

COMMON APPLICATION FORM

(Please read the instructions before investing)

• Lumpsum Investment • Systematic Investment Plan (SIP).
SIP payment options: Bank Standing Instruction • Auto Debit (ECS) • Post Dated Cheques



ARN - 83535
SHAN WEALTH

Sub-broker Code

Serial Number, Date & Time of Receipt

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 FOR EXISTING UNITHOLDERS [Refer to Instruction II(a)]

Folio No. [Grid] / [Grid]

Application No.

If you have an existing folio with PAN validation & KYC validation (if applicable), please mention the folio number in the space provided and proceed to Step 4.

2 ABOUT YOU

Name of First Applicant

Mr. Ms. M/s. [Grid] Date of Birth (Mandatory) [Grid]

Name of Guardian (in case of minor) / Contact Person (In case of non-individual investors)

Mr. Ms. [Grid] Status [Please tick (✓)]

- Minor Trust
- NRI/PIO Bank/FI
- Resident Individual AOP/Bol
- HUF Club/Society
- Sole Proprietorship Company
- Partnership Firm FII
- Others (Please specify)

Mailing Address (Please provide full address) (Mandatory)

[Grid] City (Mandatory) [Grid] PIN (Mandatory) [Grid]
State (Mandatory) [Grid] Country [Grid]

Contact Details

Tel. (Res.) [Grid] Tel. (Off.) [Grid] Mobile [Grid]
E-Mail [Grid]

Communication: As a part of the *Go Green* initiative, Account Statement/Annual Report/other statutory information will be sent only by email to the above mentioned email ID.

Please tick (✓) if you wish to receive Account Statement/Annual Report/other statutory information via physical documents instead of email.

Overseas Address (in case of NRIs/FIIs)

[Grid] City [Grid] ZIP/PIN (Mandatory) [Grid]
State [Grid] Country (Mandatory) [Grid]

Name of Second Applicant

Mr. Ms. [Grid]

Name of Third Applicant

Mr. Ms. [Grid]

PAN & KYC [Please refer the instruction Nos.II-b(4), V(I), X] (Mandatory)

APPLICANT DETAILS	PAN (Please attach proof)	Know Your Customer (KYC) (Please ✓)	Mode of holding [Please tick (✓)]	Occupation [Please tick (✓)]
1st Applicant	[Grid]	<input type="checkbox"/> KYC acknowledgement /Copy enclosed	<input type="checkbox"/> Single	<input type="checkbox"/> Professional <input type="checkbox"/> Housewife
Guardian (in case 1st applicant is minor)	[Grid]	<input type="checkbox"/> KYC acknowledgement /Copy enclosed	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Business <input type="checkbox"/> Service
2nd Applicant	[Grid]	<input type="checkbox"/> KYC acknowledgement /Copy enclosed	<input type="checkbox"/> Joint	<input type="checkbox"/> Retired <input type="checkbox"/> Student
3rd Applicant	[Grid]	<input type="checkbox"/> KYC acknowledgement /Copy enclosed	(Default option: Anyone or Survivor)	<input type="checkbox"/> Others (Please specify)

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Refer instruction No.III)

MANDATORY

Bank Particulars (Name of the Bank) [Grid]

Branch Address [Grid] City [Grid]

Account Number [Grid] Account Type [Grid] Current Savings NRO NRE

9 Digit MICR code [Grid] IFSC Code (11 digit) [Grid]

If "Mandatory Details" are not provided, your application is liable to be rejected.



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

Application No.

Received from:

[Grid] Address [Grid]

Signature, Stamp & Date

Application for Units of ICICI Prudential

Option :

4 INVESTMENT DETAILS (Refer Instruction No.IV) • PLANS, OPTIONS & SUB-OPTIONS (See the Key Features for Scheme specific options & sub-options)

NAME OF THE SCHEME (Please leave one box blank between words)										[Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest]									
I C I C I P R U D E N T I A L										<input type="checkbox"/> Retail		<input type="checkbox"/> Dividend Payout		<input type="checkbox"/> Growth/ Cumulative		<input type="checkbox"/> AEP-Regular*			
										<input type="checkbox"/> Institutional		<input type="checkbox"/> Dividend Reinvestment		<input type="checkbox"/> AEP-Appreciation		AEP frequency: _____			
										Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly									
<input type="checkbox"/> Dividend Transfer Plan (DTP) (Please refer to instruction No. IV (f): Scheme Name: _____										Option: _____									

