COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS **PICICI** Application No. PRI DENTIAL* 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. MUTUAL FUND SUB-BROKER CODE ARN-55371 IdentifE=026687EUIN) (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 the PAN) SOLF / 1S Mr. Ms. M/s APPLICANT Date of Birth** PAN/PEKRN³ KYC Id No.¥ NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors) LAST PAN/PEKRN* | 🗌 KYC Proof Attached (Mandatory) | Relationship with Minor applicant: 🔘 Natural guardian 🔾 Court appointed guardian Date of Birth Id No.[¥] 2ND APPLICANT Mr. Ms. M/s LAST KYC Proof Attached (Mandatory) PAN/PEKRN* KYC Id No.¥ Date of Birth D 3RD APPLICANT Mr. Ms. M/s PAN/PEKRN³ (Mandatory) KYC Id No.¥ 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. 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) (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 \bigcirc DD O Funds Transfer O NEFT RTGS Investment DD Charges Total A + BAmount (if applicable) **Amount** Cheque / Date **DD** Number **BANK DETAILS:** Same as above [Please tick () if yes] 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 FCNR 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 Сору 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)* Overseas Address (Mandatory for NRI / FII Applicants) Office Mobile Residence Tel. Email £ Please tick (🗸) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)] □ Please tick (</) 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 Ouarterly Half Yearly * 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 and/or if investing in Retirement Fund. § For KYC requirements, please refer to the instruction Nos. II b(5) & X 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) **AICICI** Application No. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information. **PRUDENTIAL** MUTUAL FUND Name of the Investor:

6. MODE OF HOLDING	G [Please tick (✓)] ○ S	Single O Join	nt O Anyon	e or Survivor (D	efault)										
7. TAX STATUS [Please t		J	<u> </u>		<u> </u>										
Resident Individual		☐ Partnership FI		Government	Body	FPI category I		NPS Trust	☐ Bank						
	•	□ Company □ Private Limite		☐ AOP/BOI ☐ Public limite	d aamnani	☐ FPI category II / ☐ FPI category III			NON Profit Organization/Charities						
	, ,	☐ Limited Partne	' '	Sole Proprie		Others (Please		Defetice Establish	Hent						
8. DEMAT ACCOUNT I NSDL: Depository Participant (DP) II	DETAILS (Optiona	I - Please refe iary Account Num	er Instruction N	<u> </u>		pository Participant (DP) I									
9. FATCA AND CRS D Non-Individual investors sh		separate FA			ne below			pplicants/guardia							
First Applicant / Guardian	,			,		○ Indian ○ L	l.S. Other	s (Please specify)	•						
Second Applicant						◯ Indian ◯ L	.S. Other	s (Please specify)							
Third Applicant						O Indian O U									
Are you a tax resident (i.e., are yo	u assessed for Tax) in an	v other country	outside India?	Yes	○ No	[Please tick (🗸)]	🔾 041101	7 (roade opcony)							
If 'YES' please fill for ALL countries			sident for tax pur	pose i.e. where	you are a	Citizen/Resident / Green			<u> </u>						
	Country of Tax Resi	idency		ation Number al Equivalent	or	Identification (TIIN or other pleas		If TIN is not ava							
First Applicant / Guardian						,	, ,,	Reason: A	C						
Second Applicant								Reason: A	В 🗆	C \square					
Third Applicant								Reason: A	B□	C \square					
☐ Reason A ⇒ The countr	v where the Account	t Holder is lial	ble to pay tax	does not issu	e Tax Ide	entification Number	s to its resin			٠					
