

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)/ ARN-167174	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUN) E038800
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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 EUN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUN 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 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 & KYC validation, please mention your name & folio No.

Name	Mt. 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	Mt. Ms. M/s	FIRST	MIDDLE	LAST
PAN/ PEKRN*		Enclosed (Please ✓) ^{S*} <input type="radio"/> KYC Acknowledgement Letter		Date of Birth** D D M M Y Y Y Y
Name of * #	Mt. 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	Enclosed (Please ✓) ^{S*} <input type="radio"/> KYC Acknowledgement Letter	
		<input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian		

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"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
	Name of Bank			
	Branch Name	Branch City		
	9 Digit MICR code	11 Digit IFSC Code	Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.	

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

For Plans & 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)
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Scheme Name: ICICI PRUDENTIAL

Option & Sub option (Please ✓ 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 st <input type="radio"/> 7 th <input type="radio"/> 10 th <input type="radio"/> 15 th <input type="radio"/> 20 th <input type="radio"/> 25 th	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	₹ A	DD Charges (if applicable)	₹ B
Cheque / DD Number		Amount Invested	₹ A + B
BANK DETAILS:	<input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) 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"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Name of Bank			
Branch Name	Branch City		
Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) <input type="radio"/> Cheque Copy <input type="radio"/> Bank Statement <input type="radio"/> 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.

Tax Status [Please tick (✓)]

<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)		

(Please ✓)

(Please ✓)	Depository Participant (DP) ID (NSDL only) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>	The application form should mandatorily accompany the latest Client investor master/ Demat account statement.
<input type="radio"/> NSDL OR <input type="radio"/> CDSL	Depository Participant (DP) ID (CDSL only) <input type="text"/>		

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	
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[illegible]

Please tick (✓) ☒ 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 ☒ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

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.	* 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)
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⁵ For KYC requirements, please refer to the instruction Nos. II b(5) & X

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

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? ☐ Yes ☒ No [Please tick (✓)]

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 mandatorilly fill Annexure I for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
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.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

8 | KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

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 (✓)]

Sole/First Applicant	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore									
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM/YYYY (Not older than 1 year)									

Second Applicant	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore OR Net worth ₹
Third Applicant	<input type="radio"/> Below 1 Lac	<input type="radio"/> 1-5 Lacs	<input type="radio"/> 5-10 Lacs	<input type="radio"/> 10-25 Lacs	<input type="radio"/> >25 Lacs-1 crore	<input type="radio"/> >1 crore OR Net worth ₹

Others [Please tick (✓)]

Sole/First Applicant	For Individuals [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) ^ <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> 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 – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO		
Second Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^	<input type="radio"/> Related to Politically Exposed Person (RPEP)	<input type="radio"/> Not applicable
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^	<input type="radio"/> Related to Politically Exposed Person (RPEP)	<input type="radio"/> Not applicable

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)	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 <i>(Mandatory)</i>]			
Nominee 1					
Nominee 2					
Nominee 3					

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). 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). 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.

FOR REGISTRATION OF I-PRU TOUCH FACILITY: I/we hereby request you to register me/us for availing the facility of 'I-PRU TOUCH' and carrying out transactions of additional purchase/ redemption/ switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. I/We are interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on toll free no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).


SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

		IPRUTOUCH - ONE TIME MANDATE (OTM) FORM (For Individual, Sole Proprietor & HUF only)																								
		UMRN											Date													
Tick <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY CANCEL		Sponsor Bank Code					FOR OFFICE USE ONLY					Utility Code					FOR OFFICE USE ONLY									
		I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick <input checked="" type="checkbox"/>) 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 TO BE MENTIONED															₹									
FREQUENCY		<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtrly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented										DEBIT TYPE					<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount									
Folio No.																	Mobile No.									
Reference		NOT REQUIRED IF FOLIO NUMBER IS MENTIONED															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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
To <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
Or <input type="checkbox"/> Until Cancelled	1. <u>Signature Primary Account holder</u>	2. <u>Signature of Account holder</u>	3. <u>Signature of Account holder</u>				
	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 participation in NACH. I/we hereby confirm adherence to the terms of OTM facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH (Debits). **Authorisation 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 the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit. This is to inform that I/we have registered for NACH (Debit Clearing) facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/we authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

	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. <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px; margin-top: 5px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px; margin-top: 5px;"></div>	
Name of the Investor: _____		<div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px; margin-top: 5px;"></div> EXISTING FOLIO NO. <div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px; margin-top: 5px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px; margin-top: 5px;"></div>	
Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US

ICICI Prudential Asset Management Company Limited

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063, India

TOLL FREE NUMBER 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL** enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com

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SIP REGISTRATION CUM MANDATE FORM

Application No.

[For investment through NACH/ECS/SI/Auto Debit]

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)/RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
#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) - 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:

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.

Please tick (✓) ☐ New Registration ☐ Cancellation ☐ Existing UMRN

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.

Sole/First Applicant's Name

Mr. Ms. M/s FIRST MIDDLE LAST Folio No.

