



ICICI Prudential Child Care Plan

An open-ended fund

Application Form for Resident Indians and NRIs/PIOs. Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

Application No. _____

ICICI Prudential Child Care Plan - Gift Plan is suitable for investors who are seeking*:

- Long Term Wealth Creation Solution
- A diversified equity fund that aims to generate capital appreciation by investing in equity and equity related securities.

HIGH RISK (BROWN)

ICICI Prudential Child Care Plan - Study Plan is suitable for investors who are seeking*:

- Long term regular income solution
- A hybrid fund that seeks to generate current income by investing in debt, money market instruments and equity and equity related securities.

MEDIUM RISK (YELLOW)

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them

Note: Risk may be represented as: **(BLUE)** Investors understand that their principal will be at low risk **(BROWN)** Investors understand that their principal will be at high risk **(YELLOW)** Investors understand that their principal will be at medium risk

BROKER CODE (ARN CODE) ARNARN-167174	SUB-BROKER ARN CODE	Employee Unique Id (EUIIN) E326136	SUB-BROKER CODE (As allotted by ARN holder)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
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Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIV)
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.

Application No. _____

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

TRANSACTION CHARGES FOR UNITHOLDERS THROUGH DISTRIBUTORS ONLY (Refer Instruction XIII & please tick (✓) any one)

I confirm that I am a **First time** investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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. and proceed to Step 4

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	FOLIO No.															
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2 APPLICANT(S) DETAILS

(Please Refer to Instruction No. II (b)) Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y				
PAN*	Enclosed (Please ✓) [§] <input type="checkbox"/> KYC Acknowledgement Letter																
Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR										OR	CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS				
PAN*	Relationship with Minor applicant <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian												Enclosed (Please ✓) [§] <input type="checkbox"/> KYC Acknowledgement Letter				

3 KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant [Please tick (✓)] Indian Resident Individual On behalf of Minor NRI (Repatriable) NRI (Non-Repatriable) On behalf of NRI - Minor (Repatriable) On behalf of NRI - Minor (Non-Repatriable) Sole Proprietorship HUF - Indian HUF - NRI Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corporate Bank / FI Insurance Company Government Body AOP/BOI Trust/Society Provident Fund Superannuation / Pension Fund Gratuity Fund FOF - MF Schemes FI Private Limited Company Non Government Organisation People of Indian Origin Foreign Portfolio Investor Defense Establishment NPS Trust Global Development Network Foreign National _____ [Please specify category] Others _____ [Please specify]

3b. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ [Please specify]

3c. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on DD / MM / YYYY (Not older than 1 year)

3d. For Individuals [Please tick (✓)] I am Politically Exposed Person (PEP) ^ I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individual Investors (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XV)

i. Foreign Exchange / Money Changer Services YES NO

ii. Gaming / Gambling / Lottery / Casino Services YES NO

iii. Money Lending / Pawning YES NO

^ Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc"
PEP/RPEP information is also applicable for authorised signatories/Promoters/Karta/Trustee/Whole Time Directors/etc.

3e. Any other information:

4 JOINT APPLICANTS, IF ANY AND THEIR DETAILS

Mode of Holding [Please tick (✓)] Joint (Default) Anyone or Survivor

2nd Applicant Name (Should match with PAN Card)	PAN (2nd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)
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a. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ [Please specify]

b. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

c. Others [Please tick (✓)] Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Not Applicable

3rd Applicant Name (Should match with PAN Card)	PAN (3rd Applicant)	<input type="checkbox"/> KYC Proof Attached (Mandatory)
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a. Occupation Details [Please tick (✓)] Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ [Please specify]

b. Gross Annual Income (in Rupees) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

c. Others [Please tick (✓)] Politically Exposed Person (PEP) Related to a Politically Exposed Person (RPEP) Not Applicable

5 Power of Attorney (PoA) Holder Details:

Name of PoA Mr. Ms. M/s. (Should match with PAN Card)	PAN (PoA Holder)	<input type="checkbox"/> KYC Proof Attached (Mandatory)
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6 Correspondence Details of Sole/First Applicant:

Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO.				HOUSE / FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
STREET ADDRESS				STREET ADDRESS			
CITY / TOWN		STATE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. (Off.)		Tel. (Res.)		Fax			
Email [‡]				Mobile			

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.
[‡] 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

7 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 Type Current Savings NRO NRE FCNR **Account Number** _____

Name of Bank _____

Branch Name _____ **Branch City** _____

9 Digit MICR code _____ **11 Digit IFSC Code** _____

Enclosed (Please): Bank Account Details Proof Provided.

