Application No.



## **COMMON APPLICATION FORM**

## FOR LUMP SUM/SYSTEMATIC INVESTMENTS

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.

|  | RN-54241   |  | OKERARNCODE<br>GHI   | SUB-BROKER<br>(As allotted by AR  | N holder)  | EUIN- E055018  | -2       |
|--|--|--|--|---|--|--|----------|
| , ,  | RIA code, I/We authorize you to s  |  | ·  | ,   | <u> </u>   |  |          |
| "execution-only"   |  | or advice by the employ  | /ee/relationship manager/sale:   | s person of the above distributo  | r or notwithstanding the   | en intentionally left blank by me/us as this<br>advice of in-appropriateness, if any, provide  |          |
| SIGNA  | TURE OF SOLE / FIRST APPLI   | ICANT  | SIGNATURE OF SE  | COND APPLICANT  | SIG  | NATURE OF THIRD APPLICANT  |          |
| TRANSACT   | TION CHARGES FOR AF  | PPLICANTS THE  | OUGH DISTRIBUTO  | RS ONLY [Refer Instru   | ction XII]   |  |          |
| other than first tir   | ime mutual fund investor) will be  | deducted from the sub  | scription amount and paid th   | e distributor. Units will be issu   | ed against the balance   | mutual fund investor) or Rs 100/- (for inve<br>e amount invested.<br>ding the service rendered by the distribut  | - 1      |
| 1 EXISTI   | NG UNITHOLDERS INF   | ORMATION   | If you have an existing fo   | lio no. with PAN & KYC validatio  | n, please mention your r   | name & folio No.   |          |
| Name Mr. M   | ls. M/s FRST   | M  | DDLE   | LAST FOLIO N  | 0.   |  |          |
| 2 APPLIC   | CANT(S) DETAILS (Pleas   | e Refer to Instruction   | on No. II (b) & IV) N  | landatory information - If left blar  | nk the application is liable   | e to be rejected.  | 33       |
| Sole/First<br>Applicant  | Mr. Ms. M/s  | FRST   | MIDDLE   | LAST  |  |  |          |
| PAN/<br>PEKRN*   |  |  | Enclosed (Please 0)§   | * OKYC Acknowledgem   | ent Letter Date o  | of Birth** D DMM Y Y   | YY       |
| Name of *#   | Mr. Ms. GUARDIAN (   | (in case First/Sole app  | licant is minor)/CONTACT F   | PERSON-DESIGNATION/Po   | A HOLDER (in case  | of Non-Individual Investors)   | Щ        |
| PAN/<br>PEKRN*   |  |  | Troiding min   | Natural guardian<br>Court appointed guardiar  | ١  | Enclosed (Please 0)§*  KYC Acknowledgement L   | Letter   |
| 2nd Applicant  | Name (Should match with P.   | AN Card)   |  | •   | PAN/PEKRN* (2nd)   | Applicant) KYC Proof Attached (Man   | ndatory) |
| Zi la Applicai it  | Traine (Onodia mater with  | AIV Cala)  |  |   | 1  | Prince 1)  | iaa.c.y/ |
|  |  |  |  |   |  |  |          |
| 3rd Applicant  | Name (Should match with F  | PAN Card)  |  |   | PAN/PEKRN* (3rd /  | Applicant) KYC Proof Attached (Man   | ndatory) |
|  |  |  |  |   |  |  |          |
| 3 BANK   | ACCOUNT (DAY OU  |  |  | NICANT (5)  |  |  |          |
|  |  |  |  |   |  |  |          |
|  | `  | <i>'</i>   |  | PLICANT (Please Referrach proof, in case the pay-   |  |  | nt.)     |
| Mandatory info   | `  | cation is liable to be   | rejected. (Mandatory to att  | ach proof, in case the pay-   | out bank account is  | III)<br>different from the source bank accour  | nt.)     |
| Mandatory info<br>For unit holders<br>Account<br>Number  | ormation - If left blank the appli   | cation is liable to be   | rejected. (Mandatory to att  | ach proof, in case the pay-   | out bank account is is mentioned here.   | different from the source bank accour  | nt.)     |
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| Mode of Holding [Ple                         | ase tick (0)]               | <b>O</b> Sinç      | gle                  | Olo                | pint                      | OA                | nyone o   | r Survivor         | (Default)     | 1                     |             |              |            |             |           |                       |             |             |                  |              |        |
|--|-----------------------------|--------------------|----------------------|--------------------|---------------------------|-------------------|---|--------------------|---------------|-----------------------|-------------|--------------|------------|-------------|-----------|-----------------------|-------------|-------------|------------------|--------------|--------|
| Tax Status [Please                           | tick (0)]                   |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| Resident Individual                          | □NRI                        |                    |                      |                    | ] Partne                  | ership FIF        | RM  |                    | Gove          | mment Bo              | dy          | □Fo          | reign F    | Portfolio I | Invest    | or [                  | ]QFI        |             |                  |              |        |
| On behalf of Minor                           | Foreign N                   | Vational           |                      |                    | _<br>Comp                 | any               |   |                    | AOP/          | BOI                   |             | De           | fence      | Establish   | ment      |                       | NON F       | Profit Org  | ganization       | v/Charit     | es     |
| □HUF   | ☐ Body Co                   | rporate            |                      |                    | ] Private                 | e Limited         | Compa   | ıny                | FII           |                       |             | □Pu          | blic lim   | nited con   | npany     | <u>′</u>   □          | ]Bank/      | FI          |                  |              |        |