□ Reason B ⇒ No TIN red	uired (Select this rea	ason Only if t							collected)						
□ Reason C ⇒ Others, ple Address Type of Sole/1st Ho			ess Type of 2n	ıd Holder			Address Tu	ne of 3rd Holder:							
Residential Registered Of	_		esidential () Re		Busine			Registered Offic	e () Business	S					
Annexure I and Annexure II are	available on the website														
10. KYC DETAILS (Mail	ndatory)														
Occupation [Please tick (✓)] Sole/First ○ Private Sector	Sanzias Dublia S	Sector Service	○ Governm	ont Convice	O Busir	noss OP	ofessional	O Agriculturist	O Retired						
Applicant O Housewife	Student	t	O Forex De	aler	Other	s (Please specify)									
Second OPrivate Sector Housewife	Service O Public S	Sector Service t	O Governm O Forex De	ent Service aler	O Busir	ness OPi rs (Please specify)	ofessional	O Agriculturist	Retired						
Third O Private Sector		Sector Service	Governm		OBusir	ness OPi	ofessional	O Agriculturist	○ Retired						
Applicant O Housewife Gross Annual Income [Pleas	○ Student		O Forex De	aler	Outrier	's (Please specify)									
Sole/First Applicant O Belo	w 1 Lac 0 1-5 Lacs		O 10-25 Lacs	○ >25 Lac	s-1 crore			_							
OR Net	worth (Mandatory for No			0.05	as on	D D M M	Y Y Y	(Not older than 1	year)						
	w 1 Lac 0 1-5 Lacs w 1 Lac 0 1-5 Lacs	○ 5-10 Lac			Lacs-1 cro										
Others [Please tick (🗸)]	W I Lac O I-3 Lacs	○ 3-10 Lac	3 0 10-23 1	acs 0 > 23	Laus-1 UIC	one O > 1 clore O1	I Net Worth								
- 1	Please tick (✔)]: ○ I am	Politically Expo	sed Person (PEP)	O I am Relat	ed to Politi	cally Exposed Person (R	PEP) O No	t applicable							
	als [Please tick (🗸)] (Ple														
(I) Foreign Exchange	e / Money Changer Servic ally Exposed Person (PEP						○N0; (iii	Money Lending / Pav	vning – ○ YES	ONO					
	ally Exposed Person (PEP ally Exposed Person (PEP	,	, ,		, ,	ot applicable ot applicable									
11. NOMINATION DET		-					mount to my/	our credit in event of r	ny/our death as	s follows:					
Name and address of l	Nominee(s)	Applicant's	Date of Birth	Nam	o and add	ress of Guardian			Proportion which the ur	(%) in					
(Please tick if Nominee		Relationship with the	Date of Diffil	IValli	e allu auu	ress of Guardian		re of Nominee/ nominee is a minor	be shared b Nominee (S	oy each					
same as 1st/Sole Applicant's address)		Nominee	[To be furnish	ed in case the N	lominee is	a minor (Mandatory)]	duaruian, n	noninice is a minor	aggregate to						
Nominee 1															
Nominee 2															
Nominee 3															
INVESTOR(S) DECLAR	RATION & SIGN/	ATURE/S).	To the Trueton ICI	I Prudential M.	tual Fund I	Me have road understood	and hereby on	ree to ahide by the Cohe	me Information I	Document/					
Key Information Memorandum of the Sto 114H,as part of the Income-tax Ruli of Money Laundering Act, 2002 and stunder the Schemel(s). I/We have not r and is not designed for the purpose of the Scheme is equal to or more than 2 declare that I/we do not have any exis (in the form of trail commission or any promotional material from the AMC vis	Scheme(s), Foreign Accountes, 1962. I/We apply for the set of their regulations as ma eceived nor been induced be contravention or evasion of 5th of the corpus of the plan sting Micro SIPs which toge other model, payable to hir	t Tax Compliance units of the Fund ty be applicable from the property any rebate or given any Act, Regulation, then ICICI Prude ther with the current for the different	Act (FATCA) and Co and agree to abide om time to time. I/V fts, directly or indir ons or any other ap ntial Asset Manage rent application will competing Scheme	ommon Reporting by the terms, co We confirm to have ectly, in making a plicable laws ena- ment Co. Ltd. (th I result in a total es of various Mut	Standards additions, rule to understood his investmented by the e 'AMC'), hanvestments all Funds fre	(CRS) under FATCA & CRS as and regulations of the si dot the investment objective ent. I/We declare that the Government of India or any s full right to refund the ex exceeding Rs.50,000 in a om amongst which the Scl	provision of the cheme and other es, investment amount investe of Statutory Authoress to me/us to year. The ARN theme is being re	e Central Board of Direct r statutory requirements battern, and risk factors d in the Scheme is throu- lority. I/We agree that in o bring my/our investme holder has disclosed to becommended to me/us. I	Taxes notified R of SEBI, AMFI, applicable to Plaigh legitimate so case my/our inv nt below 25%. I/ me/us all the con	Rules 114 F Prevention ans/Options ources only vestment in /We hereby ommissions					
au t		i i					<u> </u>								
Sole/1st Applicant		2nd Applicant				3rd									
N 4		\					τ								
Scheme Name	Plan	Option/	Sub-option		Paym	ent Details									
Scheme Name	Plan	Option/	Sub-option	Amt	Paym	ent Details Cheque/DD No		dtd							

PRUDENTIAL TO MUTUAL FUND

PAN BASED MANDATE CUM SIP REGISTRATION FORM

[For investment through NACH (Not eligible for Minors Bank Account)]

				_ <u>~</u> _	N BA	CED I	// A NID	ATE				-			_	_	_				
PRUDENTIAL TO	UMRN			-ORIC	OFFI	CE I	JSE	ONII	Y					Date	е	Τ					
MUTUAL FUND	∟ Sponsor Ba	ink Code	FOR OF	FICE IIS	SE ON	IV	Llti	lity Cod	te [Fr	OR C)FF	CE	1121	- 01	JI V	,	
Tick (✓) CREATE✓ I/We hel	eby authorize	ICICI PRUDE								1 4-	ا ماماد	/4: -1								IDO	Other
MODIFY	eby authorize	ICICI FRODE	IVIIAL ASSI	ETTVIATA	AGEIVIE	TIT	IVIFAI	IT LIIVII	T	100	Jebii	(ticl	(J/ UH	/00/	3D-1	T	1-00	viio/	Utilei
CANCEL Ba	ınk a/c number										\perp	\perp		Щ	Щ	\perp	\perp	\perp			
with Bank	Name	of customers ba			IFSC								or M	ICR	4						
an amount of Rupee				imum An	nount (l	Rupees	in wo	rds)								₹					
FREQUENCY A	1thly 🖂 Otly	/ ⊠ H-Yrly	□ Yrly	✓ As 8	4 when	preser	ited			DEBIT			Fixe	d Am	oun	t	√	1 Ma	nixi	ium .	Amount
PAN									Mob	oile No). <u> </u>										
Reference	-fl-t		ATION NUM				. 4			ail ID		44		-ll	. f . l.		6	.l l.	1-		
I agree for the debit	of mandate proc	essing charges	by the bank	wnom I	am auti	norızınç	j to der	oit my a	accoun	it as p	er Ia	test	scne	aule d	of ch	arge	S OT	tne b	ank	•	
From		Sign					Ciani							Sign:							
To Until C		Sign:_		as in bank	rocordo		-		e as in					Ŭ -		Mon	20.00	in ba	nlc r	00011	40
Declaration: I/We hereby dec preferred by the AMC from tin		1 s given on this mandat					2 ness and							3 ough pa							
preferred by the AMC from tin Based Mandate Facility and a rate to debit my account. I/N This is to inform that I/we have mandate verification, registrat	mended from time to tin Ve have understood th e registered for this facil	ne and of NACH (Debits nat I/we authorized to ity and that my/our invo	s). Authorization o cancel/amend t estment in ICICI P	to Bank: Thi	is is to con	firm that	the decla	ration has	been ca	refully r	ead. u	nderst	n & boo	nade by	/ me/ι	ıs. I an	n autho	orizina	the u	ser en	tity/corpo-
PRUDENTIAL TO MUTUAL FUND				SIP RE	GIST	RAT	ON I	FORI	/ I				Appl	icatio	n No) .					
