PLICANT       Mr. Ms. M/s       PRS1       MIDULE       Date of Birth**         U/PEKRN*       KYC Id No. Y       Enclosed (Please /)* (KYC Acknowledgement Letter       Date of Birth**         ME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)       Date of Birth**         Ms.       FRS1       MIDULE       LAST         V/PEKRN*       KYC Proof Attached (Mandatory)       Relationship with Minor applicant: () Natural guardian () Court appointed guardian       Date of Birth         V/PEKRN*       KYC Conf Attached (Mandatory)       Relationship with Minor applicant: () Natural guardian () Court appointed guardian       Date of Birth         MPLICANT       Mr. Ms. M/s       FR\$T       MIDULE       LAST         APPLICANT       Mr. Ms. M/s       FR\$T       MIDULE       LAST         V/PEKRN*       KYC Id No. Y       (KYC Proof Attached (Mandatory)       Date of Birth       LAST         V/PEKRN*       KYC Id No. Y       (KYC Proof Attached (Mandatory)       Date of Birth       LAST         V/PEKRN*       KYC Id No. Y       (KYC Proof Attached (Mandatory)       Date of Birth       LAST         V/PEKRN*       KYC Id No. Y       (KYC Proof Attached (Mandatory)       Date of Birth       D       M         D       M M       <	RIA/PMF By mentioning RIA/P eclaration for "execu- s as this is an "execu- appropriateness, if a SIGNATURE O ANSACTION CHAI In case the purchase, e deductible as applic various factors includ APPLICANT (S DELE / 1 <sup>st</sup> PPLICANT (Mr. N/PEKRN*	RN COE PMRN co ution-onl any, pro DF SOL RGES F /subscrip sable fror nmission ding the s S) DE	de, I/we y" transa y" trans y" trans y" trans y" trans trans y" trans y" tr	a authori action (d action w the emp T APPI PLICAN Dunt Rs chase/su paid dire	bolly wi vithout bloyee, LICAN TS TH 10,000 ubscrip	u to sh here E t any i /relati NT <b>HROU</b> D/- or r	hare w EUIN b interac ionship	vith the	e Inve left bla or adv	stme ank)	ODE			sectio		-	<b>IP</b> omplet	ted i	n BLO(	K LET	TERS i	n EN		H wit	th BL/	ACK	( / BLI	UE C	OLOU	IKED	INK
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W/PEKRN*       Court appointed guardian       Date of Birth         W/PEKRN*       Court appointed guardian       Date of Birth         Main       Y       Y         APPLICANT       Mr. Ms. M/s       FIR\$T       MIDDLE         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         V/PEKRN*       KYC Id No. <sup>Y</sup> CYC Proof Attached (Mandatory)       Date of Birth         Minormation left blank, the application is liable to be rejected.       VIndividual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digt KYC Identification Number (KIN).         BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)       Indatory information - If left blank the applicaction is liable to	IVIE UF GUARDIAN (	in case Fi	rst/Sole a	oplicant is	 s minor	)/CON	TACT F	PERSO	N-DES	SIGNA	ATION,	/PoA	HOLD	ER (in	case o	of Non	-Individ	dual li	nvestor	s)											
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nher       (Legal Entity Identifier Number is Mandatory for Transaction of INR 50 crore and above. See Instruction No. XV, page no. 4         APPLICANT       Mr. Ms. M/s       FIR\$T       MDDLE       Last         V/PEKRN*       KYC Id No. <sup>Y</sup> KYC Proof Attached (Mandatory)       Date of Birth         D       M M       Y       Y         APPLICANT       Mr. Ms. M/s       FIR\$T       MDDLE         V/PEKRN*       KYC Id No. <sup>Y</sup> KYC Proof Attached (Mandatory)       Date of Birth         D       M M       Y       Y         APPLICANT       Mr. Ms. M/s       FIR\$T       MDDLE         V/PEKRN*       KYC Id No. <sup>Y</sup> KYC Proof Attached (Mandatory)       Date of Birth         D       M M       Y       Y       Y         andatory information left blank, the application is liable to be rejected.       Y Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).         BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III)       Indatory informationIf left blank the application is liable to be rejected.         Mumber       Account Type       Savings       Current       NR0       F         Name & Branch       MICR Code       I11 Digit       IFSC							,¥														D		D	M	IV	1	Y	1	Y	Υ	,
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August 2019

