

COMMON APPLICATION FORM

excluding for ICICI Prudential Childcare Plan
(Please read the instructions before investing)

• Lumpsum Investment • Systematic Investment Plan (SIP).
SIP payment options: Bank Standing Instruction • Auto Debit (ECS) • Post Dated Cheques



ARN-29333

Sub-broker Code

Serial Number, Date & Time of Receipt

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 FOR EXISTING UNITHOLDERS [Refer to Instruction II(a)]

Folio No.

Application No.

If you have an existing folio with PAN validation & KYC validation (if applicable), please mention the folio number in the space provided and proceed to Step 4.

2 ABOUT YOU

Name of First Applicant

Mr. Ms. M/s.

Date:

Date of Birth (Mandatory)

Name of Guardian (in case of minor) / Contact Person (In case of non-individual investors)

Mr. Ms.

Status [Please tick (✓)]

- ☐ Minor ☐ Trust
☐ NRI/PIO ☐ Bank/FI
☐ Resident Individual ☐ AOP/Bol
☐ HUF ☐ Club/Society
☐ Sole Proprietorship ☐ Company
☐ Partnership Firm ☐ FII
☐ Others (Please specify)

Mailing Address (Please provide full address) (Mandatory)

City
(Mandatory)
State
(Mandatory)

PIN
(Mandatory)

Country

Contact Details

Tel. (Res.) Tel. (Off.) Mobile
E-Mail

Communication: As a part of the **Go Green** initiative, Account Statement/Annual Report/other statutory information will be sent only by email to the above mentioned email ID.

☐ Please tick (✓) if you wish to receive Account Statement/Annual Report/other statutory information via physical documents instead of email.

Overseas Address (in case of NRIs/FIIs)

City

ZIP/PIN
(Mandatory)

Country
(Mandatory)

Name of Second Applicant

Mr. Ms.

Name of Third Applicant

Mr. Ms.

PAN & KYC [Please refer the instruction Nos. II-b(4), V(I), X] (Mandatory)

| APPLICANT DETAILS | PAN (Please attach proof) | Know Your Customer (KYC) (Please ✓) | Mode of holding [Please tick (✓)] | Occupation [Please tick (✓)] |
|---|---------------------------|---|---|--|
| 1st Applicant | <input type="text"/> | <input type="checkbox"/> KYC acknowledgement /Copy enclosed | <input type="checkbox"/> Single | <input type="checkbox"/> Professional <input type="checkbox"/> Housewife |
| Guardian (in case 1st applicant is minor) | <input type="text"/> | <input type="checkbox"/> KYC acknowledgement /Copy enclosed | <input type="checkbox"/> Anyone or Survivor | <input type="checkbox"/> Business <input type="checkbox"/> Service |
| 2nd Applicant | <input type="text"/> | <input type="checkbox"/> KYC acknowledgement /Copy enclosed | <input type="checkbox"/> Joint | <input type="checkbox"/> Retired <input type="checkbox"/> Student |
| 3rd Applicant | <input type="text"/> | <input type="checkbox"/> KYC acknowledgement /Copy enclosed | (Default option: Anyone or Survivor) | <input type="checkbox"/> Others (Please specify) |

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Refer instruction No.III)

| | | | |
|-----------|-------------------------------------|----------------------|---|
| MANDATORY | Bank Particulars (Name of the Bank) | <input type="text"/> | |
| | Branch Address | <input type="text"/> | |
| | Account Number | Account Type | <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE |
| | 9 Digit MICR code | IFSC Code (11 digit) | <input type="text"/> |
| | City <input type="text"/> | | |

If "Mandatory Details" are not provided, your application is liable to be rejected.



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

Application No.

Received from:

Address

Application for Units of ICICI Prudential

Option :

Signature, Stamp & Date

4 INVESTMENT DETAILS (Refer Instruction No.IV) • PLANS, OPTIONS & SUB-OPTIONS (See the Key Features for Scheme specific options & sub-options)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|
| NAME OF THE SCHEME (Please leave one box blank between words) | | | | | | | | | | | | | | | |
| I | C | I | C | I | | P | R | U | D | E | N | T | I | A | L |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

(Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest)

☐ Retail ☐ Dividend Payout ☐ Growth/ Cumulative ☐ AEP-Regular*
☐ Institutional ☐ Dividend Reinvestment ☐ AEP-Appreciation