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

Name of scheme **ICICI PRUDENTIAL**

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

PLAN: Regular Direct **OPTION:** Growth/Cumulative Dividend Bonus [^] **SUB-OPTION:** Dividend Reinvestment Dividend Payout **OR** AEP- Regular[®] **OR** Appreciation

Dividend Frequency: _____ **AEP Frequency:** _____

[^] Bonus Option, refer instruction no. IV(h) [®] 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)

Micro Investment upto Rs. 50,000/- (Please **Mandatory**. [Please refer instruction No. IV(d)]

Sole/First Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

2nd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

3rd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

SIP Through ECS/Standing Instruction / Direct Debit PDCs[†] **SIP Date** 7th 10th 15th 25th **SIP Frequency*** Monthly Quarterly

Payment details for Lump Sum Investment/details of first cheque for SIP payment through PDCs

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ A DD Charges (if applicable) ₹ B Amount Invested ₹ A + B

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

Bank Name _____

Bank Branch & City _____ **Account Type** Current Savings NRO NRE FCNR

Subsequent SIP Installment Details

From Cheque No. _____ To Cheque No. _____ Amount Invested ₹ PER CHEQUE

No. of Cheques _____ Drawn on _____ BANK / BRANCH

Start Month/Year M M Y Y Y Y End Date 12 / 2016 12 / 2018 Or other please fill in alongside M M Y Y Y Y 12 / 2023 12 / 2099

Please applicable check boxes. [†]PDCs - Post Dated Cheques *Default SIP Frequency is Monthly.
 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.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

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

NSDL **OR** CDSL (Please)

Do you want units in demat form: Yes **OR** No (Please)

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

If yes, Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____

If yes, Depository Participant (DP) ID (CDSL only) _____

6 ASSIGNMENT FOR INSURANCE - Applicable only for investments on behalf of minor* [Please refer to the Personal Accident Insurance Cover Instruction]

I _____ (parent/legal guardian), do hereby assign the amount payable by ICICI Lombard General Insurance Co. Ltd., in the event of my death, to _____ (nominee) my _____. I further declare that his/her receipt shall be sufficient discharge by ICICI Lombard General Insurance Co. Ltd.
 Dated this _____ day of _____ at _____.
 Name (Parent/Legal Guardian): _____
 Address: _____
 * Assignee should be a resident who has attained the age of majority. Signature of Parent/Legal Guardian

7 NOMINATION DETAILS (Refer instruction VIII)

I/We hereby nominate the undermentioned nominee to receive the amount to my/our credit in event of my/our death.

Nominee	NAME OF NOMINEE	Date of Birth	D D M M Y Y <i>(Mandatory if nominee is minor)</i>
Guardian	MANDATORY, IF NOMINEE IS A MINOR		
Relationship with the Nominee: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <i>[Please tick (✓)]</i>			
Nominee's Address <i>(Mandatory)</i>	HOUSE / FLAT NO	STREET ADDRESS	
	CITY / TOWN	PIN CODE	SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR

8 YOUR CONFIRMATION

The Trustee, **ICICI Prudential Mutual Fund** – I/We have read and understood the Scheme Information Document, Statement of Additional Information/Key Information Memorandum and addendums of the Scheme. I/We apply for the units of the ICICI Prudential Child Care Plan and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme. I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We agree to abide by the terms, conditions, rules, regulations 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 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, Regulation, Rule, Notification, Directions 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., Investment Manager to the Scheme, 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. 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).**

SIGNATURE OF SOLE / FIRST APPLICANT/GUARDIAN	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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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. _____

EXISTING FOLIO NO. _____ / _____

Scheme	ICICI PRUDENTIAL	SCHEME AND OPTION	₹ TOTAL AMOUNT	₹ AMOUNT PER CHEQUE
From Cheque/DD No.		To Cheque/DD No.		BANK AND BRANCH
From Date	M M Y Y Y Y	End Date	<input type="radio"/> 12/2016 <input type="radio"/> 12/2018 <input type="radio"/> 12/2023 <input type="radio"/> 12/2099 <input type="radio"/> Other (Specify)	

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US
ICICI Prudential Asset Management Company Limited
 3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051. India

SIGNATURE, STAMP & DATE

TOLL FREE NUMBER 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL** enquiry@icicipruamc.com **WEBSITE** www.icicipruamc.com
 Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Mutual Fund 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.