4. PAYMENT DETAILS		Mode of	Payment 🔿 Cheque	e ODD O Funds Transfe	er 🔿 NEFT 🔿 RTGS
Investment Amount ₹	А	DD Charges (if applicable) ₹	В	Total Amount ₹	A + B
Cheque /	Date D		Y Y Y		
DD Number BANK DETAILS: Same as a	bove [Please tick (✔) if yes]		e [Please tick (🖌) if it is di	fferent from above and fill in the Bar	k details below]
A/c Number			Account 1		
Name & Branch					
of Bank		Mandatory Enclosu	res (Please tick (✔)  ○	Cheque 🔿 Bank 🔿	Banker's Attestation
Branch City		if the first instalment is n	of through cheque)	Copy Statement	
				ar No.135/BP/16/10-11 shall be pro c.com or ICICI Prudential Mutual	ocessed in accordance with the said Fund branch offices.
5. CORRESPONDENCE E	ETAILS OF SOLE/FIR	ST APPLICANT:			
Correspondence Address (Pleas	· ·	1	Overseas Address (	(Mandatory for NRI / FII Applic	· ·
	HOUSE / FLAT NO.			HOUSE / FLAT NO	).
	STREET ADDRESS			STREET ADDRES	S
CITY / TOWN		STATE	CITY	/ TOWN	STATE
COUNTRY	PI	N CODE	COL	JNTRY	PIN CODE
Tel. Offic		Resider	ce	Mobile	
Email <sup>£</sup>					
Please 🔄 if you wish to receiv	ve Annual Report or Abridge	ed Summary via Post -	(Applicable only if em	ail is not available) [Refer Inst	ruction No.IX(a)]
<u> </u>		,		mail [Refer Instruction No.IX(k	
Please ✓ any of the frequenci	es to receive Account State	ment through e-mail <sup>£</sup>	: Daily OWeekly	/ OMonthly Ouarterly	/ OHalf Yearly OAnnually
* Mandatory information – If I					e of Minor/Non-Individual Investor.
<sup>§</sup> For KYC requirements, please r		'2) a v	<sup>£</sup> Please refer to instru	bmitted on behalf of minor folio	refer instruction ii-b(z)
. MODE OF HOLDING [F	'lease tick (✔)] ○ Single ○,	Joint O Anyone or Sur	vivor (Default)		
7. TAX STATUS [Please tick	(✓)]				
Resident Individual INRI	🗌 Partnershi	ip FIRM 🔲 Gov	vernment Body	] FPI category I 🛛 🗆 N	PS Trust 🗌 Bank
🗆 On behalf of Minor 🛛 🗆 Foreig	gn National 🛛 🗌 Company	□ A0	2/B0I	FPI category II 🛛 🗆 N	ON Profit Organization/Charities
,	· _	· · ·	· · · ·		efence Establishment
Financial Institution Trust	/Society/NGO Limited Pa	artnership (LLP)	e Proprietorship	Others (Please specify)	
. DEMAT ACCOUNT DE	<b>TAILS</b> (Optional - Please r	refer Instruction No. XI	/)		
SDL: Depository Participant (DP) ID (N	SDL only) Beneficiary Accoun	t Number (NSDL only)	CDSL: Depositor	ry Participant (DP) ID (CDSL only)	
. FATCA AND CRS DET	AILS FOR INDIVIDUA	LS (Including Sole Pre	oprietor) <i>(Mandatory)</i>		
on-Individual investors shoul	d mandatorily fill separate Place/City of Birth	-	-		cants/guardian enship / Nationality
First Applicant / Guardian	Place/City of Birth	Count	ry of Birth	□ Indian □ U.S. □ Others (Ple	
Second Applicant				│ Indian │ U.S. │ Others (Ple	
Third Applicant				◯ Indian ◯ U.S. ◯ Others (Ple	
re you a tax resident (i.e., are you a	ssessed for Tax) in any other cou	Intry outside India?		lease tick $(\checkmark)$ ]	
			- ·		ax Resident in the respective countrie
					(Please see overle
				Outing 6 Out Outing	Luccode and Amount
Sr. Nar No.	ne of the Schemes		Plan	Option & Sub-Option	Investment Amount (Rupees)
1 ICICI Prudential					
2 LICICI Developetial					
2 ICICI Prudential					
3 ICICI Prudential					
3     ICICI Prudential       4     ICICI Prudential					
3 ICICI Prudential     4 ICICI Prudential     AYMENT DETAILS			e/DD No.	dated	