Scheme Name: ICICI PRUDENTIAL PLAN: ☐ Regular ☐ Direct

OPTION: SUB-OPTION: Dividend Frequency: AEP Frequency:

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

FIRST INSTALLMENT THROUGH CHEQUE/DD First Cheque/DD No. Dated

Drawn on Bank Amount Rs.

Bank Branch City

Each SIP Amount: Rs. Rupees in words:

SIP TOP UP (Optional) TOP UP Amount: Rs. TOP UP Frequency: ☐ Half Yearly ☐ Yearly

(Tick to avail this facility) * TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Terms & Conditions No. B(6)]

SIP TOP UP CAP: Amount*: Rs. OR Month-Year*: M M Y Y Y Y Y

* TOP-UP CAP Amount: Please refer to T&C No. B[6-h(i)] # TOP-UP CAP Month-Year: Please refer to T&C No. B[6-h(i) & (ii)]

DEMAT ACCOUNT DETAILS [Optional - Please refer Instruction No. B(8)]

☐ NSDL Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only)

OR (Please ☐ CDSL Depository Participant (DP) ID (CDSL only)

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

YOUR CONFIRMATION/DECLARATION: 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 as described in the Instruction No.IV(d) of the common application form. 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. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

Sole/First Holder 2nd Holder 3rd Holder

EASY PAY DEBIT MANDATE INSTRUCTION

UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓) CREATE/ I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY Bank a/c number

CANCEL 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

Folio No. 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 ☒ -Until Cancelled-

Signature Primary Account holder Signature of Account holder Signature of Account holder

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 participation in NACH/ECS/SI/Auto Debit. I/We hereby confirm adherence to the terms of EASY PAY facility offered by ICICI Prudential Asset Management Company Limited (the AMC) and as amended from time to time and of NACH/ECS/SI/Auto Debit. Authorisation 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 the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit. This is to inform that I/we have registered for NACH/ECS/SI/Auto Debit facility and that my/our payment towards my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the bank to debit my/our account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Name of the Investor: SIP Amount Rs. Scheme Name: Option:

SIP Frequency: ☐ Monthly ☐ Quarterly

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

Folio No./ Application No. Acknowledgement Stamp

TERMS AND CONDITIONS

A) SIP Payment through NACH/ECS/SI/Auto Debit

- The bank account provided for NACH/ECS/SI/Auto Debit should be participating in MICR and NACH clearing respectively.
- SIP auto debit is available only on specific dates of the month viz. 1st/7th/10th/15th/20th/25th. In case 1st/7th/10th/15th/20th/25th is a holiday, then next business day. In case the Debit does not take effect for three consecutive times then the SIP would be liable for cancellation.

- In case of SIP transaction where the mode of payment is through NACH/ECS/SI/Auto Debit, investors are not required to do an initial purchase transaction for the minimum amount as applicable. However, investors are required to submit SIP request at least 30 days prior to the date of first installment. In case of incomplete mandate form, AMC may initiate remediation process to obtain incomplete details. This process may exceed 30 days and in such case it may also impact the registration of the SIP facility and subsequent installments. SIP start date shall not be beyond 100 days for Monthly and Quarterly SIPs from the date of submission of SIP application.

The applicant will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the ICICI Prudential Mutual Fund Customer Service Centres. Notice of discontinuance should be received 30 days prior to the subsequent SIP date.

All terms and conditions for SIP, including Exit Load, if any, prevailing in the date of SIP enrolment/registration by the fund shall be levied in the Scheme.

- The investor agrees to abide by the terms and conditions of NACH/ECS/SI/Auto Debit facilities of Reserve Bank of India (RBI).
- Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles for NACH/ECS/SI/Auto Debit.
- If mandate is not registered through NACH mode or/and if frequency opted is other than "as and when presented", mandate will not be considered as one time mandate.
- ICICI Prudential Mutual Fund reserves the right to reject any application without assigning any reason thereof.
- In case of "At Par" cheques, investors need to mention the MICR number of his actual bank branch.
- New Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP as per the scheme name available in the main application form. In case multiple schemes are mentioned in the main application form, the Fund reserves the right to reject the SIP request.
- Existing Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, the Fund reserves the right to register the SIP in the existing scheme (eligible for SIP) available in the investor's folio. In case multiple schemes or Equity Linked Savings Scheme (ELSS) are available in the folio, the Fund reserves the right to reject the SIP request.
- In case SIP date is not selected or the date mentioned is not legible or clear or multiple SIP date are opted, then the SIP will be registered on 10th (default date) of each Month/Quarter as applicable. Further, in case SIP registration through NACH, if multiple SIP dates are opted, SIP will be registered for all opted dates.
- If the investor has not mentioned the SIP start month, SIP will start from the next applicable month, subject to completion of 30 days lead time from the receipt of SIP request.
- In case the SIP 'End Period' is incorrect or not mentioned by the investor in the SIP form, then 5 years from the start date shall be considered as default 'End Period'.
- Maximum Amount:** The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction. Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

- Change of Amount:** Investors can change the SIP amount by submitting the following documents 30 days before the next SIP debit date.

