ICICI PRUDENTIAL MUTUAL FUND

ICICI Prudential MNC Fund
(An open ended equity scheme following MNC theme)

Application No.

New Fund Offer Opens on: May 28, 2019 | New Fund Offer Closes on: June 11, 2019

Application Form for Resident Indians and NRIs/PIOs. Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

This Product is suitable for investors who are seeking*:	Riskometer
• Long term wealth creation • An open ended equity scheme that aims to provide capital appreciation by investing predominantly in equity and equity related securities within MNC space. * Investors should consult their financial advisers if in doubt about whether the product is suitable for them	Investors understand that their principal will be at high risk

BROKER CODE (ARN CODE)/ RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
ARN-48012			**E-053085**

#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. X). – 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.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction IX]

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested.

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.

Investors' names should be as per PAN

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)

Mr. Ms. M/s	FIRST NAME	MIDDLE NAME	LAST NAME	FOLIO No.

2 APPLICANT(S) DETAILS [Please Refer to Instruction No. II (b)] (Names should be as per PAN)

SOLE/1ST APPLICANT — Mr. Ms. M/s — FIRST — MIDDLE — LAST

PAN/PEKRN* | KYC Id No.¥ | Enclosed (Please ✓)§* ○ KYC Acknowledgement Letter | Date of Birth** D D M M Y Y Y Y

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Mr. Ms. — FIRST — MIDDLE — LAST

PAN/PEKRN* | ☐ KYC Proof Attached (Mandatory) | Relationship with Minor applicant: ○ Natural guardian ○ Court appointed guardian | KYC Id No.¥ | Date of Birth: D D M M Y Y Y Y

2ND APPLICANT — Mr. Ms. M/s — FIRST — MIDDLE — LAST

PAN/PEKRN* | KYC Id No.¥ | Enclosed (Please ✓)§* ○ KYC Acknowledgement Letter | Date of Birth** D D M M Y Y Y Y

3RD APPLICANT — Mr. Ms. M/s — FIRST — MIDDLE — LAST

PAN/PEKRN* | KYC Id No.¥ | Enclosed (Please ✓)§* ○ KYC Acknowledgement Letter | Date of Birth** D D M M Y Y Y Y

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).

3 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.

MANDATORY	Account Number		Account Type ○ Savings ○ Current ○ NRO ○ NRE ○ FCNR
	Name of Bank		
	Branch Name		Branch City
	9 Digit MICR code	11 Digit IFSC Code	Enclosed (Please ✓): ☐ Bank Account Details Proof Provided.

4 YOUR INVESTMENT DETAILS OF ICICI PRUDENTIAL MNC FUND

☑ **ICICI Prudential MNC Fund**

OPTION [Please tick (✓)]: ☐ **Growth option** ☐ **Dividend Payout option** ☐ **Dividend Reinvestment option** ☐ **Dividend Transfer Plan (DTP)*** (*Please fill in the Target Scheme details below:)

Target Scheme (Any of the open ended schemes of ICICI Prudential Mutual Fund in which the dividend declared to be transferred):

Scheme Name & Plan: ICICI Prudential _____

Option & Sub-Option: _____

NFO APPLICATION FORM (left margin, vertical)

5 PAYMENT DETAILS

Amount Invested | **Cheque/DD No.** | **Cheque/DD Date** | **Account Type** *(For NRI Investors)*

Rs. _____ | _____ | D D M M Y Y | ☐ NRO ☐ NRE ☐ FCNR

BANK DETAILS ☐ Same as above *[Please tick (✓) if yes]*   ☐ Different from above *[Please tick (✓) if it is different from above and fill in the bank details below]*

Account Number _____

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR

BANK NAME, BRANCH & ADDRESS: _____

City _____

The cheque/demand draft should be drawn in favour of **"ICICI Prudential MNC Fund"** and crossed **"Account Payee Only"**. The cheque/demand draft should be payable at the centre where the application is lodged. For third party investment, refer instruction no. XIV.

