



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.

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIIN)
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Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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 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.

1. EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name Mr. Ms. M/s FIRST MIDDLE LAST FOLIO No.

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* KYC Id No. ¥ Enclosed (Please ✓) KYC Acknowledgement Letter Date of Birth**

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* KYC Id No. ¥ Relationship with Minor applicant Natural guardian Enclosed (Please ✓) Court appointed guardian KYC Acknowledgement Letter

2nd Applicant (Name should match with PAN Card)

PAN/PEKRN* KYC Id No. ¥ KYC Proof Attached (Mandatory)

3rd Applicant (Name should match with PAN Card)

PAN/PEKRN* KYC Id No. ¥ KYC Proof Attached (Mandatory)

¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

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 Savings Current NRE NRO FCNR
Name & Branch of Bank
Branch City 9 Digit MICR Code 11 Digit IFSC
Enclosed (Please ✓): Bank Account Details Proof Provided.

4. INVESTMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

Scheme Name: ICICI PRUDENTIAL Plan: _____

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: Growth/Cumulative Dividend SUB-OPTION: Dividend Reinvestment Dividend Payout
Dividend Frequency: _____ OR AEP- Regular® OR Appreciation 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: 1st 7th 10th 15th 20th 25th SIP Frequency Monthly Quarterly

5. PAYMENT DETAILS

Mode of Payment Cheque DD Funds Transfer NEFT RTGS
Investment Amount A DD Charges (if applicable) B Total Amount A + B

Cheque / DD Number Date D D M M Y Y Y Y

BANK DETAILS: Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the details below]

Account Number Account Type Savings Current NRE NRO FCNR

Name & Branch of Bank

Branch City Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) Cheque Copy Bank Statement 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.

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