



# 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-54241	SUB-BROKER/ARN CODE SANGHI	SUB-BROKER CODE (As allotted by ARN holder)	EUIN- E055018
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#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]**

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.

**1 EXISTING UNITHOLDERS INFORMATION**

If you have an existing folio no. with PAN &amp; KYC validation, please mention your name &amp; folio No.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	FOLIO No.
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**2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b) & IV)**

Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST
PAN/ PEKRN*	Enclosed (Please 0)\$* <input type="radio"/> KYC Acknowledgement Letter			Date of Birth** D D M M Y Y Y Y
Name of *#	Mr. Ms.	GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/POA HOLDER (in case of Non-Individual Investors)		
PAN/ PEKRN*	Relationship with Minor applicant	<input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian		Enclosed (Please 0)\$* <input type="radio"/> KYC Acknowledgement Letter
2nd Applicant Name (Should match with PAN Card)	PAN/PEKRN* (2nd Applicant)			<input type="checkbox"/> KYC Proof Attached (Mandatory)
3rd Applicant Name (Should match with PAN Card)	PAN/PEKRN* (3rd Applicant)			<input type="checkbox"/> KYC Proof Attached (Mandatory)

**3 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.

MANDATORY	Account Number	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NR E <input type="radio"/> NR O <input type="radio"/> FCNR
	Name of Bank		
	Branch Name	Branch City	
	9 Digit MICR code	11 Digit IFSC Code	Enclosed (Please 0): <input type="checkbox"/> Bank Account Details Proof Provided.

**4 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV)**

For Plans &amp; Sub-options please see key features for scheme specific details

<input type="radio"/> Regular Plan (Purchase/Subscription routed through Distributor)	<input type="radio"/> Direct Plan (Purchase/Subscription made directly with the Fund)
Scheme Name: ICICI PRUDENTIAL	
Option & Sub option (Please 0 the appropriate boxes only if applicable to the scheme in which you plan to invest)	
OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend	SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout OR AEP- <input type="radio"/> Regular OR <input type="radio"/> Appreciation
Dividend Frequency:	AEP Frequency:
Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)	
SIP Date <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 7 <sup>th</sup> <input type="radio"/> 10 <sup>th</sup> <input type="radio"/> 15 <sup>th</sup> <input type="radio"/> 25 <sup>th</sup>	SIP Frequency* <input type="radio"/> Monthly <input type="radio"/> Quarterly
Payment details	Mode of Payment <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Funds Transfer <input type="radio"/> NEFT <input type="radio"/> RTGS
Amount Paid <input type="text" value="A"/>	DD Charges (if applicable) <input type="text" value="B"/> Amount Invested <input type="text" value="A+B"/>
Cheque / DD Number <input type="text"/>	Date <input type="text"/>
BANK DETAILS: <input type="checkbox"/> Same as above [Please tick (0) if yes] <input type="checkbox"/> Different from above [Please tick (0) if it is different from above and fill in the details below]	
Account Number	Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NR E <input type="radio"/> NR O <input type="radio"/> FCNR
Name of Bank	Branch City
Branch Name	
Mandatory Enclosures <input type="checkbox"/> (Please tick (0) if the first instalment is not through cheque) <input type="checkbox"/> Cheque Copy <input type="checkbox"/> Bank Statement <input type="checkbox"/> Banker's Attestation	

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.

Mode of Holding [Please tick (0)]  Single  Joint  Anyone or Survivor (Default)

Tax Status [Please tick (0)]

<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 0)

NSDL OR  CDSL

Depository Participant (DP) ID (NSDL only) \_\_\_\_\_ Beneficiary Account Number (NSDL only) \_\_\_\_\_

Depository Participant (DP) ID (CDSL only) \_\_\_\_\_

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

**6 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

Correspondence Address (Please provide full address)\*  
Address Type:  Residential  Business  Residential/Business  Registered Office

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

Overseas Address (Mandatory for NRI / FII Applicants)  
HOUSE / FLAT NO. \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY / TOWN \_\_\_\_\_ STATE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ PIN CODE \_\_\_\_\_

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Fax \_\_\_\_\_  
Email<sup>†</sup> \_\_\_\_\_ Mobile \_\_\_\_\_

I/We would like to register for PRU TRACKER to transact online as per the terms & conditions for this facility as referred in point I(j) of the Instructions. By providing Email ID, I/we agree to receive the IPIN for Prutracker registration on the same.

Please 9 if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email  
Please 9 any of the frequencies to receive Account Statement through e-mail<sup>‡</sup> :  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\* Mandatory information - If left blank the application is liable to be rejected.  
\*\* Mandatory in case the Sole/First applicant is minor.  
† For KYC requirements, please refer to the instruction Nos. II b(5) & X  
‡ Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)  
‡ Please refer to instruction no. IX

**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  
Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India?  Yes  No [Please tick (0)]  
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
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			
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 (0)]

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

Gross Annual Income [Please tick (0)]  
Sole/First Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
OR Net worth (Mandatory for Non-Individuals) \_\_\_\_\_ as on DD MM YYY (Not older than 1 year)

Second Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth \_\_\_\_\_

Third Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth \_\_\_\_\_

Others [Please tick (0)]  
For Individuals [Please tick (0)]:  I am Politically Exposed Person (PEP)<sup>^</sup>  I am Related to Politically Exposed Person (RPEP)  Not applicable

For Non-Individuals [Please tick (0)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XX):  
 Foreign Exchange / Money Changer Services -  YES  NO;  Gaming / Gambling / Lottery / Casino Services -  YES  NO;  Money Lending / Pawning -  YES  NO

Second Applicant  Politically Exposed Person (PEP)<sup>^</sup>  Related to Politically Exposed Person (RPEP)  Not applicable

Third Applicant  Politically Exposed Person (PEP)<sup>^</sup>  Related to Politically Exposed Person (RPEP)  Not applicable



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