



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)/ 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) (Refer Instruction No. XIII). - 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 [Refer Instruction XII]

• In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/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. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per Aadhaar) (Mandatory information)

Sole/First Applicant Mr. Ms. M/s FIRST MIDDLE LAST
 PAN/PEKRN* KYC Id No.¥ Enclosed (Please ✓)* KYC Acknowledgement Letter Existing Folio No. _____

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)
 Mr. Ms. FIRST MIDDLE LAST
 PAN/PEKRN* KYC Proof Attached (Mandatory) Relationship with Minor applicant: Natural guardian Court appointed guardian
 KYC Id No.¥ AADHAAR No. [Refer Instruction No.II(b)(10)]
 Date of Birth _____

2ND APPLICANT (Name should be as per Aadhaar)
 Mr. Ms. M/s FIRST MIDDLE LAST
 PAN/PEKRN* KYC Id No.¥ KYC Proof Attached (Mandatory) AADHAAR No. [Refer Instruction No.II(b)(10)]
 Date of Birth _____

3RD APPLICANT (Name should be as per Aadhaar)
 Mr. Ms. M/s FIRST MIDDLE LAST
 PAN/PEKRN* KYC Id No.¥ KYC Proof Attached (Mandatory) AADHAAR No. [Refer Instruction No.II(b)(10)]
 Date of Birth _____

If mandatory information left blank, the application is liable to be rejected. ¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

2. 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 Savings Current NRE NRO FCNR
 Name & Branch of Bank _____
 Branch City _____ 9 Digit MICR Code _____ 11 Digit IFSC _____
 Enclosed (Please ✓): Bank Account Details Proof Provided.

3. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). **Please mention scheme name below:**
 ICICI Prudential _____ Plan: _____ Option: _____

4. PAYMENT DETAILS

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Investment Amount _____ A DD Charges (if applicable) _____ B Total Amount _____ A + B
 Cheque / DD Number _____ Date D D M M Y Y Y Y
 BANK DETAILS: Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the details below]
 A/c Number _____ Account Type Savings Current NRE NRO FCNR
 Name & Branch of Bank _____
 Branch City _____ **Mandatory Enclosures** (Please tick (✓) if the first instalment is not through cheque) Cheque Copy Bank Statement 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.

5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY / TOWN	STATE
COUNTRY	PIN CODE

Tel. _____ Office _____ Residence _____ Mobile _____

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY / TOWN	STATE
COUNTRY	PIN CODE

Email [£] _____

Please if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)]
 Please if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.IX(b)]
 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. [£] Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.
 ** Mandatory in case the Sole/First applicant is minor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
[£] For KYC requirements, please refer to the instruction Nos. II b(5) & X [£] Please refer to instruction no. IX

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

Name of the Investor: _____ Application No. _____

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

EXISTING FOLIO NO. _____

6. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

7. 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 |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Trust/Society/NGO | <input type="checkbox"/> Limited Partnership (LLP) | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Others (Please specify) _____ | |

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

NSDL: Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____ CDSL: Depository Participant (DP) ID (CDSL only) _____

9. 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

Applicant	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

Applicant	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B → No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C → Others, please state the reason thereof: _____

Address Type of Sole/1st Holder:

Residential Registered Office Business

Address Type of 2nd Holder:

Residential Registered Office Business

Address Type of 3rd Holder:

Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

10. KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Applicant	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired
Sole/First Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gross Annual Income [Please tick (✓)]

Applicant	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	>25 Lacs-1 crore	>1 crore
Sole/First Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
Second Applicant	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
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

11. NOMINATION DETAILS (Refer instruction VII). 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)	Applicant's 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%)
Nominee 1					
Nominee 2					
Nominee 3					

INVESTOR(S) DECLARATION & SIGNATURE(S): 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) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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/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)."

I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosed of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. I/We further declare that this consent will remain valid until specifically withdrawn by me / us.

Sole/1st Applicant	2nd Applicant	3rd Applicant
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Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

Annexure 1

If POA Holder is an Institution, details of all Individuals forming part of Authorized Signatory List (ASL) of the POA Holder (Refer Instruction No.10)

Sr. No.	Name as per Aadhaar	PAN	Aadhaar No.	Signature ***

I hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folios.

I have read, understood and agree to abide by the guidelines as on the reverse of this form.

