PICICI PRUDENTIAL**

COMMON APPLICATION FORM FOR ICICI PRUDENTIAL SIP PLUS

Application No. Please read INSTRUCTIONS carefully before completing this form. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK. MUTUAL FUND Identification No. (EUIN) **RIA CODE#** (As allotted by ARN holder) #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. 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 **Existing Folio No.** 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) Date of Birth** APPLICANT PAN/PEKRN* KYC Id No.¥ AADHAAR No. [Refer Instruction No.II(b)(10)] 2ND APPLICANT (Name should be as per Aadhaar) Date of Birth D KYC Proof Attached (Mandatory) AADHAAR No. [Refer Instruction No.II(b)(10)] PAN/PEKRN* KYC Id No.¥ 3RD APPLICANT (Name should be as per Aadhaar) Date of Birth IVI PAN/PEKRN* KYC Id No.¥ KYC Proof Attached (Mandatory) AADHAAR No. [Refer Instruction No.II(b)(10)] 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. Account Account Type Savings Current NRE NRO FCNR Number Name & Branch of Bank 9 Digit MICR Code 11 Digit IFSC **Branch City** Enclosed (Please ✓): Bank Account Details Proof Provided. 3. INVESTMENT DETAILS (Refer Instruction No. IV) Please mention scheme name below: Scheme Name & Plan: ICICI Prudential Option: SIP Date: D Start Month/Year M SIP Frequency* ○ Monthly Quarterly (*Default SIP Frequency is Monthly.) (E.g. Your Current Age is 40 years, then your SIP Tenure SIP Plus Tenure: | 100 yrs | - Your Current Age would be 100 years - 40 years = 60 years.) 4. PAYMENT DETAILS Mode of Payment O Cheque O DD RTGS Funds Transfer ○ NEFT Investment DD Charges Total A + BAmount (if applicable) Amount Cheque / Date **DD Number BANK DETAILS:** Same as above [Please tick (✓) if yes] \square Different from above [Please tick (\checkmark) if it is different from above and fill in the details below] A/c Number Account Type Savings Current NRE ○ NRO Name & Branch of Bank Mandatory Enclosures (Please tick (✓) ○ Cheque O Bank Banker's Attestation **Branch City** if the first instalment is not through cheque) Statement Copy 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: Overseas Address (Mandatory for NRI / FII Applicants) Correspondence Address (Please provide full address)* Office Residence Mobile Tel. Email [£] OPlease 🗸 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 O Quarterly Half Yearly Annually ** Mandatory information – If left blank the application is liable to be rejected.

** Mandatory incase the application is for SIP PLUS or incase the sole/first applicant is minor.

** For KYC requirements, please refer to the instruction Nos. II b(5) & X

** Please refer to instruction no. IX **ICICI Prudential SIP Plus - ACKNOWLEDGEMENT SLIP** Application No. #ICICI (Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and **PRUDENTIAL** furnishing of Mandatory Information) MUTUAL FUND Name of the Investor: TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL: enquiry@icicipruamc.com WEBSITE: www.icicipruamc.com