| ☐ Trust/Society/NGO                          | ☐ Limited F                 | Partnershi         | p (LLP)              |                    | Sole F                    | Proprieto         | ship  |                    | Othe          | ers (Pleas            | e speci     | fy)          |            |             |           |                       |             |             |                  |              |        |
| 5 DEMAT ACC                                  | DUNT DET                    | AILS               | (C                   | Optional -         | - Please                  | e refer Ir        | nstructio   | on No. X           | )             |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| (Please 0)                                   | Depository                  | /Participa         | ant (DP) I           | ID (NSDL           | only)                     |                   | Benefic   | ciary Acco         | unt Nun       | nber(NSDL             | only)       |              |            |             |           |                       |             |             |                  |              |        |
| ○ NSDL                                       |                             |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            | The         | appl      | ication f             | orm sh      | ould ma     | andatoril        | y            |        |
| OR   | Depository                  | / Participa        | ant (DP)             | ID (CDSL           | only)                     |                   |   |                    |               |                       |             |              |            |             |           | any the l<br>ccount s |             |             | vestor m         | aster/       |        |
| O CDSL                                       |                             |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             | nat a     | COOUNT                | Statome     | ,, it.      |                  |              |        |
| 6 CORRESPON                                  | IDENCE DE                   | TAILS              | OF SC                | OLE/FI             | IRST .                    | APPLI             | CANT  | Γ:                 |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| Correspondence Addre<br>Address Type: Reside | ess (Please pro             | vide full<br>Resi  | address<br>dential/B | s)*<br>usiness (   | ○ Reai                    | istered O         | ffice   |                    | Overs         | eas Addı              | ess (Ma     | andator      | y for N    | NRI / FI    | I Арр     | licants)              |             |             |                  |              |        |
|  | 71.7                        | USE/FL             |                      |                    | <b>O</b> :9               |                   |   |                    |               |                       |             |              | ŀ          | HOUSE       | /FLA      | T NO.                 |             |             |                  |              |        |
|  | STI                         | REETAD             | DRESS                | ;                  |                           |                   |   |                    |               |                       |             |              | S          | TREET       | ADD       | RESS                  |             |             |                  |              | 一      |
| CITY/T                                       | OWN                         |                    |                      |                    | STAT                      | E                 |   | =                  |               |                       | CITY/T      | OWN          |            |             | 1         |                       |             | STATE       |                  |              | Ħ      |
| COUN   | TRY                         |                    |                      |                    | PINCO                     | DE                |   |                    |               |                       | COUN        | TRY          |            |             | iF        |                       | F           | PIN COD     | E                |              | Ħ      |
| Tel. (Off.)                                  |                             |                    |                      |                    | Tel                       | (Res.)            |   |                    | $\frac{1}{1}$ |                       |             | l c          |            | Fax         | <u> </u>  |                       |             |             |                  |              | =      |
| Email <sup>£</sup>                           |                             |                    |                      |                    |                           | (1 100.)          | <del>                                      </del> |                    |               |                       | <del></del> | Mobile       | $\vdash$   |             |           |                       | <del></del> |             | <del>     </del> | <u> </u>     | 닉      |
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| * Mandatory information ** Mandatory in case |                             |                    |                      |                    | to be r                   | ejected           |   |                    |               | Guardian              |             |              |            |             |           |                       |             |             |                  | Invest       | or.    |
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| Is your Tax Residency / C                    | •                           |                    | •                    |                    | er than I                 | India?            |   | $O_{Ye}$           | s (           | ) <sub>No</sub>       | [Ple        | ase tick     | (O)]       |             |           |                       |             |             |                  |              |        |
| If yes, please indicate all co               | •                           |                    |                      | •                  |                           |                   | ciated T  | ax ID nur          | nber bel      | ow. In case           | of POA      | , the PO     | A holde    | er should   | man       | datorilly fi          | II Annexi   | ure I for a | complete         | details.     |        |
| Category                                     |                             |                    | First A              | Applicant          | /Guard                    | lian              |   |                    |               | Second                | d Applica   | nt           |            |             |           |                       | Third       | l Applica   | int              |              |        |
| Place/City of Birth                          |                             |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| Country of Birth                             |                             |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| Country of Citizenship / N                   | Nationality                 |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| Country of Tax Residency                     | 1                           |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| Tax Payer Reference ID N                     | b.1                         |                    |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
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| Annexure I and Annexur                       | e II are available o        | on the we          | bsite of A           | AMC viz;           | ; www.ic                  | cicipruam         | nc.com (  | or at the li       | vestor S      | Service Ce            | entres (IS  | Cs) of IC    | CICI P     | rudentia    | l Mutu    | ıal Fund.             |             |             |                  |              |        |
| 8 KYC DETAILS                                | 6 (Mandatory                | /)                 |                      |                    |                           |                   |   |                    |               |                       |             |              |            |             |           |                       |             |             |                  |              |        |
| Occupation [Please tid                       |                             | _                  |                      |                    |                           | _                 |   |                    |               | ^                     |             |              | _          |             |           | ^                     |             |             |                  |              |        |
| Sole/First Private Applicant Phouse          | Sector Service<br>wife      | 0,                 | Student              | ector Serv         |                           | 0 <sub>E</sub>    | ovemmore Dec                                      | ent Servio<br>aler | 9             | O Busines<br>O Others | s<br>(Pleas | e specify    | /)         | ofession    |           | Ag                    | riculturis  |             | Retired          |              |        |
| Second Private OHouse                        | Sector Service              |                    | Public Se<br>Student | ector Serv         | vice                      | _                 | ovenmo  | ent Servio<br>aler |               | O Busines O Others    |             | e specify    |            | ofession    | al        | OAg                   | riculturis  | t           | Retired          |              |        |
| Third Private                                | Sector Service              | OI                 |                      | ector Serv         | vice                      | 00                |   | ent Servio         | Э             | O Busines<br>O Others | s           |              | OP         | ofession    | al        | O <sub>Ag</sub>       | riculturis  | t           | ORetired         |              |        |
| Applicant OHouse Gross Annual Incom          |                             |                    | Sluderil             |                    |                           | -                 | OIEX DE   | alei               |               | • Others              | s (Fleasi   | e specily    | /)         |             |           |                       |             |             |                  |              |        |
