

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- 9156	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIIN) E035360	SUB-BROKER CODE (As allotted by ARN holder)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII) 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.				
SIGNATURE OF SOLE / FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT		SIGNATURE OF THIRD APPLICANT

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII and 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. /

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 ✓)[§] 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: Natural guardian Enclosed (Please ✓)[§] KYC Acknowledgement Letter
 Court appointed guardian

2nd Applicant: Mr. Ms. FIRST MIDDLE LAST
 PAN* Enclosed (Please ✓)[§] KYC Acknowledgement Letter

3rd Applicant: Mr. Ms. FIRST MIDDLE LAST
 PAN* Enclosed (Please ✓)[§] KYC Acknowledgement Letter

Mode of holding [Please tick (✓)] Single Joint Anyone or Survivor (Default option: Anyone or Survivor)

Status of First Applicant [Please tick (✓)] Others PLEASE SPECIFY

Minor NRI/PIO Resident Individual HUF Sole Proprietorship Partnership Firm
 Trust Bank/FI AOP/BoI Club/Society Company 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.
 ** 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

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.

Please note for unit holder opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.

Account Type: Current Savings NRO NRE FCNR Account Number _____

Name of Bank _____
 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 (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 (NSDLonly) Beneficiary Account Number (NSDLonly)

If yes, Depository Participant (DP) ID (CDSLonly)

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)

PLAN: Regular Direct

OPTION: Growth/Cumulative Dividend Bonus ^

SUB-OPTION: Dividend Reinvestment Dividend Payout OR AEP- Regular® OR Appreciation

Dividend Frequencies: Daily Weekly Fortnightly Monthly Quarterly Half Yearly Annual Dividend Others

AEP Frequencies: Monthly Quarterly Half Yearly

^ 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 PDCs¹ 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

Please ✓ applicable check boxes. ¹PDCs - 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.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

6 NOMINATION DETAILS (Refer instruction VII)

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 (Mandatory if nominee is minor)

Guardian _____ MANDATORY, IF NOMINEE IS A MINOR

Relationship with the Nominee: Father Mother Legal Guardian (Please tick ✓)

Nominee's Address (Mandatory) HOUSE / FLAT NO _____ STREET ADDRESS _____ CITY / TOWN _____ PIN CODE _____ SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR _____

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).

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

ACKNOWLEDGEMENT SLIP Please Retain this Slip To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

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 12 / 2016 12 / 2018 12 / 2023 12 / 2099 Other (Specify) M M Y Y Y Y