

Please read INSTRUCTIONS (Page 16-18) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BRN CODE ARN-82882	SUB-BROKER CODE	Please tick (✓) <input type="radio"/> Existing Investor <input type="radio"/> New Investor (Refer instruction no.XII)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
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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*

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

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

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

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

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

[§] For PAN & KYC requirements, please refer to the instruction Nos. II b(5), V(I) & 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)

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/Bol Club/Society Company FII

<p>Correspondence Address (Please provide full address)*</p> <p><input type="text"/> HOUSE / FLAT NO.</p> <p><input type="text"/> STREET ADDRESS</p> <p><input type="text"/> STREET ADDRESS</p> <p><input type="text"/> CITY / TOWN <input type="text"/> STATE</p> <p><input type="text"/> COUNTRY <input type="text"/> PIN CODE</p>	<p>Overseas Address (Mandatory for NRI / FII Applicants)</p> <p><input type="text"/> HOUSE / FLAT NO.</p> <p><input type="text"/> STREET ADDRESS</p> <p><input type="text"/> STREET ADDRESS</p> <p><input type="text"/> CITY / TOWN <input type="text"/> STATE</p> <p><input type="text"/> COUNTRY <input type="text"/> PIN CODE</p>
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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 Current Savings NRO NRE 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)

✂

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.

