

Please read INSTRUCTIONS (Page 24-26) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

ARN- ARN-2405 ^E	SUB-BROKER CODE	FOR OFFICIAL USE ONLY
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.		SERIAL NUMBER, DATE & TIME OF RECEIPT

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. _____ / _____

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information – If left blank the application is liable to be rejected.

1st Applicant Mr. Ms. M/s FIRST MIDDLE LAST Date of Birth*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PAN*

--	--	--	--	--	--	--	--

 Enclosed (Please)[§] Attested PAN Card 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 Natural guardian Enclosed (Please)[§] Attested PAN Card KYC Acknowledgement Letter
 Court appointed guardian

2nd Applicant Mr. Ms. FIRST MIDDLE LAST Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PAN*

--	--	--	--	--	--	--	--

 Enclosed (Please)[§] Attested PAN Card KYC Acknowledgement Letter

3rd Applicant Mr. Ms. FIRST MIDDLE LAST Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PAN*

--	--	--	--	--	--	--	--

 Enclosed (Please)[§] Attested PAN Card KYC Acknowledgement Letter

[§] For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(l) & 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 IIb(2)

Mode of holding [Please tick (✓)] <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor <i>(Default option: Anyone or Survivor)</i>	Status of First Applicant [Please tick (✓)] <input type="radio"/> Others PLEASE SPECIFY <input type="radio"/> Minor <input type="radio"/> NRI/PIO <input type="radio"/> Resident Individual <input type="radio"/> HUF <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership Firm <input type="radio"/> Trust <input type="radio"/> Bank/FI <input type="radio"/> AOP/Bol <input type="radio"/> Club/Society <input type="radio"/> Company <input type="radio"/> FII
--	--

Correspondence Address (Please provide full address)* HOUSE / FLAT NO. STREET ADDRESS STREET ADDRESS CITY / TOWN STATE COUNTRY PIN CODE	Overseas Address (Mandatory for NRI / FII Applicants) HOUSE / FLAT NO. STREET ADDRESS STREET ADDRESS CITY / TOWN STATE COUNTRY PIN CODE
---	---

Tel. (Off.) _____ Tel. (Res.) _____ Fax _____
 Email _____ Mobile _____

Occupation [Please tick (✓)] Professional Business Retired Housewife Service Student Others (Please specify) _____

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. [‡] Please refer to instruction no.IX

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) Mandatory information – If left blank the application is liable to be rejected.

MANDATORY	Account Type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR Account Number _____
	Name of Bank _____
	Branch Details BRANCH NAME BRANCH CITY
	9 Digit MICR code 11 Digit IFSC Code

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer Instruction No. XI) NSDL OR CDSL

Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	Depository Participant (DP) ID (CDSL only)																								
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

✂

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

Application No. _____

SIGNATURE STAMP & DATE SIGNATURE STAMP & DATE 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.

5 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)

Retail Option
 Institutional Option

Growth OR Dividend – Reinvestment or Payout OR AEP ^ – Regular* or Appreciation
* 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)

Dividend Frequencies Daily Weekly Fortnightly Monthly Quarterly Half Yearly

AEP Frequencies Monthly Quarterly Half Yearly

Micro SIPs (Please ✓) Mandatory for investment of equal to or less than ₹ 50,000/- per annum under SIP registration (Please refer instruction No. V(I))

1 st Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
2 nd Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
3 rd Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER

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

Payment Details for First Cheque/DD

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ DD Charges (if applicable) ₹ Amount Invested ₹
Cheque/DD Number Date BANK / BRANCH

Subsequent SIP Installment Details

From Cheque No. to Cheque No. Amount Invested ₹
No. of Cheques Drawn on
Start Month/Year End Date 12 / 2014 12 / 2016 Or other please fill in alongside

^ AEP - Automatic encashment plan, Please ✓ applicable check boxes. *Default SIP Frequency is Monthly. † PDCs - Post dated Cheques

SIP Top Up[#] (Optional) ₹ **Top Up Frequency[#]** Half Yearly Yearly **#Top Up amount has to be in multiples of ₹ 500 only. \$ In case of quarterly SIP, only yearly frequency is available under SIP TOP UP. Please refer to instructions V (k).**

BANK ACCOUNT DETAILS (For Payment Details of SIP first Cheque/DD & Installments) Mandatory information – If left blank the application is liable to be rejected.