PAYMENT DETAILS (LUMP SUM INVESTMENT / FIRST CHEQUE FOR SIP)																			
Amount Paid (A)					DD Charges (B)					Amount Invested (C) = (A) + (B)									
Rs. _____					Rs. _____					Rs. _____									
Bank Name & Branch										City									
Cheque/DD No.										Cheque/DD Date					Account Type (For NRI Investors)				
										D D M M Y Y					<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR				

SIP through	
<input type="checkbox"/> Standing Instruction/Direct Debit	<input type="checkbox"/> ECS <input type="checkbox"/> PDCs
SIP Frequency [Please tick(✓)]	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default is Monthly)
<input type="checkbox"/> SIP TOP UP (Optional)	
TOP UP Amount*:	
Rs. _____	
*TOP UP amount has to be in multiples of Rs.500 only.	
TOP UP Frequency (Mandatory):	
<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
[In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. Please refer to the instruction V(k)]	

SUBSEQUENT SIP INSTALLMENT DETAILS THROUGH PDCS											
Cheque Number From			Cheque Number To			Number of Cheques		Installment Amount		Rs. _____	
Start From			End to			SIP Date		<input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th			
M M Y Y Y Y			M M Y Y Y Y			Drawn on Bank & Branch					

*Cumulative – AEP Regular Option : Encashment of Units is subject to declaration of dividend in the respective Scheme(s). Please refer to instruction no. IV(c).

<input type="checkbox"/> Trigger Please (✓) (Trigger can be done only from ICICI Prudential Target Returns Fund – Growth sub-option)									
NAV appreciation (Please ✓) <input type="checkbox"/> 12% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> 100%					Trigger Amount <input type="checkbox"/> Appreciation amount only <input type="checkbox"/> All units				
Amounts/units to be triggered to Retail Option under (Please ✓): ICICI Prudential Floating Rate Plan – <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B					Sub-options (Please ✓): Growth AEP* – <input type="checkbox"/> Appreciation <input type="checkbox"/> Regular				
<input type="checkbox"/> ICICI Prudential Liquid Plan <input type="checkbox"/> ICICI Prudential Short Term Plan <input type="checkbox"/> ICICI Prudential Income Plan					<input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend Pay-out <input type="checkbox"/> Dividend Reinvestment				
Default Trigger Options: NAV appreciation: 20%; Scheme: ICICI Prudential Liquid Plan - Growth Option. *Cumulative - AEP Regular option: Encashment of units is subject to declaration of dividend into respective scheme(s).									

<input type="checkbox"/> Micro SIPs Please (✓) (Investment of equal to or less than Rs.50,000/- per annum under SIP registration) (Please refer instruction No. V(I))									
Required only in case of PAN not provided.									
Photo Identification Document Type (Mandatory)					ID Card No. / Reference No.				
1st Applicant									
2nd Applicant									
3rd Applicant									

5 NOMINATION DETAILS (Optional) • For Single nomination, please fill in the details below. • For multiple nominations, please use the form available separately.

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Name of the Nominee										Date of Birth (If nominee is minor)									
Mr. Ms. M/s										D D M M Y Y Y Y									
Address of Nominee (Please provide full address)										PIN Code									
Name of the Guardian (If nominee is minor) - Mandatory										Relationship with minor									
Address of Guardian										Signature of Guardian									
										PIN Code									

6 YOUR CONFIRMATION/DECLARATION

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). 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 bring my/our investment below 25%. I/We hereby declare that I am/we are not US Person(s).										DD MM YYYY		SIGNATURE(S)					
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, telecall, etc.												SIGNATURE(S)					
If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).																	

✂										✂									
										FOLIO No.: _____									
Cheque/DD No.					Dated					Amount (Rs.)					Drawn on (Name of Bank & Branch)				
ACKNOWLEDGEMENT SLIP (To be filled in by the investor)																			
<input type="checkbox"/> SIP TOP UP					Amount Rs. _____					Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly									

Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where application was lodged.