6. MODE	OF HOLDI	NG [Please tick (✓)] C	Single O Join	t O Anyone or	Survivor (D	efault)					
7. TAX S	STATUS [Plea	se tick (✓)]									
☐ Resident I	Individual	□NRI									
		DETAILS FOR IN should mandatorily f	ill separate FAT	CA Form (Anne	xure II). T	ne below info					
First Assilia		Place/City of Birth Country of Birth					Country of Citizenship / Nationality				
First Applicant / Guardian							Olndian OU.S. Others (Please specify)				
Second Applicant							☐ Indian ☐ U.S. ☐ Others (Please specify)				
Third Applic								.S. Other	s (Please specify)		
		e you assessed for Tax) in a tries (other than India) in w			_		[Please tick (✔)] n/Resident / Green	Card Holder /	Tax Resident in the re	spective count	tries.
		Country of Tax Re		Tax Identificati Functional	on Number	or	Identification (TIN or other pleas	Туре	If TIN is not ava	ilable please t	tick (✓)
First Applic	eant / Guardian								Reason: A	В	C \square
Second Applicant									Reason: A	В	C 🗆
Third Applic	cant								Reason: A	В□	C 🗆
		ntry where the Accou									
		required (Select this r please state the reaso		e authorities of	the respec	tive country	of tax residence	do not rec	juire the TIN to be	collected)	
	pe of Sole/1st		I	ss Type of 2nd					pe of 3rd Holder:		
		d Office O Business are available on the websit		sidential Regist v.icicipruamc.com d					al (Registered Offic lutual Fund.	e () Business	5
	DETAILS (/										
Occupation Sole/First	Private Sec		Sector Service	○ Government	Service	OBusiness	∩ Dr	ofessional	O Agriculturist	○ Retired	
Applicant	OHousewife	○ Stude	nt	O Forex Deale	r	Others (Ple	ease specify)				
Second Applicant	O Private Sec		: Sector Service nt	O Government O Forex Deale		O Business Others (Pl		ofessional	O Agriculturist	O Retired	
Third Applicant	O Private Sec	tor Service O Public	Sector Service	O Government		O Business Others (Ple		ofessional	O Agriculturist	O Retired	
	ual Income [P			<u> </u>		<u> </u>					
Sole/First App		Below 1 Lac 0 1-5 Lacs Net worth (Mandatory for	-	O 10-25 Lacs	○ >25 Lac	s-1 crore \bigcirc > as on		YYYY	Y (Not older than 1	voorl	
Second Appli		Below 1 Lac 0 1-5 Lacs	5-10 Lacs	○ 10-25 Lacs	○ >25	Lacs-1 crore	O >1 crore OF		(**************************************	yeary	
Third Applica	int O E	Below 1 Lac 0 1-5 Lacs	○ 5-10 Lacs	O 10-25 Lacs	○ >25	Lacs-1 crore	○ >1 crore OF	Net worth ₹			
Others [Plea	ase tick (🗸)]										
Sole/First		Is [Please tick (✓)]: ○ I a					lly Exposed Person		Not applicable		
Annligant		iduals [Please tick (✔)] (I ange / Money Changer Serv								vning – 🔾 YES	ONO
Second Appl		litically Exposed Person (Pl		, ,			* * * * * * * * * * * * * * * * * * * *		, ,		
Third Applica		ETAILS (For Mutual Fo	,	to Politically Expos	ed Person (F	PEP) O Not :	applicable				
I/We hereby n	ominate the unde	ermentioned nominee(s) to	receive the amoun		n event of m	y/our death as f	follows:			Proportion	/9/\ in
Name and address (Please tick if Nomi same as 1st/Sole A		inee's address is	Applicant's Relationship with the Nominee	Date of Birth	Nam	e and address	of Guardian	, ,	ire of Nominee/	which the units will be shared by each Nominee (Should	
				[To be furnished	in case the l	Iominee is a mir	nor (Mandatory)]	Guardian, if nominee is a minor	Nominee (S aggregate to	Should o 100%)	
	Nomine	e 1									
	Nomine	e 2									
	Nomine	e 3									
Key Information to 114H,as part of Money Laund under the Scher and is not design the Scheme is e declare that I/w (in the form of tr promotional mat I/We hereby prumber(s) in an information wi	Memorandum of to of the Income-tax me(s). I/We have number for the purposequal to or more the do not have any rail commission or terial from the AM rovide my conseicordance with to the the asset mar	ARATION & SIGN the Scheme(s), Foreign Accou- Rules, 1962. I/We apply for th ad such other regulations as n to received nor been induced an 25% of the corpus of the pl existing Micro SIPs which to any other mode), payable to C via mail, SMS, telecall, etc. at in accordance with Aadl he Aadhaar Act, 2016 (and to will remain valid until sp.	Int Tax Compliance A e units of the Fund an any be applicable fror by any rebate or gift of any Act, Regulation an, then ICICI Prudent gether with the curre nim for the different c If you do not wish to loaar Act, 2016 and regulations made the IBI registered mutu	ct (FATCA) and Comr nd agree to abide by n time to time. I/We s, directly or indirect ns or any other applic tial Asset Manageme nt application will res ompeting Schemes o receive, please call of regulations made the tereunder) and PML al fund and their Re	non Reporting the terms, co confirm to har ly, in making able laws end to. Ltd. (th sult in a total f various Mut on tollfree no. hereunder, fc A. I/We here	Standards (CRS) aditions, rules and re understood the his investment. I/cted by the Govere 'AMC'), has full investments exceual Funds from an 1800 222 999 (Mr (i) collecting, s by provide my/c	under FATCA & CRS I regulations of the st investment objective We declare that the e mment of India or any right to refund the ex- eding Rs.50,000 in a nongst which the ScI TNI/BSNL) or 1800 2 totring and usage (i urr consent for shari	provision of the theme and other investment amount invested Statutory Authors to me/us to year. The ARN neme is being modeled (Other) validating/ang/disclose one of updating	e Central Board of Direct er statutory requirements pattern, and risk factors d in the Scheme is throu nority. I/We agree that in o holder has disclosed to ecommended to me/us. I 's)." uthenticating and (ii) u f the Aadhaar number?	Taxes notified Rs of SEBI, AMFI, applicable to Pla ugh legitimate so case my/our invnt below 25%. I/me/us all the co/We interested in pdating my/ous) including der	Rules 114 Preventions/Option Preventions/Option Prestment in We herebommission Preceiving a receiving a readhaa Prestment in receivi
PAYMENT D											

PRUDENTIAL TO MUTUAL FUND

ICICI PRUDENTIAL SIP PLUS - PAN BASED MANDATE CUM SIP REGISTRATION FORM [For investment through NACH]