| Sole/First Applicant                         | O Below 1 Lac               | O <sub>1-5</sub> L |                      | O <sub>5-10L</sub> |                           | O <sub>10-2</sub> | 5Lacs   | 0>25               | Lacs-1        |                       | >1 crore    | 9            |            |             |           |                       |             |             |                  |              |        |
| Second Applicant                             | OR Net worth on Below 1 Lac | 0.00000            | -                    | 100141001          | <u>viduals)</u><br>I0Lacs | 200,000           | 10-25 La  | <sub>0</sub> C     | >251 2        | cs-1 crore            | s on 🕦 [    | ) >1 cro     | re OP      | Netwe       | orth `    | Y (No                 | ot older    | tnan 1      | <u>/ear)</u>     |              | _      |
| Third Applicant                              | O <sub>Below1Lac</sub>      | O <sub>1-5</sub> L |                      |                    | 10Lacs                    |                   | 10-25 La  |                    |               | cs-1 crore            |             | >1 cro       |            |             |           |                       |             |             |                  |              |        |
| Others [Please tick (0)]                     |                             | 100                |                      | 0.1                |                           |                   |   |                    |               |                       |             | - 1 010      |            |             |           |                       |             |             |                  |              |        |
|  | iduals [Please t            | tick (0)1: I       | <b>Q</b> n Poli      | itically Ex        | xposed                    | Person            | (PEP)^  | Ola                | m Relat       | ed to Politic         | ally Exoc   | sed Per      | son (R     | PEP)        | ON        | ot applica            | able        |             |                  |              |        |
| Sole/First For Non-Ind                       | ividuals [Please            | tick (0)] (        | Please a             | attach ma          | andator                   | y Ultima          | te Bene   | ficial Ow          | nership (     | UBO) ded              | claration   | form - R     | efer in    | struction   | no. )     | XX):                  |             |             |                  |              |        |
| Applicant (i) Foreign B                      | xchange/Mone                | v Change           | r Services           | s- 0               | YES O                     | NO; (ii) (        | Gaming.   | /Gamblir           | g/Lotte       | ry/Casino             | Service     | s- 0         |            |             |           |                       | ding/Pa     | awning -    | OYES             | ONC          |        |
|  | Politically Expos           |                    |                      | 120                |                           |                   |   |                    | _             | - 25                  |             |              |            |             |           |                       |             |             |                  |              |        |
| Third Applicant                              | Politically Expos           | sed Perso          | n (PFP)              | M UR               | elated to                 | o Political       | IV Expos  | sed Perso          | n (RPFF       | ) UNo                 | t applicah  | ole          |            |             |           |                       |             |             |                  |              |        |

| hereby nomin   | nate the undermention   | ned nominee(s  | s) to receive t  | the amount to m  | y/our credit in  | event of my/ou   | ur death a  | as ioliov              | vs.  |  | Ť                           | Propo                     | rtion (%) i                           |
|--|---|--|--|--|--|--|---|------------------------|--|--|-----------------------------|---------------------------|---------------------------------------|
|  | d address of Nominee(s)<br>ok if Nominee's address is   | ' I i  | elationship with<br>the Nominee  | Date of Birth  | Nam  | e and address of C   | Guardian  |                        | •  | e of Nominee/Guard<br>ominee is a minor  | dian,                       | which t<br>be shar        | ne units v<br>ed by each<br>e (Should |
|  | st/Sole Applicant's addre   |  | 4  | [To be furnishe  | ed in case the No  | minee is a minor (   | (Mandatory  | 0]                     |  |  |                             |                           | ete to 100°                           |
|  |   |  | Father   |  |  |  |   |                        |  |  |                             |                           |                                       |
|  | Nominee 1   |  | Mother<br>Legal guardian   |  |  |  |   |                        |  |  |                             |                           |                                       |
|  |   | 10000  | <u>Legarguaruari</u><br>  Father   |  |  |  |   |                        |  |  |                             |                           |                                       |
|  | Nominee 2   |  | Mother   |  |  |  |   |                        |  |  |                             |                           |                                       |
|  | . 10.12.002   |  | Legal guardian   |  | <u> </u>   |  |   |                        |  |  | $\rightarrow$               |                           |                                       |