		Country of Tax R	esidency	Tax Identification Numb Functional Equivalen			ation Type please specify)		available please B or C (as define	
First Applic	ant / Guardia	an				1	·····,	Reason : A		C 🗆
Second Apr	-							Reason : A		с П
Third Applie										
								Reason : A	B	C 🗌
Reason	B⇒ No⊺	,	reason Only if th	ble to pay tax does not is ne authorities of the resp					be collected)	
		1st Holder:		ess Type of 2nd Holder:			Δddress Tv	pe of 3rd Holde	··	
		tered Office () Business		esidential () Registered Offic	ce ( ) Busine	ISS		al () Registered	_	SS
Annexure I a	nd Annexur	II are available on the webs	ite of AMC i.e. www	w.icicipruamc.com or at the In	vestor Servic	e Centres (ISCs) o	f ICICI Prudential N	Autual Fund.	0	
10 KYC	DETAIL	S (Mandatory)								
Occupation										
Sole/First			ic Sector Service	O Government Service	() Busin	220	O Professional	○ Agriculturist	O Retired	
Applicant	O House	••••••		O Forex Dealer		s (Please specify)				
Second Applicant	O Private		ic Sector Service lent	<ul> <li>Government Service</li> <li>Forex Dealer</li> </ul>	<ul> <li>○ Busin</li> <li>○ Others</li> </ul>	ess s (Please specify)	O Professional	○ Agriculturist	O Retired	
Third Applicant	O Private	•••••	ic Sector Service lent	<ul> <li>○ Government Service</li> <li>○ Forex Dealer</li> </ul>	<ul><li>○ Busin</li><li>○ Others</li></ul>	ess s (Please specify)	O Professional	○ Agriculturist	○ Retired	
Gross Ann	ual Income	[Please tick (✓)]								
Sole/First Ap	piicant	○ Below 1 Lac ○ 1-5 Lac OR Net worth (Mandatory fo	-		acs-1 crore( as on	-	M Y Y Y	Y (Not older the	an 1 year)	
Second Appl	icant	O Below 1 Lac O 1-5 Lac	s 🔿 5-10 Lac:	s () 10-25 Lacs () >2	25 Lacs-1 cro	re O >1 cr	ore <b>OR</b> Net worth ₹	Ę		
Third Applica	int	O Below 1 Lac O 1-5 Lac	s 🔿 5-10 Lac:	s 🔿 10-25 Lacs 🔿 >2	25 Lacs-1 cro		ore <b>OR</b> Net worth <b>R</b>			
Others [Ple	ase tick (🖌)]									
	For Indivi	luals [Please tick (✔)]: ○ I	am Politically Expo	sed Person (PEP) ^ O I am	Related to Pol	litically Exposed P	erson (RPEP) O	Not applicable		
Sole/First Applicant				datory Ultimate Beneficial Ow ) N0; (ii) Gaming / Gambling					Pawning – () YES	
Second App	licant C	Politically Exposed Person (	PEP) ^ 🛛 Related	I to Politically Exposed Person	(RPEP) O	Not applicable				
Third Applic	ant C	Politically Exposed Person (	PEP) ^ 🛛 🔿 Related	I to Politically Exposed Person	(RPEP) O	Not applicable				