BROKER COD	read Key Scheme E (ARN CODE)/ CODE#		ructions befor UB-BROKER			form. Al		n s to be SUB-Bl allotte	ROKER	CODE		ISH i	n BLA	CK/BL		Em	ploye	OCK L e Unio No.	que		
#By mentioning RIA c	ode, I/We authorize	e you to share wit	th the Investm	ent Advise	er the de	tails of	my/our 1	ransact	ions in 1	the scl	neme	(s) of	ICICI	Prude	ntial	Mutu	ıal Fu	nd.			
any, provided by the er SIGNATURE (The Trustee, ICICI Prude	OF SOLE / FIRST	APPLICANT		SIGNA	TURE O	F SECC	ND AP	PLICAN	IT				SIGN	IATUI	RE O	F TH	nditio	ns of	the S	SIP En	
FOLIO NO.				Birth		D	M	M	Υ	Υ	Υ	Υ				e tick		via	Exis	ting	OTM
Sole/1st Applicant's Name: Mr. /Ms. / M/s		FIRST			MIDE	DLE						L	AST								
Scheme: ICICI PRUDE	NTIAL					PL/	AN:						-					P UP			
OPTION:		DN:		END FREQ	_			EP FRE					- [Perce	ntag	э: 🗌	10%		15%		20%
Please refer instructions Each SIP Amount: Rs.	and Key Scheme Fe	eatures for options,	In words		cilities av	railable l	inder ea	cn scner	ne of the	e Funa.				other _.			(m	ultiple	s of	5% oı	nly)
	Daily (Only busines	s days) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ekly (Wednesda		ortniahtly	,**	Monthly		ıarterly*	· (Defai	ılt is l	Month		TOP L							
SIP Date*: (Applicable Monthly & Ortly frequencies	for D	SIP Start	7.	7 Y Y	/ Y	SIP E	nd ´		M Y	/ Y	10.137	/	,,	* TOP Frequ		_	_	,			,
*In case of Quarterly SII #In case the choosen d	, only Yearly freque	Month / Year ncy is available und ss day, the transact	der SIP TOP UF ion would be p	? **Fortnig processed o	htly is av	ailable o	n / Year n 1st an ss day.	d 16th o	f each m	noth, as	appl	icable		SIP TO Rs Mont			P Am	ount:			OR
EXISTING OTM/FIRST I	NSTALLMENT BAN												_	M	-	VI	Υ	Υ		Υ	Υ
A/c No		Bank Name: _											_][#Invest Amoun	or has t or C/	to ch	oose o nth-Ye	nly on ar	e opti	on – e	either CAP
DEMAT ACCOUNT STAT	TEMENT DETAILS (9)															
NSDL: Depository Particip	ant (DP) ID (NSDL only	y) Beneficiary	Account Number	er (NSDL only	у)		CDSI	L: Depos	itory Part	ticipant	(DP) I	D (CDS	SL only)							
exceeding Rs.50, 000 in a other mode), payable to hin crediting the scheme company.	year as described in the contract of the contract of the different of the contract of the cont	in the Instruction No competing Schemo by the Service Prov	o.lV(d) of the o es of various N iders which ma	common ap Autual Fund ay result in	oplication	form. The monast	ıe AŘN h which th	older ha ne Scher	s disclos	seď to i	ne/us	all th	e com	missi	ons (i	n the	form (of trail	com	miss	ion or any
Signature(s) as per I	CICI Prudential N	Vlutual Fund Rec	corus (iviaiiu	latory)																	
-	CICI Prudential N	Volutual Fund Ked	2nd Holder	latory)						7" 6	Holder										
Signature(s) as per le	CICI Prudential N		2nd Holder		 estor)						Holder	Foli	 o No./	 ' Appli	catio			leda	eme	nt Si	
Signature(s) as per lo	TNOWLEDGEM of the Investor:		Pug Sudential Su	 the inve		Frequenc			eekly 🗀						Г				eme	nt Si	tamp