Account Type Current Savings NRO NRE FCNR **Account Number**
Name of Bank **BRANCH NAME / CITY**

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. For Third Party Payment Declaration form and instructions please refer to pages 19-20 and 25 respectively.

Please ensure that the Bank Account details are mentioned separately, for Cheque and Demand Draft (DD) payments for Investments in **Scheme 1** and in **Scheme 2**. ^ AEP - Automatic encashment plan

6 NOMINATION DETAILS (Refer instruction VII) • For Multiple nominations, please use the form on page 23. • Nomination is mandatory if the mode of holding is SINGLE.

I/We do not wish to nominate (Please tick (✓) & sign)

I/We hereby nominate the under-mentioned nominee to receive the amount to my/our credit in the event of my/our death and confirm that I/we have read and understood the nomination clause under instruction no. VII. *Date of Birth is MANDATORY in case Nominee is a minor*

Nominee **Date of Birth**
Guardian **Relationship with** Natural guardian Minor applicant (✓) Court appointed guardian
Nominee's Address

7 INVESTOR(S) DECLARATION & SIGNATURE(S)

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).**



ACKNOWLEDGEMENT SLIP
Please Retain this Slip

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

Scheme **ICICI PRUDENTIAL** SCHEME AND OPTION ₹ TOTAL AMOUNT ₹ AMOUNT PER CHEQUE

From Cheque/DD No. To Cheque/DD No. BANK AND BRANCH

From Date End Date** 12 / 2014 12 / 2016 12 / 2021 12 / 2099



Please read INSTRUCTIONS (Page 12) carefully. All sections to be completed in ENGLISH in BLACK / DARK COLOURED INK and in BLOCK LETTERS.

ARN- ARN-2405	SUB-BROKER CODE	FOR OFFICIAL USE ONLY
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.		SERIAL NUMBER, DATE & TIME OF RECEIPT

Please tick (✓) New Registration Cancellation Change in Bank Account* [*Please provide a cancelled cheque] Date:

D	D	M	M	Y	Y
---	---	---	---	---	---

The Trustee, ICICI Prudential Mutual Fund,

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

Sole/First Applicant's Name	Existing Folio No.
Mr. Ms. M/s FIRST MIDDLE LAST	

Scheme Name: ICICI PRUDENTIAL	SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <i>(Default SIP frequency is Monthly)</i>
Plan/Option*: Sub-Option*:	In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.
*Refer to the "Key Features" on pages 27-43	

Each SIP Amount: Rs. Rupees in words:	SIP Start Month/Year <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y		
SIP End Month/Year							
<input type="checkbox"/> 12 / 2014 <input type="checkbox"/> 12 / 2016							
<input type="checkbox"/> 12 / 2021 <input type="checkbox"/> 12 / 2099							
<input type="checkbox"/> Or other please fill in below							
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>		M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y		

<input type="checkbox"/> SIP TOP UP (Optional) <small>(Tick to avail this facility)</small>	TOP UP Amount*: Rs.	TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
<small>*TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Instruction No. C(6)]</small>		

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
------------	------------	------------

I/We, Mr. / Ms. / M/s.	(NAME AS PER THE BANK RECORD)	(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

Account Type	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	Account Number
Name of Bank	BRANCH CITY	
Branch Name	9 Digit MICR code	
<small>(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.</small>		
Enclosed [please tick (✓)]: <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> 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 & 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 & 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
------------	------------	------------

BANK MANDATE SECTION (Mandatory)

	ACKNOWLEDGEMENT SLIP <small>(To be filled in by the investor)</small>	SIP Amount Rs. _____ SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Scheme Name: _____ Option: _____ Sub-Option: _____
<input type="checkbox"/> SIP TOP UP	Amount Rs. _____	Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Folio No./ Application No. _____ <i>Acknowledgement Stamp</i>