## 11. NOMINATION DETAILS (For Mutual Fund units) (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:

Name and address of Nominee(s) (Please tick if Nominee's address is	Applicant's Relationship with the	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
same as 1st/Sole Applicant's address)	Nominee	[To be furnished	in case the Nominee is a minor (Mandatory)]		Nominee (Should aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

**INVESTOR(S) DECLARATION & SIGNATURE(S):** 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, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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 mig my/our investment below 25%. 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. I/We interested in receiving promotional material from the AMC via mail, SMS, telecalI, etc. *If you do not wish to receive, please calI o* 

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wi	th Bank	Name	of customers bank		IFSC						or MIC				
an	amount of Ru	pees		Max	kimum Amount	Rupees in word	ds)						₹		
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0		il Cancelled			as in bank records								Name as in b	ank reco	rds
		y declare that the particulars m time to time. I/We hereby o ind amended from time to tim	given on this mandate are												
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TRA same regist	BROKER C RIA/I mentioning RIA/ NSACTION CHA are deductible as a tered Distributors b	nust read Key Scheme ODE (ARN CODE)/ MRN CODE# PMRN code, I/We auth RGES FOR APPLICANT3 applicable from the purchas ased on the investors' asse	SUB- norize you to share wi S THROUGH DISTRIB re/subscription amount and ssment of various factors	BROKER ith the Inv UTORS ON and paid the s including t	ARN CODE estment Adviser t NLY: In case the purc distributor. Units will the service rendered	As a contract of the details of my/or hase/subscription ar be issued against the by the distributor.	SUB-BRO allotted k our transa nount Rs 10 e balance a	oKER ( by ARI ctions 0,000/- ( mount i	CODE N holde in the s or more a invested.	er) scheme(s and your D Upfront c	s) of IC Distributo	Ide ICI Pruder or has opted ion shall be	Employee Un entification No. ntial Mutual Fu to receive trans paid directly by	ique . (EUIN) und. actions chathe investo	arges, the or to the AMFI
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	IO NO.				Date of Birth:		VI Y Y	YYY	Y	<u> </u>	-	tion via	Existing O	TM [Plea	ase tick (🖌)]
Sr. No.		e/Plan/Option/Sub-option	n <sup>#\$</sup> SIP Instal Amount		SIP Day & Date	SIP Frequency (Refer T&C No.14)			Month 8 d Month	ት Year an ነ & Year	-		Minimum ₹ 10 or Percentage	(%) Fi	requency*
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favour	r of "ICICI Prudentia	I Mutual Fund Collection A	/c."		be in multiples of	₹ 100). **investors	s can choos	se any d	day of th	e week fi	rom Mo	nday to Fric	, .		kly frequency. overleaf)
μ.,															

November 2019

Mach 2020

	PRUDENTIAL	<b>ACKNOWLEDGEMENT SLIP</b> (To be filled in by the investor)	
	MUTUAL FUND	Name of the Investor:	
S	Scheme (1) :	Plan & Option:	
S	Scheme (2) :	Plan & Option:	
S	Scheme (3) :	Plan & Option:	
s	Scheme (4) :	Plan & Option:	Acknowledgement Stamp

Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned. GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate 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 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).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

EXISTING OTM / FIRST INSTALLMENT BANK DET	TAILS:		
Cheque/DD No	Cheque/DD Amount Rs		A/c No
Bank Name:			
DEMAT ACCOUNT STATEMENT DETAILS (OPTION	NAL – PLEASE REFER INSTRUCTION NO. 19	)	
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 2nd Holder	3rd Holder
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Scheme (1) : SIP Installment Rs	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs
Scheme (2) : SIP Installment Rs	_ SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs
Scheme (3) : SIP Installment Rs	_ SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs
Scheme (4) : SIP Installment Rs	_ SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs
TOP UP CAP Amount Rs. OR TOP UP CAP Month-Year: Scheme (1):	Sc	neme (2):	Scheme (3):
Scheme (4):			