

# Common Application Form for Lump sum/Systematic Investments Plan

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.

<b>ARN-92245</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	<b>E092536</b>
#By mentioning RIA/PMRN 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 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	

## 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.

Existing Folio No.

## 1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per the PAN)

**SOLE / 1<sup>ST</sup> APPLICANT** Mr. Ms. M/s FIRST MIDDLE LAST

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

LEI Number (Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above. See Instruction No. XVI, page no. 48)

**NAME OF GUARDIAN** (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors) Mr. Ms. FIRST MIDDLE LAST

PAN/PEKRN\* | KYC Proof Attached (Mandatory) Relationship with Minor applicant: ☐ Natural guardian ☐ Court appointed guardian Date of Birth

**2<sup>ND</sup> APPLICANT** Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No.¥ ☐ KYC Proof Attached (Mandatory) Date of Birth

**3<sup>RD</sup> APPLICANT** Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN\* KYC Id No.¥ ☐ KYC Proof Attached (Mandatory) Date of Birth

If mandatory information left blank, the application is liable to be rejected. ¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

## 2. 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.

## 3. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme name below:

ICICI Prudential Plan: **Regular** Option:

For investors investing in Income Distribution cum Capital Withdrawal (IDCW) option of the Scheme may note that the amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

## 4. 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]

A/c 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](http://www.icicipruamc.com) or ICICI Prudential Mutual Fund branch offices.

## ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

Name of the Investor:

EXISTING FOLIO NO. /

TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: [enquiry@icicipruamc.com](mailto:enquiry@icicipruamc.com) WEBSITE: [www.icicipruamc.com](http://www.icicipruamc.com)

5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)\*

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWNSTATE

COUNTRYPIN CODE

Tel. Office Residence Mobile

Email

Mobile No./ Email id\* provided pertains to: [Please tick (✓)]

Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA Family

\*if above any option is not ticked (✓) or selected then [Self] option is considered as a default.

Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)]

Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]

Please any of the frequencies to receive Account Statement through e-mail: 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 and/or if investing in Retirement Fund. ‡ 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

6. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

7. TAX STATUS [Please tick (✓)]

Resident Individual NRI Partnership FIRM Government Body FPI category I NPS Trust Bank

On behalf of Minor Company AOP/BOI FPI category II NON Profit Organization/Charities FPI category III Mutual Funds

HUF Body Corporate Private Limited Company Public limited company Mutual Funds FOF Schemes Defence Establishment

Financial Institution Trust/Society/NGO Limited Partnership (LLP) Sole Proprietorship Others (Please specify)

8. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)

NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only)

9. 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

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			Indian U.S. Others (Please specify)
Second Applicant			Indian U.S. Others (Please specify)
Third Applicant			Indian U.S. Others (Please specify)

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]  
If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A B C
Second Applicant				Reason : A B C
Third Applicant				Reason : A B C

Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.  
Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)  
Reason C ⇒ Others, please state the reason thereof:

Address Type of Sole/1st Holder: Residential Registered Office Business

Address Type of 2nd Holder: Residential Registered Office Business

Address Type of 3rd Holder: Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

10. KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired

Housewife Student Forex Dealer Others (Please specify)

Second Applicant

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired

Housewife Student Forex Dealer Others (Please specify)

Third Applicant

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired

Housewife Student Forex Dealer Others (Please specify)

Gross Annual Income [Please tick (✓)]

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 D M M Y Y Y Y (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 ₹

Scheme Name	Plan	Option/Sub-option	Payment Details
	Regular		Amt. Cheque/DD No. dtd. Bank & Branch

Others

Please tick (✓)

Sole/First Applicant

For Individuals

Please tick (✓):

☐ I am Politically Exposed Person (PEP)

☐ I am Related to Politically Exposed Person (RPEP)

☐ Not applicable

For Non-Individuals

Please tick (✓)

(Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)):

(i) Foreign Exchange / Money Changer Services – ☐ YES ☐ NO; (ii) Gaming / Gambling / Lottery / Casino Services – ☐ YES ☐ NO; (iii) Money Lending / Pawning – ☐ YES ☐ NO

Second Applicant

☐ Politically Exposed Person (PEP)

☐ Related to Politically Exposed Person (RPEP)

☐ Not applicable

Third Applicant

☐ Politically Exposed Person (PEP)

☐ Related to Politically Exposed Person (RPEP)

☐ Not applicable

11. NOMINATION DETAILS (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) <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's Relationship with the Nominee	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 Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor (Mandatory)]			
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (optional)				
Nominee 1	PAN	Mobile	Email ID	
Nominee 2	PAN	Mobile	Email ID	
Nominee 3	PAN	Mobile	Email ID	

**INVESTOR(S) DECLARATION & SIGNATURE(S):** To 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(s), 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 bring 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, telecall, etc. If you do not wish to receive, please call on tollfree no. **1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

Sole/1st Applicant

2nd Applicant

3rd Applicant



# PAN BASED MANDATE CUM SIP REGISTRATION FORM

[For investment through NACH (Not eligible for Minors Bank Account)]



## PAN BASED MANDATE

Tick (✓)

CREATE

MODIFY

CANCEL

I/We hereby authorize

ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED

to debit (tick ✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

Maximum Amount (Rupees in words)

₹

FREQUENCY

☒ Mthly

☒ Qtrly

☒ H-Yrly

☒ Yrly

☒ As & when presented

DEBIT TYPE

☒ Fixed Amount

☒ Maximum Amount

PAN

Mobile No.

Reference

APPLICATION NUMBER

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or


Sign:

Sign:

Sign:

1.

Name as in bank records

2.

Name as in bank records

3.

Name as in bank records

**Declaration:** I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participants in NACH/ST/any other mode as may be preferred by the AMC from time to time. I/We hereby confirm adherence to the terms of this facility offered by ICICI Prudential Asset Management Company Limited (the AMC) as specified in Terms & Conditions under Registration of OTM/PAN Based Mandate Facility and amended from time to time and of NACH (Debits). **Authorization to Bank:** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating/amendment to the User entity/corporate or the or the bank where I have authorized the debit. This is to inform that I/we have registered for this facility and that my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank and to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.



## SIP Registration-Cum-Mandate Form for SIP

Application No.

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS.

ARN - 92245

SUB-BROKER ARN CODE

SUB-BROKER CODE  
(As allotted by ARN holder)

E092536

#By mentioning RIA/PMRN 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.

**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY:** 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.

**Declaration for "execution-only" transaction (only where EUIN box is left blank) - 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 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

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

FOLIO NO.

Date of Birth

D D M M Y Y Y Y

☐ Registration via Existing OTM [Please tick (✓)]

Sole/1st Applicant:

Mr./Ms./M/s

FIRST

MIDDLE

LAST

Scheme: ICICI PRUDENTIAL

PLAN: Regular

OPTION: SUB-OPTION: INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION

FREQUENCY: AEP FREQUENCY

Please refer instructions and Key Scheme Features for options, sub-options and other facilities available under each scheme of the Fund.

Each SIP Amount: Rs.

In words:

SIP Frequency: ☐ Daily (Only business days) ☐ Weekly\*\*\* ( ) ☐ Fortnightly\*\* ☐ Monthly ☐ Quarterly\*

\*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. \*\*Fortnightly is available on 1st and 16th of each month, as applicable. \*\*\*Investors can choose any day of the week from Monday to Friday to register under weekly frequency. #In case the chosen date is a non-business day, the transaction would be processed on the next business day. ^ Number of installments have to be mentioned only in case of Daily/Weekly/Fortnightly frequencies. [Refer T&C no.12(f)]

SIP Date#:

D D

SIP Start Month/Year

M M Y Y Y Y

SIP End Month/Year

M M Y Y Y Y

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS:

Cheque/DD No.

Cheque/DD Amount Rs.

A/c No.

Bank Name:

☐ SIP TOP UP (Optional)  
(Tick to avail this facility)

Percentage: ☐ 10% ☐ 15% ☐ 20%

other (multiples of 5% only)

TOP UP Amount: Rs.

\* TOP UP amount in multiples of Rs.100 only.

Frequency: ☐ Half Yearly ☐ Yearly

SIP TOP UP CAP Amount:

Rs. OR

Month-Year#:

M M Y Y Y Y

\*Investor has to choose only one option - either CAP Amount or CAP Month-Year

### DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL - PLEASE REFER INSTRUCTION NO. 19)

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

(Please sign overleaf)



## ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

Folio No./ Application No.

Name of the Investor:

Scheme: SIP Amount Rs. SIP Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

☐ SIP TOP UP Amt. Rs. TOP UP CAP: ☐ Amt:Rs. OR ☐ Month-Year: M M Y Y Y Y

Acknowledgement Stamp