AEP frequency : _____

Dividend Frequencies: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly

☐ Dividend Transfer Plan (DTP) (Please refer to instruction No. IV (f): Scheme Name: _____ Option: _____)

| | | | | | | | | | | | |
|---|--|---------------|--|----------------|--|----------------|--|---------------------------------|--|---|--|
| PAYMENT DETAILS (LUMP SUM INVESTMENT / FIRST CHEQUE FOR SIP) | | | | | | | | | | | |
| Amount Paid (A) | | | | DD Charges (B) | | | | Amount Invested (C) = (A) + (B) | | | |
| Rs. _____ | | | | Rs. _____ | | | | Rs. _____ | | | |
| Bank Name & Branch _____ | | | | | | | | | | | |
| City | | Cheque/DD No. | | | | Cheque/DD Date | | | | Account Type (For NRI Investors) | |
| _____ | | _____ | | | | D D M M Y Y | | | | <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR | |

| | | | | | | | | | | | |
|---|--|--|--|------------------|--|--|--|--|--|--|--|
| SUBSEQUENT SIP INSTALMENT DETAILS THROUGH PDCS | | | | | | | | | | | |
| Cheque Number From | | | | Cheque Number To | | | | Number of Cheques | | | |
| _____ | | | | _____ | | | | _____ | | | |
| Start From | | | | End to | | | | SIP Date | | | |
| M M Y Y Y Y | | | | M M Y Y Y Y | | | | <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th | | | |
| Drawn on Bank & Branch _____ | | | | | | | | | | | |

SIP through

☐ Standing Instruction/Direct Debit
☐ ECS ☐ PDCs

SIP Frequency (Please tick (✓))

☐ Monthly ☐ Quarterly
 (Default is Monthly)

☐ SIP TOP UP (Optional)

TOP UP Amount*:

Rs. _____

*TOP UP amount has to be in multiples of Rs.500 only.

TOP UP Frequency (Mandatory):

☐ Half Yearly ☐ Yearly

(In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. Please refer to the instruction V(k))

*Cumulative – AEP Regular Option : Encashment of Units is subject to declaration of dividend in the respective Scheme(s). Please refer to instruction no. IV(c).

☐ **Trigger** Please (✓) (Trigger can be done only from ICICI Prudential Target Returns Fund – Growth sub-option)

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| NAV appreciation (Please ✓) <input type="checkbox"/> 12% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> 100% | | | | Trigger Amount <input type="checkbox"/> Appreciation amount only <input type="checkbox"/> All units | | | |
| Amounts/units to be triggered to Retail Option under (Please ✓): ICICI Prudential Floating Rate Plan – <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B | | | | | | | |
| <input type="checkbox"/> ICICI Prudential Liquid Plan <input type="checkbox"/> ICICI Prudential Short Term Plan <input type="checkbox"/> ICICI Prudential Income Plan <input type="checkbox"/> ICICI Prudential Flexible Income Plan | | | | | | | |
| Sub-options (Please ✓): Growth AEP* <input type="checkbox"/> Appreciation <input type="checkbox"/> Regular <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend Pay-out <input type="checkbox"/> Dividend Reinvestment | | | | | | | |

Default Trigger Options: NAV appreciation: 20%; Scheme: ICICI Prudential Liquid Plan - Growth Option. *Cumulative - AEP Regular option: Encashment of units is subject to declaration of dividend into respective scheme(s).

☐ **Micro SIPs** Please (✓) (Investment of equal to or less than Rs.50,000/- per annum under SIP registration) (Please refer instruction No. V(ii))

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Photo Identification Document Type (Mandatory) (Only in case of PAN not provided) | | | | | | | | | | | | ID Card No. / Reference No. | | | | | | | | | | | |
| 1st Applicant | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd Applicant | | | | | | | | | | | | | | | | | | | | | | | |
| 3rd Applicant | | | | | | | | | | | | | | | | | | | | | | | |

5 NOMINATION DETAILS (Optional) • For Single nomination, please fill in the details below. • For multiple nominations, please use the form available separately.

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Name of the Nominee

Mr. Ms. M/s. _____ Date of Birth (If nominee is minor) _____

Address of Nominee (Please provide full address)

 _____ PIN Code _____

Name of the Guardian (If nominee is minor) - Mandatory

Relationship with minor

Address of Guardian

Signature of Guardian

 _____ PIN Code _____

6 YOUR CONFIRMATION/DECLARATION

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).

First Applicant

Second Applicant

Third Applicant

SIGNATURE(S)



ACKNOWLEDGEMENT SLIP
 (To be filled in by the investor)

☐ SIP TOP UP Amount Rs. _____ Frequency: ☐ Half Yearly ☐ Yearly

Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential 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.