- A new 'SIP' Form with revised SIP amount details.
- Letter to discontinue the existing SIP

- Conversion of PDC facility in to NACH/ECS/SI/Auto Debit Facility:** Investor with existing SIP facility through Post Dated Cheques can also avail of this facility by submitting the following documents 30 days before the next SIP Debit date

- A new 'SIP' Form along with one cancelled cheque.
- Letter requesting to cancel the existing SIP through PDCs and for returning all the remaining PDCs.

- Mandatory fields in EASY Pay form as per NPCI:** • Bank account number and Bank name • IFSC and/or MICR Code • Folio number or application number • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

B) General Instructions

- Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form.

For minimum application amount to be invested in SIP, risk factors, features etc. please refer to the Key Scheme Features.

- If the investor selects multiple SIP frequencies or fails to choose any of them, the default SIP frequency will be Monthly.

- ICICI Prudential Mutual Fund, its registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
- The Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.
- For load structure of the schemes, please refer to the Key Scheme Features.

6. SIP TOP UP Facility:

- Investors can opt for SIP TOP UP facility, wherein the amount of the SIP can be increased at fixed intervals.
- The TOP UP amount has to be in multiples of Rs.500 only.
- The frequency is fixed at Yearly and Half Yearly basis. In case the TOP UP facility is not opted by ticking the appropriate box and frequency is not selected, the TOP UP facility may not be registered.
- In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP.

Please see the illustration below to know how to calculate SIP Top-Up amount:

• SIP Tenure: 07 Jan 2015 to 07 Dec 2016 • Monthly SIP Installment: Rs. 2000/-					
• TopUp Amount: Rs. 1000/- • TopUp Frequency: 6 months					
Installment No(s)	From Date	To Date	Monthly SIP Installment Amount (₹)	SIP Top-Up Amount (₹)	Increased Monthly SIP Amount (₹)
1 to 6	7-Jan-15	7-Jun-15	2,000	N.A.	2,000
7 to 12	7-Jul-15	7-Dec-15	2,000	1,000	3,000
13 to 18	7-Jan-16	7-Jun-16	3,000	1,000	4,000
19 to 24	7-Jul-16	7-Dec-16	4,000	1,000	5,000

- SIP TOP UP will be allowed in Micro SIP folio subject to condition that total investment including SIP TOP UP does not exceed Rs. 50,000/- in a rolling 12 month period or financial year i.e. April to March, the limit on Micro SIP investments.
- If the investor selects multiple SIP dates and opted for Top-Up facility, top-up will be applicable for all the dates opted by the investor.
- The investor agrees to avail the TOP UP facility for SIP and authorize his/her bank to execute the NACH/ECS/SI/Auto Debit for a further increase in installment from his/her designated account.
- TOP-UP CAP:**
 - Cap Amount:** Investor has an option to freeze the SIP Top-Up amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the bank mandate. In case of difference between the Cap amount & the maximum amount mentioned in bank mandate, then amount which is lower of the two amounts shall be considered as the default amount of SIP Cap amount.
 - Cap Month-Year:** It is the date from which SIP Top-Up amount will cease and last SIP installment including Top-Up amount will remain constant from Cap date till the end of SIP tenure.

Investor shall have flexibility to choose either Top-Up Cap Amount OR Top-Up Cap Month-Year. In case of multiple selection, Top-Up Cap Amount will be considered as default selection.

- The investor hereby agrees to indemnify and not hold responsible, the AMC and its employees, the R&T agent and the service providers in case his/her bank is not able to effect any of the payment instructions for whatsoever reason.
- Demat/Non-Demat Mode:** Investors have an option to hold the Units in dematerialized form. By providing DP details, Units shall be directly credited to the investor's demat account after the realization of funds and depositories will issue a statement. Applicants must ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

If the details mentioned in the application are incomplete/incorrect or not matched with the Depository data, the application shall be treated as invalid and the units would be allotted in Non-Demat mode. The application form should mandatorily accompany the latest Client investor master/ Demat account statement. Demat option will be not be available for Daily/Weekly/Fortnightly dividend options. Investors desiring to get allotment of units in demat mode must have a beneficiary account with a Depository Participant (DP) of the Depositories i.e. National Securities Depositories Limited (NSDL) / Central Depository Services Limited (CDSL).

Allotment letters would be sent to investors who are allotted units in Demat mode and a Statement of Accounts would be sent to investors who are allotted units in Non-Demat mode. Investors are requested to note that Units held in dematerialized form are freely transferable except units held in Equity Linked Savings Scheme's (ELSS) during the lock-in period.

The units will be allotted based on the applicable NAV as per the Scheme Information Document (SID). The investors shall note that for holding the units in demat form, the provisions laid in the SID of respective Scheme and guidelines/procedural requirements as laid by the Depositories (NSDL/CDSL) shall be applicable. In case the unit holder wishes to convert the units held in non-demat mode to demat mode or vice versa at a later date, such request along with the necessary form should be submitted to their Depository Participant(s). Units held in demat form will be freely transferable, subject to the applicable regulations and the guidelines as may be amended from time to time.