL Bank a/c nu h Bank amount of Rupees GUENCY \(\sigma \) o No. erence	sor Bank Code prize ICICI PI mber Name of custom NOT REQU te processing characters	FOR O RUDENTIAL AS ers bank M. Yrly Yrly IRED IF FOLIO N arges by the ba	ANDATE (OTM FOR OFF DEFICE USE O SSET MANAGEN IFSC AXIMUM AMOU AS & who) FORM (For In IDE USE) NLY Util MENT COMPAN NT TO BE MENT en presented ITIONED uthorizing to deb	dividual, ON LY ty Code / LIMITEI	O to control to to control to to control to	lebit (tid	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB- or MICR d Amount Ma. t schedule of charges of	E ONLY NRE/SB-NRO/Ot kimum Amount the bank.
DICICI RUDENTIAL STATE V UTUAL FUND Spon EATE V I/We hereby authority NCEL Bank a/c nu th Bank amount of Rupees COUENCY Mthly o No. erence gree for the debit of mandate RIOD DICICIONAL STATE V Spon Spon Spon Spon Spon Spon Spon Spon	sor Bank Code prize ICICI PI mber Name of custom NOT REQU te processing characters	FOR O RUDENTIAL AS PYRIY YRIY IRED IF FOLIO Parges by the ba	ANDATE (OTM FOR OFF DFFICE USE O SSET MANAGEN IFSC AXIMUM AMOU AS & who) FORM (For In IDE USE) NLY Util MENT COMPAN NT TO BE MENT en presented ITIONED uthorizing to deb	dividual, ty Code / LIMITEI	T TYPE - Nobile No	Fixe	& HUF only) Date FOR OFFICE US Ck SB/CA/CC/SB- or MICR Ma d Amount Ma t schedule of charges of	E ONLY NRE/SB-NRO/Ot kimum Amount the bank.
DICICI RUDENTIAL SUMP UTUAL FUND Spon EATE V IVWe hereby author IDIFY NCEL Bank a/c nu th Bank amount of Rupees GUENCY Mthly o No. erence gree for the debit of mandat RIOD This Cancelled	sor Bank Code prize ICICI PI mber Name of custom NOT REQU te processing characters.	FOR O RUDENTIAL AS ers bank Marges by the basisign:	ANDATE (OTM FOR OFF DEFICE USE O SSET MANAGEN IFSC AXIMUM AMOU AS & who NUMBER IS MEN ank whom I am a	DE USE NLY Util MENT COMPAN NT TO BE MENT en presented UTIONED uthorizing to deb Sign:	ty Code Y LIMITEI IONED DEB It my acc	o to control to to control to to control to	lebit (tid	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB- or MICR d Amount Ma. t schedule of charges of Sign:	E ONLY NRE/SB-NRO/On kimum Amount the bank.
DICICI RUDENTIAL SUMP UTUAL FUND Spon EATE V IVWe hereby author IDIFY NCEL Bank a/c nu th Bank amount of Rupees GUENCY Mthly o No. erence gree for the debit of mandat RIOD This Cancelled	sor Bank Code prize ICICI PI mber Name of custom NOT REQU te processing characters.	FOR O RUDENTIAL AS ers bank Marges by the basisign:	ANDATE (OTM FOR OFF DEFICE USE O SSET MANAGEN IFSC AXIMUM AMOU AS & who NUMBER IS MEN ank whom I am a	DE USE NLY Util MENT COMPAN NT TO BE MENT en presented UTIONED uthorizing to deb Sign:	ty Code Y LIMITEI IONED DEB It my acc	o to control to to control to to control to	lebit (tid	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB- or MICR d Amount Ma. t schedule of charges of Sign:	E ONLY NRE/SB-NRO/On kimum Amount the bank.
DICICI WITUAL FUND Spon EATE V I/We hereby author DIFY NCEL Bank a/c nu h Bank amount of Rupees GUENCY Mthly o No. erence gree for the debit of mandate RIOD Juntil Cancelled aration: I/We hereby declare that the red by the AMC from time to time. I/Registration of OTM/Bank Debit Mar authorizing the user entity/corpora ank where I have authorized the debank and to debit my/our account for the control of the c	sor Bank Code prize ICICI Pri mber Not Require Not Require te processing chi we hereby confirm ad date Facility and amen te to debit my account to the total confirm any charges towards CKNOWLED	FOR O RUDENTIAL AS BERNIT SI RED IF FOLIO N BY THY BY THY RED IF FOLIO N BY THY BY THY	ANDATE (OTM FOR OFF OFFICE USE O SSET MANAGEN IFSC AXIMUM AMOU AS & who AS & who NUMBER IS MEN ank whom I am a ne as in bank recor t and complete and exp of this facility offered It and of NACH (Debits). rstood that I/we auth ered for this facility offered way, registration, transaction.	DE USE NLY Util MENT COMPAN NT TO BE MENT en presented ITIONED uthorizing to deb Sign: ds 2. ress my willingness an oy ICICI Prudential Assa Authorization to bandorized to cancel/ame of that my/our investme ons, returns, etc, as ap- ain this Slip)	ty Code / LIMITEI DEB	IT TYPE - Mobile No Email ID bunt as p in bank re make payment to Company onfirm that tate by appredential Mute	Fixed and significant states and significant states.	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB- or MICR d Amount Ma. t schedule of charges of Sign:	E ONLY NRE/SB-NRO/On kimum Amount the bank.