PICICI	PAN BASED	MANUALE									
PRUDENTIAL WILLIAM UMRN UMRN		U\$EUNLY	Date								
Tick (✓) Sponsor Bank C	ode FOR OFFICE USE ONLY	Utility Code	OR OFFICE USE ONLY								
CREATE / We hereby authorize // ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit (tick /) SB/CA/CC/SB-NRE/SB-NRO/Other											
CANCEL Bank a/c number											
with Bank Name of co	ustomers bank IFSC	or N	NICR NICR								
an amount of Rupees	an amount of Rupees Maximum Amount (Rupees in words) ₹										
FREQUENCY Mthly dtly	H-Yrly Yrly	ented DEBIT TYPE 🗵 Fix	ed Amount								
PAN		Mobile No.									
Reference	APPLICATION NUMBER	Email ID									
PERIOD ————————————————————————————————————	ng charges by the bank whom I am authorizin	ng to debit my account as per latest sche	edule of charges of the bank.								
From	Sign	_ Sign:	Sign:								
To		2. Name as in bank records									
Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participants in NACH/SI/any other mode as may be preferred by the AMC from time to time. I/We hereby confirm adherence to the terms of this facility offered by I/CICI Prudential Asset Management Company Limited (the AMC) as specified in Terms & Conditions under Registration of OTM/PAN Based Mandate Facility and amended from time to time and of NACH (Debits). Authorization to Bank: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I/We have understood that I/we authorized to cancel/amend this mandate by appropriately communicating/amendment to the User entity/corporate or the or the bank where I have authorized the debit. This is to inform that I/we have registered for this facility and that my/our investment in ICICI Prudential Mutual Fund shall be made from my/our above mentioned bank account with your Bank and to debit my/our account for any charges towards mandate verification, registration, transactions, transactions, returns, etc, as applicable. SIP Registration-cum-Mandate Form for SIP PLUS Application No.											
PRUDENTIAL TO MUTUAL FUND		·									
Investor must read Key Scheme Feat BROKER CODE (ARN CODE)/	ures and Instructions before completing this form.	All sections to be completed in ENGLISH in BL SUB-BROKER CODE	ACK/BLUE INK and BLOCK LETTERS. Employee Unique								
RIA CODE#	SUB-BROKER ARN CODE	(As allotted by ARN holder)	Identification No. (EUIN)								
, , ,	to share with the Investment Adviser the details of THROUGH DISTRIBUTORS ONLY: In case the purchase/										
the same are deductible as applicable from the purcha	ise/subscription amount and paid the distributor. Units will b rs' assessment of various factors including the service rende	e issued against the balance amount invested. Upfront									
SIGNATURE OF SOLE / FIRST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment. New Registration Cancellation [Tick (/)] FOLIO NO.											
Sole/First Applicant's Name (As per Aadhaar):	Mr. /Ms. / M/s		LAST								
Scheme Name & Plan: ICICI PRUDENTIAL											
OPTION:		DIVIDEND FREQUENCY:	VED EDEUIENGA								
	orandum(s)/SIDs available on ICICI Prudential Mutual F										
Each SIP Amount: Rs.	In words:		SIP Plus Tenure 100 yrs - Your Current Age								
SIP Frequency: Monthly Quarterly* (De	efault is Monthly) SIP Date: SIP Start Month/Ye		vrs.								
EXISTING OTM / FIRST INSTALLMENT BANK	DETAILS:		OR								
Cheque/DD No C Bank Name:											
NOMINATION FOR SIP PLUS (Nomin to my / our credit in this folio no. in the event of n	ee details for insurance benefit at folio level ny / our death. I / We also understand that all payment verleaf for terms & conditions for Nomination	s and settlements made to such Nominee (upon s on for Insurance coverage benefit)	d Nominee to receive Insurance Coverage benefit uch documentation) shall be a valid discharge by								
Guardian/Parent Name (If nominee is a minor): _											
Address:	IN. IAMa haraby dealars that I/wa de not have a	ovieting Mioro SIPs which together with the	Signature of Nominee or Parent / Guardian								
exceeding Rs.50, 000 in a year as described in the other mode), payable to him for the different com in crediting the scheme collection accounts by the DECLARATION FOR AVAILING INSURANCE CO	INI: I/We hereby declare that I/we do not have any instruction No.IV(d) of the common application form. Deting Schemes of various Mutual Funds from amongs Service Providers which may result in a delay in applice: I am informed about the arrangement between Icover under such arrangement and hereby wish to available.	The ARN holder has disclosed to me/us all the con st which the Scheme is being recommended to m lication of NAV. CICI Prudential Mutual Fund and the Insurance Con	mmissions (in the form of trail commission or any le/us. The AMC would not be liable for any delay								
Signature(s) as per ICICI Prudential Mutu lepion Signature(s) as per ICICI Prudential Mutu	ů ,	3rd Holder									
· 등 포	_										
PRUDENTIAL SIP PLUS - ACKNOWLEDGEMENT SLIP (To be filled in by the investor) PRUDENTIAL FUND Name of the Investor: Name of the Investor:											
Scheme Name:	Plan & Optio		Acknowledgement Stamp								
SIP Amount Rs.	SIP Frequency: Monthly Quarte	rly SIP Tenure:									