6 MODE OF HOLDING

○ Single   ○ Joint   ○ Anyone or Survivor *(Default)*

7 TAX STATUS [Please tick (✓)]

☐ Resident Individual   ☐ NRI   ☐ Partnership FIRM   ☐ Government Body   ☐ FPI category I   ☐ NPS Trust   ☐ Bank

☐ On behalf of Minor   ☐ Foreign National   ☐ Company   ☐ AOP/BOI   ☐ FPI category II   ☐ NON Profit Organization/Charities

☐ HUF   ☐ Body Corporate   ☐ Private Limited Company   ☐ Public limited company   ☐ FPI category III   ☐ Defence Establishment

☐ Financial Institution   ☐ Trust/Society/NGO   ☐ Limited Partnership (LLP)   ☐ Sole Proprietorship   ☐ Others (Please specify) _____

8 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. VIII)

NSDL: Depository Participant (DP) ID (NSDL only)   **Beneficiary Account Number** (NSDL only)   **CDSL:** Depository Participant (DP) ID (CDSL only)

9 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN | STATE
COUNTRY | PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN | STATE
COUNTRY | PIN CODE

Tel. | Office | Residence | Mobile _____

Email £ _____

Please ☐ if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.IX(a)]

Please ☐ 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 ○ Quarterly ○ Half Yearly ○ Annually

* Mandatory information – If left blank the application is liable to be rejected.
** Mandatory in case the Sole/First applicant is minor.
§ For KYC requirements, please refer to the instruction Nos. II b(5) & VII

\# 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(3)
£ For email communication please refer to instruction no. VI

10 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) *(Mandatory)*

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			○ Indian ○ U.S. ○ Others *(Please specify)* _____
Second Applicant			○ Indian ○ U.S. ○ Others *(Please specify)* _____
Third Applicant			○ Indian ○ U.S. ○ Others *(Please specify)* _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ○ Yes ○ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type *(TIN or other please specify)*	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A ☐ B ☐ C ☐
Second Applicant				Reason : A ☐ B ☐ C ☐
Third Applicant				Reason : A ☐ B ☐ C ☐

☐ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
☐ Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
☐ Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder: ○ Residential ○ Registered Office ○ Business

Address Type of 2nd Holder: ○ Residential ○ Registered Office ○ Business

Address Type of 3rd Holder: ○ Residential ○ Registered Office ○ Business

Annexure I and **Annexure II** are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

11 KYC DETAILS (Mandatory) – Occupation [Please tick (✓)]

Sole/First Applicant	○ Private Sector Service ○ Housewife	○ Public Sector Service ○ Student	○ Government Service ○ Forex Dealer	○ Business ○ Others (Please specify)____	○ Professional	○ Agriculturist	○ Retired
Second Applicant	○ Private Sector Service ○ Housewife	○ Public Sector Service ○ Student	○ Government Service ○ Forex Dealer	○ Business ○ Others (Please specify)____	○ Professional	○ Agriculturist	○ Retired
Third Applicant	○ Private Sector Service ○ Housewife	○ Public Sector Service ○ Student	○ Government Service ○ Forex Dealer	○ Business ○ Others (Please specify)____	○ Professional	○ Agriculturist	○ Retired

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore
	Net worth (Mandatory for Non-Individuals) ₹ _____ as on ☐D ☐D ☐M ☐M ☐Y ☐Y ☐Y ☐Y (Not older than 1 year)
Second Applicant	○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore **OR** Net worth ₹ _____
Third Applicant	○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore **OR** Net worth ₹ _____

Others [Please tick (✓)]

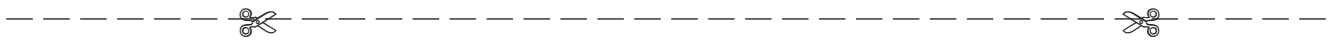|	
Sole/First Applicant	**For Individuals** [Please tick (✓)]: ○ I am Politically Exposed Person (PEP) ^ ○ I am Related to Politically Exposed Person (RPEP) ○ Not applicable
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVII): (i) Foreign Exchange /Money Changer Services – ○ YES ○ NO; (ii) Gaming /Gambling /Lottery/Casino Services – ○ YES ○ NO; (iii) Money Lending / Pawning – ○ YES ○ NO
Second Applicant	○ Politically Exposed Person (PEP) ^ ○ Related to Politically Exposed Person (RPEP) ○ Not applicable
Third Applicant	○ Politically Exposed Person (PEP) ^ ○ Related to Politically Exposed Person (RPEP) ○ Not applicable

12 NOMINATION DETAILS (Refer instruction IV)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) ☐ (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's Relationship with the Nominee	Date of Birth [To be furnished in case the Nominee is a minor (Mandatory)]	Name and address of Guardian	Signature of Nominee/ Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund,** I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules,1962. 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/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).*