DICICI RUDENTIAL Synon EATE V IVWe hereby author DIFY NCEL Bank a/c nu The Bank	sor Bank Code prize CICI Pl mber Name of custom A Ottly H NOT REQU te processing chate recity and amen te to debit my account to the company charges towards CKNOWLED be filled in by the Inv	FOR O RUDENTIAL AS Lers bank MA LYRIY YRIY IRED IF FOLIO N Larges by the ba Sign: 1. Name of the terms	ANDATE (OTM FOR OFF OFFICE USE O SSET MANAGEN IFSC AXIMUM AMOU As & who NUMBER IS MEN ank whom I am a ne as in bank recor t and complete and exp of this facility offered I and of NACH (Debits), rstood that I/we auth ered for this facility and, registration, transactic	DE USE NLY Util MENT COMPAN NT TO BE MENT en presented ITIONED uthorizing to deb Sign: ds 2. ress my willingness an oy ICICI Prudential Assa Authorization to bandorized to cancel/ame of that my/our investme ons, returns, etc, as ap- ain this Slip)	ty Code / LIMITEI DEB	IT TYPE - Mobile No Email ID bunt as p in bank re make payment to Company onfirm that tate by appredential Mute	Fixed and significant states and significant states.	& HUF only) Date FOR OFFICE US Ck V) SB/CA/CC/SB- or MICR or MICR Ma. d Amount It schedule of charges of Sign: 3. Name a l above through participants in N/ Me AMC) as specified in Instruction ation has been carefully read, to communicating/ amendment to hall be made from my/our above	E ONLY NRE/SB-NRO/Ot kimum Amount the bank. s in bank records CH/any other mode as on - Common Application anderstood & made by the User entity/corpt mentioned bank accounts.
DICICI WITH FUND Spon EATE V I/We hereby author DIFY NCEL Bank a/c nu h Bank amount of Rupees GUENCY O No. erence gree for the debit of mandate RIOD Until Cancelled aration: I/We hereby declare that the red by the AMC from time to time. I/ Registration of OTM/Bank Debit Mar authorizing the user entity/corpora ank where I have authorized the debank and to debit my/our account for PRUENTIAL ACT PRUENTIAL ACT PRUENTIAL ACT TO I	sor Bank Code prize ICICI Pri mber Not Require Not Require te processing chi we hereby confirm ad date Facility and amen te to debit my account to the total confirm any charges towards CKNOWLED	FOR O RUDENTIAL AS PYRIV YRIV IRED IF FOLIO P The arges by the base of the terms In the argument of the terms In the argument of the terms In the argument of the terms If the argument of the a	ANDATE (OTM FOR OFF OFFICE USE O SSET MANAGEN IFSC AXIMUM AMOU As & who NUMBER IS MEN ank whom I am a ne as in bank recor t and complete and exp of this facility offered I and of NACH (Debits), rstood that I/we auth ered for this facility and, registration, transactic	DE USE NLY Util MENT COMPAN NT TO BE MENT en presented UTIONED uthorizing to deb Sign: ds 2. ress my willingness an oy ICICI Prudential Assa. Authorization to bank orized to cancel/ame of that my/our investme ons, returns, etc, as ap- ain this Slip) and furnishing of Management of Ma	ty Code / LIMITEI DEB	To compare the compare to the compar	Fixed and significant states and significant states.	& HUF only) Date FOR OFFICE US ck ✓) SB/CA/CC/SB- or MICR or MICR Amount Ma. t schedule of charges of the schedule of t	E ONLY NRE/SB-NRO/Ot kimum Amount the bank. s in bank records CH/any other mode as on - Common Application anderstood & made by the User entity/corpt mentioned bank accounts.

