MAIN APPLICATION FORM

(Please read the instructions before investing)

Use this Form if you are making one time investment. For SIP investments use the separate blue coloured SIP form.

ICICI PRUDENTIAL MUTUAL FUND

Making your money work as hard as you do

Broker Code	Sub-broker Code	Date & Time of Receipt	Serial Number

Application No.

1 FOR EXISTING UNITHOLDERS

If you have an existing folio with PAN validation, please mention the folio number in the space provided and proceed to Step 5. *Please note that the applicable details and mode of holding will be as per the existing folio.*

Folio No.

2 ABOUT YOU

Date: _____

Name of First Applicant

Mr. Ms. M/s.

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/BoI
- ☐ HUF
- ☐ Club/Society
- ☐ Sole Proprietorship
- ☐ Company
- ☐ Partnership Firm
- ☐ FII
- ☐ Others *(Please specify)* _____

Designation of the Contact Person (In case of non-individual investors)

Mailing Address (Please provide full address)

City (Mandatory)

State (Mandatory)

PIN (Mandatory)

Country

Communication

Tel. (Res.) **Tel. (Off.)** **Mob**

E-Mail

Overseas Address (in case of NRIs/FIIs)

City

State

ZIP/PIN (Mandatory)

Country (Mandatory)

Name of Second Applicant

Mr. Ms.

Mode of holding [Please tick (✓)]

- ☐ Single
- ☐ Joint
- ☐ Anyone or Survivor

(Default option: Anyone or Survivor)

Name of Third Applicant

Mr. Ms.

MANDATORY

Permanent Account Number (PAN) (PAN for all holders is mandatory if amount invested is Rs.50,000 or more) (KYC Compliant)

1st Applicant — Guardian (In case of minor)

2nd Applicant

3rd Applicant

Occupation [Please tick (✓)]

- ☐ Professional
- ☐ Housewife
- ☐ Business
- ☐ Service
- ☐ Retired
- ☐ Student
- ☐ Others *(Please specify)* _____

3 E-MAIL COMMUNICATION – I/We wish to receive the following via e-mail instead of physical document:

☐ Account Statement ☐ Quarterly Review & Annual Report ☐ Other statutory information

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ICICI Prudential AMC Ltd. - ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Application No.

Received from:

Address

Application for Units of ICICI Prudential _____ Option : _____

Signature, Stamp & Date

30-Mar-07

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

MANDATORY

Bank Particulars (Name of the Bank)

Branch Address City

Account Number

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE

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

9 Digit MICR code

IFSC Code (11 digit)

Please quote 9 Digit Code No. of your Bank and Branch corresponding to Bank Account details. (This number appears on every leaf of your cheque book after your cheque number). Please attach a blank "cancelled" Cheque or a clear photocopy of a cheque issued by your bank verifying of the Code No. The AMC reserves the right to make dividend payments through ECS where MICR code is available.

5 INVESTMENT DETAILS (Refer Instruction No.IV)

If you wish to use STP/SWP facility please tick the relevant box and fill in the STP/SWP Application Form on page 27 ☐ **STP** ☐ **SWP**

NAME OF THE SCHEME (Please leave one box blank between words)

ICICI PRUDENTIAL

OPTIONS & SUB-OPTIONS (See the Key Features for Scheme specific options & sub-options)
[Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest]

☐ **Cumulative/Growth**
☐ **AEP-Regular***
☐ **AEP-Appreciation**
☐ Monthly ☐ Half Yearly ☐ Quarterly

In case of EQUITY & DERIVATIVES FUND, choose any of these Plans/Options:

☐ **Income Optimiser Plan**
☐ **Institutional Option** ☐ **Retail Option**
☐ **Wealth Optimiser Plan - Regular Option**

☐ **Dividend Payout**
☐ **Dividend Reinvestment**
☐ **Dividend Transfer Plan (DTP)**
☐ Daily ☐ Monthly ☐ Weekly ☐ Quarterly ☐ Fortnightly ☐ Half Yearly

In case of DTP the dividend to be transferred to:
Scheme_____
Plan_____
Option_____

Amount Paid (A) Rs.

DD Charges (B) (To be filled in, only if the Fund bears the DD Charges) $ Rs.

Amount Invested (C) = (A) + (B) (To be filled in if the column **(B)** is applicable to the Scheme/Plan) Rs.

Bank Name & Branch

Cheque/DD No.

Cheque/DD Date D D M M Y Y

Account Type ***(For NRI Investors)*** ☐ NRO ☐ NRE ☐ FCNR

* **Cumulative – AEP Regular Option** : Encashment of Units is subject to declaration of dividend in the respective Scheme(s). **$ Read the Instruction Number VI(d).**

6 NOMINATION DETAILS (Optional)

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) D D M M Y Y Y Y

Address of Nominee (Please provide full address)

PIN Code

Name of the Guardian (If nominee is minor)

Relationship with minor

Address of Guardian

PIN Code

Signature of Guardian

7 YOUR CONFIRMATION

The Trustee, **ICICI Prudential Mutual Fund**
I/We have read and understood the Offer Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the ICICI Prudential Mutual Fund 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(s). 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%.

DD MM YYYY

SIGNATURE(S)

First Applicant	
Second Applicant	
Third Applicant	

ICICI Prudential AMC Ltd. - ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Investment Plan	Cheque/DD No.	Dated	Amount (Rs.)	Drawn on (Name of Bank & Branch)

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.