Annexure 2

Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)

Sr. No.	Name as per Aadhaar	PAN	Aadhaar No.	Signature ***

I hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

I have read, understood and agree to abide by the guidelines as on the reverse of this form.



COMMON APPLICATION FORM - MEDICAL ADVANTAGE FEATURE FOR LUMP SUM/SYSTEMATIC INVESTMENTS

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.

Application No.

Form section for Broker Code, Sub-broker ARN Code, and Employee Unique Identification No. (EUIN). Includes a declaration for "execution-only" transaction.

Signature lines for Sole / First Applicant, Second Applicant, and Third Applicant.

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII]

Form section for Applicant (S) Details, including name, PAN/PEKRN, and KYC information.

Form section for Guardian/Contact Person details, including name and relationship information.

Form section for 2nd Applicant details, including name, PAN/PEKRN, and KYC information.

Form section for 3rd Applicant details, including name, PAN/PEKRN, and KYC information.

Note: If mandatory information left blank, the application is liable to be rejected. Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

2. 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.)

Form section for Bank Account details, including account number, name, branch, and account type.

3. INVESTMENT DETAILS (Refer Instruction No. IV & XV) - Investment Options [Please tick (✓) below]:

Form section for Investment Options, including Scheme selection (ICICI Prudential or MAF - Power of Three).

PLAN & OPTION PLAN OPTION/SUB-OPTION

Schemes under MAF - Power of Three: ICICI Prudential Floating Interest Fund (50% of Total Investment Amount), ICICI Prudential Value Discovery Fund (5% of Total Investment Amount), and ICICI Prudential Balanced Advantage Fund (45% of Total Investment Amount).

4. PAYMENT DETAILS

Form section for Payment Details, including Investment Amount, DD Charges, and Total Amount.

Form section for Bank Details, including A/c Number, Name & Branch of Bank, and Branch City.

Form section for Mandatory Enclosures, including Cheque Copy, Bank Statement, and 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.

5. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Form section for Correspondence Details, including Correspondence Address and Overseas Address (Mandatory for NRI / FII Applicants).

Form section for Tel. and Email details, including Office, Residence, and Mobile numbers.

Form section for communication preferences, including Annual Report or Abridged Summary via Post.

Form section for communication preferences, including Account Statement / Other statutory information via Post.

Form section for communication preferences, including Account Statement through e-mail frequency.

* 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.



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

Application No. and Existing Folio No. fields.

6. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

7. 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
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____	

8. 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

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder:

Residential Registered Office Business

Address Type of 2nd Holder:

Residential Registered Office Business

Address Type of 3rd Holder:

Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

9. KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Second Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Third Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			

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

10. NOMINATION DETAILS (Refer instruction VII). 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)	Applicant's 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%)
<input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)			[To be furnished in case the Nominee is a minor (Mandatory)]		
Nominee 1					
Nominee 2					
Nominee 3					

INVESTOR(S) DECLARATION & SIGNATURE(S): 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) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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/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). I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosure of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. I/We further declare that this consent will remain valid until specifically withdrawn by me / us.

Sole/1st Applicant	2nd Applicant	3rd Applicant
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Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. _____ Cheque/DD No. _____ dtd. _____ Bank & Branch _____

TERMS & CONDITIONS FOR MEDICAL ADVANTAGE FEATURE

I/We have agreed to avail the Medical Advantage Feature (the Facility) offered by ICICI Prudential Mutual Fund (the Fund)/ICICI Prudential Asset Management Company Limited (the AMC) to utilize the investment in the designated scheme(s) of the Fund which shall enable me/ us for meeting my/our health care expenses or of such persons designated by me/us (the Designated Persons). In this regard, I/We have read and understood below terms and conditions and agree to abide by the same at all points of time:

- The benefits of the Facility are provided through a Service Provider, currently being Vidal Healthcare Services Private Limited (Service Provider).
- Under this Facility the investment in the designated scheme(s) of the Fund shall be available for meeting my/our/Designated Persons' health care expenses at the hospitals and diagnostic centres empanelled by the Service Provider. As and when the need arises, the Service Provider shall submit the redemption request on my/our behalf to the Fund for meeting the health care expenses and the Fund shall process such redemption request and credit the redemption proceeds to the designated account of the Service Provider.
- The Facility is available only under the designated scheme(s) of the Fund. AMC reserves the right to designate the scheme(s) as eligible under the Facility from time to time without prior intimation. List of such designated schemes shall be available on the website of the Fund.
- A separate Folio may be opened for investment under the Facility or an existing folio can be mapped under the Facility once the Terms and Conditions of the Facility are accepted by me/us (hereinafter referred to as "MAF Folio"). The Fund/AMC reserves the right to reject the purchase/additional purchase in the schemes other than designated scheme(s) or to consider such investment in MAF Folio or to process such transaction without MAF mapping. In case of individual investor, the mode of holding shall be 'single' or 'Anyone or survivor'.
- It shall be sole responsibility of the investor to produce necessary proofs/documentation as may be required by the Service Provider to avail the Facility for self/Designated Persons.
- I/We agree and understand that I/We shall be solely responsible to co-ordinate with the Service Provider for enrolment of Designated Persons for this Facility or for any changes in the list of such Designated Persons. AMC/Fund shall not be held liable for any disputes in this regard.
- The card under the Facility shall be issued by the Service Provider either in physical or electronic form on the registered contact details as per MAF folio. In case of unavailability of / incomplete contact details/non receipt of card, I/we shall co-ordinate directly with Service Provider for updation of details.
- I/We agree and understand that in case of the Facility being used for the Designated Persons, Redemption Request Form under the Facility shall be signed only by me/the Authorised Signatories of the MAF Folio.
- Under the Facility, I/We hereby authorise Service Provider to submit the Redemption Request Form on my/our behalf to Fund/AMC/ Registrar and Transfer Agent of the Fund (R&T). I/We also authorise the Service Provider to submit the instructions to the Fund/ AMC/R&T to block/freeze the units in the Folio to be utilised towards the Facility. I/We understand that the Service Provider shall provide transaction feeds of such redemption request to the AMC/Fund and the AMC/Fund shall rely and act upon such transaction feeds/request.
- I/We agree and understand that in case of blocked/freed units, redemption request(s) by me/us shall not be processed and can be rejected by the AMC. I/We hereby authorise the Service Provider to submit unfreeze/unblocking request for processing the redemption under the Facility.
- For the purpose of processing redemption under this Facility, only specific redemption request form in the prescribed format shall be used.
- In case of my/our inability on account of medical reasons to specify the scheme for redemption and / or to sign the redemption request form under the Facility for any reason, I/We hereby authorise the Service Provider to submit the redemption request on my/our behalf and the AMC/Fund is authorised to process such redemption request. In such case if the holding is in multiple designated schemes, I/we explicitly authorize the Service Provider to submit redemption request on my/our behalf in such order as mutually agreed between the AMC and the Service Provider. Such order matrix is subject to change from time to time and same shall be available on the website of the Fund and /or of the Service Provider.
- I/We also understand that Service Provider shall submit the redemption request on my/ our behalf in such order of designated schemes as mutually agreed between the AMC and the Service Provider, if such request is specifically given by me/us while signing the redemption request form.
- The AMC/Fund reserves the right to call for confirmation from the hospital authority about my/ our inability of to sign the redemption request and to carry out further checks to validate the authenticity of the transaction/application by seeking further information or reject the transaction.
- I/We hereby explicitly authorise the AMC/the Fund to credit the redemption proceeds under the Facility to the designated bank account of the Service Provider.
- I/We hereby explicitly authorise the Service Provider to access my/our/designated persons' medical details from hospitals/diagnostic centres during utilisation of the Feature.
- I/We hereby explicitly authorise the Service Provider to refund excess amount into my/our bank account in case, the actual hospitalisation expenses are less than the redemption request as submitted by the Service Provider and processed under the terms of this Facility. I/We agree and understand that Service Provider shall be solely responsible to refund such excess redemption amount to me/us and AMC/Fund/R&T

shall not be liable for such refund.