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

PRUDENTIAL TUND

SIP REGISTRATION CUM MANDATE FORM [For investment through NACH/SI]

Application No.

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS. ARN-77875 E027739 (EUIN) #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. TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY: 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 directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. 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 has not charged any advisory fees on this transaction. 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. New Registration Cancellation **Existing UMRN** Sole/First Applicant's Name: Mr. /Ms. / M/s Folio No. Scheme: ICICI PRUDENTIAL PLAN: SIP TOP UP (Optional) (Tick to avail this facility) SUB-OPTION: DIVIDEND FREQUENCY:_ **AEP FREQUENCY** Percentage: ☐ 10% ☐ 15% ☐ 20% Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund. other _ (multiples of 5% only) Each SIP Amount: Rs. In words: Rs. Quarterly* (Default is Monthly) *In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. * TOP UP amount in multiples of Rs.500 only. SIP Frequency: Monthly Frequency: Half Yearly Yearly \square 1st \square 7th \square 10th SIP Start SIP Fnd SIP TOP UP CAP Amount: Month / Year Month / Year □ 15th □ 20th □ 25th Rs. OR FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. Dated Month-Year# Drawn on Bank Amount Rs. #Investor has to choose only one option — either CAF Amount or CAP Month-Year Bank Branch DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL - PLEASE REFER INSTRUCTION NO. B(8)) NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only) 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 3rd Holder BANK DEBIT MANDATE **PICICI** PRUDENTIAL TO **UMRN** Date MUTUAL FUND Sponsor Bank Code Utility Code Tick (🗸) CREATE✓ I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick </) SB/CA/CC/SB-NRE/SB-NRO/Other MODIFY CANCEL Bank a/c number or MICR **IFSC** with Bank an amount of Rupees DEBIT TYPE ⊠ Fixed Amount FREQUENCY ☐ Mthly ☐ Qtly H-Yrly ✓ Yrly ☐ As & when presented 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 То Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payment referred above through participants in NACH/ISI/any other mode as may be preferred by the AMC from time to time. I/we hereby confirm adherence to the terms of this facility offered by ICICI Prudential Asset Management Company Limited (the AMC) as specified in Terms & Conditions under Registration of OTM /Bank Debit Mandate Facility and amended from time to time and of NACH (Debits). Authorization 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/amendment to the User entity/corporate or the bank where I have authorized the debit. This is to inform that I/we have registered for this facility and that my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your bank and to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable. Folio No./ Application No. ACKNOWLEDGEMENT SLIP (To be filled in by the investor) AICICI MUTUAL FUND Name of the Investor:_ Acknowledgement Stamp __ Option: ____ ----- SIP Amount Rs _ SIP Frequency: _ Monthly _ Quarterly SIP TOP UP Amt. Rs. ____ TOP UP CAP: Amt: Rs.__ __ OR () Month-Year: M M Y Y Y