Information/documents given in/with this application form is true and complete in all respects and I/we agree to provide any additional information that may be required by the AMC/the Fund/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the Fund immediately upon change in any information furnished by me.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

✂ - ✂

ICICI PRUDENTIAL MUTUAL FUND

ICICI Prudential MNC Fund

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

EXISTING FOLIO NO. ☐ / ☐

ACKNOWLEDGEMENT

Investor's Name: _____

☐ ICICI Prudential MNC Fund	**OPTION** [Please tick (✓)]:	☐ **Growth option** ☐ **Dividend Payout option** ☐ **Dividend Reinvestment option**
		☐ **Dividend Transfer Plan (DTP)*** (*Please fill in the Target Scheme details below:)

Target Scheme (Any of the open ended schemes of ICICI Prudential Mutual Fund in which the dividend declared to be transferred):

Scheme Name & Plan: ICICI Prudential _____

Option & Sub-Option: _____

Amt. Rs._____ Cheque/DD No. _____ dtd:_____ Bank & Branch _____

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US
ICICI Prudential Asset Management Company Limited
Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India
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.

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ICICI PRUDENTIAL
MUTUAL FUND

ICICI PRUDENTIAL MNC FUND | **NFO Period: May 28, 2019 to June 11, 2019**
PAN BASED MANDATE CUM SIP/SIP PLUS REGISTRATION FORM (For investment through NACH)

PAN BASED MANDATE

ICICI PRUDENTIAL MUTUAL FUND

UMRN [ ] FOR OFFICE USE ONLY [ ] Date [ ]

Sponsor Bank Code FOR OFFICE USE ONLY   Utility Code FOR OFFICE USE ONLY

Tick (✓)
CREATE ✓
MODIFY
CANCEL

I/We hereby authorize **ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number [ ]

with Bank [Name of customers bank] IFSC [ ] or MICR [ ]

an amount of Rupees [Maximum Amount (Rupees in words)] ₹ [ ]

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

PAN [ ] Mobile No. [ ]

Reference [APPLICATION NUMBER] Email ID [ ]

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From [ ]
To [ ]
Or ☒ Until Cancelled

Sign:_____ Sign:_____ Sign:_____

1. [Name as in bank records] 2. [Name as in bank records] 3. [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 ICICI 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.

ICICI PRUDENTIAL MUTUAL FUND

ICICI Prudential MNC FUND
SIP Registration-cum-Mandate Form for SIP/SIP PLUS

☐ **SIP PLUS**
[Tick (✓) here to avail SIP Plus]

Application No. [ ]

New Fund Offer Opens on: May 28, 2019 | New Fund Offer Closes on: June 11, 2019

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS.

BROKER CODE (ARN CODE)/ RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)		Employee Unique Identification No. (EUIN)
ARN-48012			**E-053085**	

#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.

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY: 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 directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Declaration for "execution-only" transaction (only where EUIN box is left blank) - 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.

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.

FOLIO NO. [ ] ☐ **Registration via existing OTM** [Please tick (✓)] **Date of Birth** (Refer point 21 under T&C) [D D M M Y Y Y Y]

Sole/First Applicant's Name (As per PAN): Mr. /Ms. / M/s [FIRST] [MIDDLE] [LAST]

Scheme Name: ICICI PRUDENTIAL MNC Fund | **Plan:** _____

OPTION:_____ **SUB-OPTION:** _____

Please refer instructions and Key Information Memorandum(s)/SIDs available on ICICI Prudential Mutual Fund website for options, sub-options and other facilities available under each scheme of the Fund.

Each SIP Amount: Rs. [ ] **In words:** _____

SIP Frequency: ☐ Daily (Only business days) ☐ Weekly (Wednesdays) ☐ Fortnightly** ☐ Monthly ☐ Quarterly* (Default is Monthly)

SIP Date#: [D D] **SIP Start Month / Year** [M M Y Y Y Y] **SIP End Month / Year** [M M Y Y Y Y] **SIP Installments ^** [ ]

*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. **Fortnightly is available on 1st and 16th of each moth, as applicable. #In case the choosen date is a non-business day, the transaction would be processed on the next business day. ^ Number of installments have to be mentioned only in case of Daily/Weekly/Fortnighly frequencies. [Refer T&C no.12(f)]