|  |   |  | ] Father<br>] Mother   |  |  |  |   |                        |  |  |                             |                           |                                       |
|  | Nominee 3   | 1  | Legal guardian   |  |  |  |   |                        |  |  |                             |                           |                                       |
| NVESTOR  | (S) DECLARATI   | ON & SIGN  | ATURE(S)   |  | <u> </u>   |  |   |                        |  |  |                             |                           |                                       |
|  | l Prudential Mutual Fund  |  |  | d hereby agree to ab   | nide by the Scher  | ne Information Do  | oa iment/Ke   | ev Inform              | ation Men  | norandum of the So   | heme(s                      | s) Foreiar                | Account                               |
| Compliance Act   | t (FATCA) and Commor  | n Reporting Stand  | lards (CRS). IM  | Ve apply for the units   | of the Fund and  | agree to abide by  | ythe terms,   | condition              | ns, rules a  | nd regulations of the  | schem                       | ne and oth                | er statuto                            |
| irements of SEI  | BI, AMFI, Prevention of   | f Money Launder  | ring Act, 2002 a   | and such other regu  | ulations as may  | oe applicable fro  | om time to ti   | ime. IW                | e confirm  | to have understoo  | od the in                   | vestmen                   | t objectiv                            |
| stment pattern,<br>are that the amo  | and risk factors applica<br>ount invested in the Sch  | ble to Plans/Option  | ons under the S<br>oritimate source  | Scheme(s). I/We h<br>es only and is not de   | ave not received<br>esigned for the n  | nor been induct  | ed by any r<br>vention or e   | rebate or<br>evasion c | gitts, dire  | ectly or indirectly, in<br>Regulations or an   | making<br>v other:          | g this inve<br>applicable | stment. I/<br>- laws                  |
| ted by the Gove  | remment of India or any   | Statutory Authorit   | ty. We agree t   | hat in case my/our   | investment in the  | e Scheme is equ  | al to or mor  | re than 2              | 5% of the  | corpus of the plan,  | , then IC                   | CICI Prud                 | ential Ass                            |
| agement Co. Li   | td. (the 'AMC'), has full r   | ight to refund the   | excess to me/u   | us to bring my/our in  | vestment below   | 25%. We here   | by declare  | thatlam                | /we are n  | ot US Person(s). M   | We here                     | eby deck                  | re that l/v                           |
| ave any existino<br>of trail commiss   | g Micro SIPs which toge<br>sion or any other mode),   | u ier with the curre<br>pavable to him fo  | er it application w<br>or the different co   | viii resuit in a total inv<br>ompetina Schemes   | esuments excee<br>of various Mutur   | uii ig rks.50,000 ir<br>al Funds from am   | na year. Th<br>nongstwhic   | ne AKINT<br>the Sch    | ioiuer nas<br>heme is h                              | o uisciosea to me/us<br>peina recommender  | a⊪tneo<br>dtome/            | vornmissi<br>/us.         | oris (in the                          |
| REGISTRATION   | ON OF I-PRU TOUCH   | FACILITY: We h   | hereby request   | you to register me/u   | us for availing the  | facility of 'I-PRU'  | TOŬCH' ar   | nd carryin             | ng out tran  | sactions of addition   | al purch                    | nase/rede                 | emption/                              |
| h in my/our folio  | o through Call Centre ar<br>al Fund) to call/email or   | nd/or also authoriz  | ze the distributo  | or(s) to initiate the ab   | ove transactions   | on my/our beha   | alf. In this re   | gard, l/w              | e also au  | thorize the AMC, or  | n behalf                    | f of ICICI                | Prudentia                             |
| ommon applica  | ation form will be used a   | as registered mobi   | ile number for v   | erification and conf   | imation of trans   | actions. If the tran   | nsaction is o   | delayed o              | or not effe  | cted at all for reaso  | ns of inc                   | complete                  | or incorre                            |
| nation or non-c  | confirmation/verification   | of the transaction   | n due to any rea   | ason, I/we shall not   | hold AMC, Mut  | ual Fund, its spo  | onsors, repr  | resentati              | ves, servi   | ce providers, partic   |                             |                           |                                       |
|  | vould not be liable for ar  |  |  |  |  |  |   |                        |  |  |                             |                           | as , el                               |
| hereby confirm   | that the information/doc  | uments provided  | by me/us in this   | s form are true, corre   | ect and complete   | in all respect. IM   | Ve hereby a   | agree and              | d confirm  | to inform AMC pron   | nptly in o                  | case of a                 | ny chang                              |
| interested in re   | eceiving promotional ma   | terial from the AM   | /IC via mail, SM   | 1S, telecall, etc. If yo   | u do not wish to   | receive, please c  | call on tollfre   | e no. 18               | 00 222 9   | 99 (MTNL/BSNL) c   | or 1800 :                   | 200 6666                  | 6 (Others)                            |
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