- The Service Provider/the Fund is authorised to call/sms/email me/us with regard to this Facility. Such call/sms made by the Service Provider/ the Fund shall override the Do not Disturb (DnD) registrations, if any, made earlier or anytime hereinafter by me/us.
- I/We shall read the details of services offered by Service Provider as available on the website of ICICI Prudential Mutual Fund i.e. www.icicipruamc.com and/or on the website of the Service Provider currently www.health4sure.in/iprumf.
- As part of this Facility, I/We authorise the Fund/ the AMC to share with the Service Provider the Folio related information including but not limited to contact details, demographic details, available balance in folio (units and valuation), scheme details.
- In terms of this Facility, the AMC and/or the Fund is authorised to receive and execute instructions on my/our behalf to redeem such number of units held in my/our folio. Further, the AMC and/or the Fund is authorised to redeem the units in my/our Folio and pay the redemption amount to the designated bank account of the Service Provider.
- The AMC acting in good faith, shall take necessary steps in connection with such redemption requests received from the Service Provider regardless of the value involved and the same shall be binding on me/us.
- I/We understand that my/our investments in schemes other than designated scheme(s) will not be available for medical redemption, and medical redemption request in such schemes may be rejected by the AMC and/or R&T.
- In case of any discrepancies between the transaction feeds submitted by Service Provider and Redemption Request, the AMC/Fund reserves the right to rely on the transaction feeds and process the redemption request based on the same.
- The Service Provider shall be solely responsible for meeting the health care expenses on my/ our behalf out of the redemption proceeds. Further, the AMC shall not be held responsible in the event of any discrepancy / delay on the part of the Service Provider in making the payment to the hospital for the Facility availed by me/us.
- This Facility will be provided subject to provisions of cut off timing for applicability of NAV and time stamping requirements, as amended by Securities and Exchange Board of India (SEBI) from time to time and any other applicable laws, rules and regulations as may be enforced from time to time.
- All the transactions received in respect of my/our Folio shall be processed by the R&T in its normal course of business. In other words, in case the redemption request is received from both, me/us and the Service Provider, the R&T shall not prioritize either of the redemption request over the other.
- In case of my/our demise, if the AMC receives the redemption request (where there are joint holders in the folio) OR transmission request from my/our legal heirs/joint holder(s)/nominees, prior to the Redemption Request Form from the Service Provider, the AMC shall process the request from the joint holders/legal heir/nominee, after considering any existing requests for blocking the additional units provided by the Service Provider. Balance, if any in the Folio of the Investor after processing redemption request of the Service Provider shall be available for Transmission/redemption request from other joint holders.
- In case of my/our demise, the nominee(s)/legal heir(s) in the folio will not be eligible to avail this Facility.
- Any redemption pay-out made to the Service Provider will be the valid discharge of the AMC's obligation towards the investor.
- Any dispute/complaint regarding the services offered by the Service Provider, its agents or representatives shall be addressed directly to the Service Provider and the AMC and/or the Fund shall not be held responsible for any dispute arising out of services rendered by the Service Provider. The AMC does not warrant, guarantee or ensure efficiency of any services provided by the Service Provider.
- The Fund, its Trustees, the AMC, its directors, affiliates, promoters, employees, successors in interest and permitted assigns shall not be responsible or liable in any manner whatsoever for any acts or omission or negligence, misrepresentation, fraud or mistake, deficiency or inadequacy in the services rendered by Service Provider, its agents or representatives or for any actions, claims, demands, losses, damages, costs, charges and expenses that I/We may suffer on account of the services rendered by the Service Provider.
- The Fund, its Trustees, the AMC, its directors, affiliates, promoters, employees, successors in interest and permitted assigns shall at all times be indemnified and held harmless by me/us from and against all actions, suits, proceedings, loss, damages, claims, charges, costs, which the AMC and/or the Fund may incur, sustain or suffer in consequence of or by reason of processing redemption request submitted by the Service Provider on my/our behalf.
- The AMC reserves the right to change the terms and conditions of the Facility and/ or the Service Provider without assigning any reasons. I/We understand that, in case of termination of the agreement with the Service Provider, this Facility shall be terminated and the AMC and/or the Fund shall inform me/us about discontinuation of the Facility.
- In case of non-availability of signatures in the Medical Advantage Feature Terms & Conditions, AMC reserves the right to reject to the application and initiate the refund within the appropriate time-line (not more than 5 business days).
- Terms and conditions of the Facility shall be applicable to current and future investment in the designated scheme(s) in the MAF folio.
- It shall be deemed that I/We have read, understood and accepted the terms and conditions of the Facility as may be amended from time to time.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