☐ **SIP TOP UP (Optional)** (Tick to avail this facility - not available for SIP Plus)
Percentage: ☐ 10% ☐ 15% ☐ 20% *other_____ (multiples of 5% only)
TOP UP Amount: Rs._____ * TOP UP amount in multiples of Rs.100 only.
Frequency: ☐ Half Yearly ☐ Yearly

SIP TOP UP CAP Amount: (Investor has to choose only one option – either CAP Amount or CAP Month-Year)
Rs._____
OR Month-Year: [M M Y Y Y Y]

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS: Cheque/DD No._____ Cheque/DD Amount Rs. _____

A/c No. _____ Bank Name: _____

(Please see overleaf)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)
ICICI PRUDENTIAL MUTUAL FUND
ICICI Prudential MNC Fund
☐ **SIP PLUS** [Tick (✓) here to avail SIP Plus] Folio No./ Application No. [ ]

Name of the Investor:_____

Scheme Name:_____ Plan & Option:_____

☐ **SIP TOP UP** Amt. Rs._____ **TOP UP CAP:** ○ Amt:Rs._____ OR ○ Month-Year: [M M Y Y Y Y]

SIP Amount Rs._____ SIP Frequency:_____ SIP Tenure in case of SIP Plus:_____

Acknowledgement Stamp

Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. 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).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19) (NOT APPLICABLE FOR SIP PLUS)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	**CDSL:** Depository Participant (DP) ID (CDSL only)

NOMINATION FOR SIP PLUS (Nominee details for insurance benefit at folio level): I/We do hereby nominate the undermentioned Nominee to receive Insurance Coverage benefit to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee (upon such documentation) shall be a valid discharge by the AMC/Mutual Fund/Trustees. *(Please refer to terms & conditions for Nomination for Insurance coverage benefit)*

Nominee Name _____   Relationship: _____   Date of Birth: ____ / ____ / _____

Guardian/Parent Name (If nominee is a minor): _____

Address: _____

Signature of Nominee or Parent / Guardian

YOUR CONFIRMATION/DECLARATION: 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 as described in the Instruction No.IV(d) of the common application form. 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. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

DECLARATION FOR AVAILING INSURANCE COVER: I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement and hereby wish to avail the said insurance cover.

Signature(s) as per ICICI Prudential Mutual Fund Records *(Mandatory)*

Sole/First Holder	2nd Holder	3rd Holder

Declaration of Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-individual Applicant/Investor)

ICICI PRUDENTIAL MUTUAL FUND

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name:

PAN:

Part II: Listed Company / its subsidiary company

(i) I/We hereby declare that:

☐ Our company is a Listed Company, listed on recognized stock exchange in India

☐ Our company is a subsidiary of the Listed Company

☐ Our company is controlled by a Listed Company

☐ None of the above

(ii) Details of Listed Company ^

Stock Exchange on which listed _____ Security ISIN _____

(Note: ^ Details of holding/parent company should be provided where applicant/investor is a subsidiary of listed company)
If 'None of the above' option is selected, the following information [Part III] shall be provided mandatorily as applicable

Part III: Individuals other than Listed Company / its subsidiary company

(i) Category [tick (✓)applicable category]:

☐ Unlisted Company ☐ Partnership Firm / Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust

☐ Private Trust ☐ Trust created by a Will ☐ Others _____ *[please specify]* _____

Details of Ultimate Beneficiary Owners*:

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable # [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instructions E]	KYC (Yes/No) [Please attached KYC acknowledgement copy]

* If the given rows are not sufficient, applicant/investor can submit multiple declarations covering all Ultimate Beneficial Owners

 # Attached documents should be self-certified by the UBO and certified by the applicant/investor/authorized signatory (ies).

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mutual Fund shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

_____   _____   _____

Place: _____

Date: _____/_____/_____

UBO - GENERAL INFORMATION AND INSTRUCTIONS

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No.CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

1. **Ultimate Beneficiary Owner [UBO]:**

A. For Investors other than individuals or trusts:

   (i)   The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:

   -   more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;

   -   more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;

   -   more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

   (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

   (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. **For Investors which is a trust:**
   The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. **Exemption in case of listed companies / foreign investors**
   The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

D. **KYC requirements**
   Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

E. **UBO Codes:**

UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company
UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals
UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]
UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust
UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.
For any queries/clarifications, please contact the nearest Customer/Investor Service Centres of the AMC. The list of our authorised centres is available in the section 'Contact Us' on our website www.icicipruamc.com.	