4 INVESTMENT DETAILS UNDER ICICI PRUDENTIAL CHILD CARE PLAN (Refer Instruction No.IV)

PAYMENT DETAILS FOR LUMP SUM INVESTMENT / DETAILS OF FIRST CHEQUE FOR SIP PAYMENT THROUGH PDCs (Refer to Instruction No.V)

| | | | |
|--|--|--|---|
| SIP through (Please tick): <input type="checkbox"/> Standing Instruction/Direct Debit <input type="checkbox"/> ECS <input type="checkbox"/> PDCs | | SIP Frequency (Please tick(✓)) (Default is Monthly): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| Scheme Name | Plans (Please ✓) | Amount Invested (A) | DD Charges (B) |
| ICICI Prudential Child Care Plan | <input type="checkbox"/> Study Plan <input type="checkbox"/> Gift Plan | Rs. <input type="text"/> | Rs. <input type="text"/> |
| | Cheque/DD No. | Bank Name & Branch | Amount Paid (C) = (A) + (B) |
| | <input type="text"/> | <input type="text"/> | Rs. <input type="text"/> |
| | | | Cheque/DD Date |
| | | | <input type="text"/> |
| | | | Account Type (For NRI Investors) |
| | | | <input type="checkbox"/> NRO <input type="checkbox"/> NRE |
| SUBSEQUENT SIP INSTALLMENT DETAILS [To be filled in case of SIP through Post Dated Cheques (PDCs)] | | | |
| Single Installment Amount | Rs. <input type="text"/> | Number of Cheques | <input type="text"/> |
| Cheque Dated | <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th | Start From | <input type="text"/> |
| Drawn on Bank | <input type="text"/> | Branch | <input type="text"/> |
| | | Cheque Number From | <input type="text"/> |
| | | Cheque Number To | <input type="text"/> |
| | | <input type="checkbox"/> SIP TOP UP (Optional) | |
| | | TOP UP Amount*: Rs. <input type="text"/> | |
| | | *TOP UP amount has to be in multiples of Rs.500 only. | |
| | | TOP UP Frequency* (Mandatory): | |
| | | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | |

* In case of Quarterly SIP, TOP UP frequency available will be Yearly.

☐ **Micro SIPs** Please (✓) (Investment of equal to or less than Rs.50,000/- per annum under SIP registration) (Please refer instruction No. V(h))

Required only in case of PAN not provided.

| | |
|---|------------------------------|
| Photo Identification Document Type (Mandatory)* | ID Card No. / Reference No.* |
| <input type="text"/> | <input type="text"/> |

* Since the applicant is minor, Guardian's/Parent's identification details have to be provided.

5 ASSIGNMENT FOR INSURANCE* [Please refer to the Instruction]

I _____ (guardian), do hereby assign the monies payable by ICICI Lombard General Insurance Co. Ltd., in the event of my death, to _____ (nominee) my _____. I further declare that his/her receipt shall be sufficient discharge by ICICI Lombard General Insurance Co. Ltd.

Dated this _____ day of _____ at _____.

Name : _____

Address: _____

Signature of Parent/Legal Guardian

* Assignee should be a resident who has attained the age of majority.

6 NOMINATION DETAILS (Optional) • For Single nomination, please fill in the details below. • For multiple nominations, please use the form available separately.

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

| | |
|--|-------------------------------------|
| Name of the Nominee | Date of Birth (If nominee is minor) |
| Mr. Ms. M/s. <input type="text"/> | <input type="text"/> |
| Address of Nominee (Please provide full address) | |
| <input type="text"/> | PIN Code <input type="text"/> |
| Name of the Guardian (If nominee is minor) - Mandatory | Relationship with minor |
| <input type="text"/> | <input type="text"/> |
| Address of Guardian | Signature of Guardian |
| <input type="text"/> | <input type="text"/> |
| | PIN Code <input type="text"/> |

7 YOUR CONFIRMATION

The Trustee, ICICI Prudential Mutual Fund – I/We have read and understood the Scheme Information Document, Statement of Additional Information/Key Information Memorandum and addendums of the Scheme. I/We apply for the units of the ICICI Prudential Child Care Plan and I/We agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme. I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We agree to abide by the terms, conditions, rules, regulations 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 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, Regulation, Rule, Notification, Directions 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., Investment Manager to the Scheme, 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 PARENT OR LEGAL GUARDIAN

REGISTRAR

Computer Age Management Services Pvt. Ltd.
 New No 10. Old No. 178, Opp. to Hotel Palm Grove, MGR Salai (K.H.Road), Chennai - 600 034.

Note: All future communications in connection with this application should be addressed to the Customer Service Centre, quoting full name of Sole/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.