

# COMMON APPLICATION FORM

excluding for ICICI Prudential Childcare Plan  
(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-13308

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.

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.

Date:   
Date of Birth (Mandatory)

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

Mr. Ms.

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)

Contact Details

Tel. (Res.)  Tel. (Off.)  Mobile   
E-Mail

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)

Name of Second Applicant

Mr. Ms.

Name of Third Applicant

Mr. Ms.

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

APPLICANT DETAILS	PAN (Please attach proof)	Know Your Customer (KYC) (Please ✓)	Mode of holding (Please tick (✓))	Occupation [Please tick (✓)]
1st Applicant	<input type="text"/>	<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)	<input type="text"/>	<input type="checkbox"/> KYC acknowledgement /Copy enclosed	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Business <input type="checkbox"/> Service
2nd Applicant	<input type="text"/>	<input type="checkbox"/> KYC acknowledgement /Copy enclosed	<input type="checkbox"/> Joint	<input type="checkbox"/> Retired <input type="checkbox"/> Student
3rd Applicant	<input type="text"/>	<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)
	<input type="text"/>
	Branch Address <input type="text"/>
	City <input type="text"/>
	Account Number <input type="text"/>
	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE
	9 Digit MICR code <input type="text"/> IFSC Code (11 digit) <input type="text"/>

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



ACKNOWLEDGEMENT SLIP  
(To be filled in by the investor)

Received from:

Application No.

Application for Units of ICICI Prudential  Option :

Signature, Stamp & Date

**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											

☐ Dividend Transfer Plan (DTP) (Please refer to instruction No. IV (f): Scheme Name: \_\_\_\_\_ Option: \_\_\_\_\_

PAYMENT DETAILS (LUMP SUM INVESTMENT / FIRST CHEQUE FOR SIP)												SIP through											
Amount Paid (A)						DD Charges (B)						Amount Invested (C) = (A) + (B)						<input type="checkbox"/> Standing Instruction/Direct Debit					
Rs. _____						Rs. _____						Rs. _____						<input type="checkbox"/> ECS <input type="checkbox"/> PDCs					
Bank Name & Branch												SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly											
City												(Please tick (✓)) (Default is Monthly)											
Cheque/DD No.												<input type="checkbox"/> SIP TOP UP (Optional)											
Cheque/DD Date												TOP UP Amount*: _____											
Account Type (For NRI Investors)												Rs. _____											
<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR												*TOP UP amount has to be in multiples of Rs.500 only.											

SUBSEQUENT SIP INSTALMENT DETAILS THROUGH PDCS												Number of Cheques												Installment Amount											
Cheque Number From						Cheque Number To						SIP Date						Rs. _____																	
Start From						End to						<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).

☐ **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											
<input type="checkbox"/> ICICI Prudential Flexible Income Plan																							

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).

☐ **Micro SIPs** Please (✓) (Investment of equal to or less than Rs.50,000/- per annum under SIP registration) (Please refer instruction No. V(l))

Photo Identification Document Type (Mandatory) (Only in case of PAN not provided)												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). 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).												DD MM YYYY				First Applicant											
																Second Applicant											
																Third Applicant											



**ACKNOWLEDGEMENT SLIP**  
(To be filled in by the investor)

☐ SIP TOP UP Amount Rs. \_\_\_\_\_ Frequency: ☐ Half Yearly ☐ 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.

**REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing)/STANDING INSTRUCTION / DIRECT DEBIT FACILITY** SIP via ECS (Debit Clearing) in select cities or via **Standing Instruction/Direct Debit in select banks / branches only.**

ARN-13308

Sub-broker Code

Serial Number, Date &amp; 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.

Existing Folio No. 

Please tick (✓)

☐ New Registration ☐ Cancellation☐ Change in Bank Account\*

[\*Please provide a cancelled cheque]

APPLICATION NO.:

The Trustee,  
ICICI Prudential Mutual Fund,

I/We have read and understood the contents of the Offer Document/Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Date:      Sole/First  
Applicant's Name

Scheme Name: ICICI PRUDENTIAL

Plan/Option\*:

Sub-Option\*:

\*Refer to the "Key Features" on pages 14-27.

SIP Frequency: ☐ Monthly ☐ Quarterly  
(Default SIP frequency is Monthly)

In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

Each SIP Amount: Rs. Rupees in words: 

SIP Start Month/Year

     

SIP End Month/Year

     

SIP Date:

☐ 7th ☐ 10th ☐ 15th ☐ 25th☐ **SIP TOP UP (Optional)**  
(Tick to avail this facility)TOP UP Amount\*: Rs.   
\* TOP UP amount has to be in multiples of Rs.500 only.TOP UP Frequency: ☐ Half Yearly ☐ Yearly  
(Please refer to Instruction No. C(6))**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.

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.

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

1st Holder	2nd Holder	3rd Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We, Mr./Ms./M/s.

(Name as per the Bank record) hereby authorise ICICI Prudential Mutual Fund and

their authorised service providers to debit from my/our Bank Account No. mentioned below (hereinafter referred as "funding account") by ECS (Debit Clearing)/Direct Debit for collection of SIP payments/authorise the bank to record a Standing Instruction for debit to my bank account as mentioned below, as instructed by ICICI Prudential Mutual Fund.

**PARTICULARS OF BANK ACCOUNT**

Bank Name	<input type="text"/>
Branch Name	<input type="text"/>
Bank City	<input type="text"/>
Account Number	<input type="text"/>
9 Digit MICR Code	<input type="text"/>

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ Cash Credit

(Please enter the 9 digit number that appears next to the cheque number). In case of At Par accounts, kindly provide the correct MICR number of the bank branch. MICR code starting and/or ending with 000 are not valid for ECS.

Enclosed [please tick (✓)]: ☐ Blank cancelled cheque ☐ Photocopy of Cheque (Please refer to Instruction No. C(5))**Authorisation of the Bank Account Holder for Auto Debit (ECS)/Standing Instruction/Direct Debit**

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform ICICI Prudential Mutual Fund, about any changes in my bank account. I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme. I/We apply for the units of the Scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme.

This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in ICICI Prudential Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified &amp; executed. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any.

I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non banking/business day as defined in the Scheme Information Document of the said Scheme of ICICI Prudential Mutual Fund, execution of the debit will happen as per the normal practice of the bank mandated by the investor and allotment of units will happen as per the Terms and Conditions listed in the Scheme Information Document of the Mutual Fund. I/We have read and understood the Scheme Information Document(s) of the Fund. I/We apply for the units of the scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms &amp; conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme(s). I/We agree to abide by the terms, conditions, rules and regulations of the Plan(s). 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 hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the standing instructions of additional sum on a specified date from my account. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We agree to abide by the terms, conditions, rules and regulations of this facility. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

**SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS (Mandatory)**

1st Holder	2nd Holder	3rd Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ACKNOWLEDGEMENT SLIP**  
(To be filled in by the investor)SIP Amount Rs. SIP Frequency: ☐ Monthly ☐ QuarterlyScheme Name: Option: 

Folio No./

Application No.

Acknowledgement Stamp

☐ **SIP TOP UP**Amount Rs. Frequency: ☐ Half Yearly ☐ YearlySub-Option: