



# ICICI Prudential Pharma Healthcare and Diagnostics (P.H.D) Fund

Application No. \_\_\_\_\_

|                          |               |
|--------------------------|---------------|
| New Fund Offer Opens on  | June 25, 2018 |
| New Fund Offer Closes on | July 09, 2018 |

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.

ICICI Prudential Pharma Healthcare and Diagnostics (P.H.D) Fund is suitable for investors who are seeking\*:

- Long term wealth creation
- An equity Scheme that predominantly invests in pharma, healthcare, hospitals, diagnostics, wellness and allied companies.

\* Investors should consult their financial advisers if in doubt about whether the product is suitable for them

**Riskometer**

Investors understand that their principal will be at high risk

|   |                               |   |  |
|---|-------------------------------|---|--|
| <b>BROKER CODE (ARN CODE)/</b><br><b>ARN-48012</b>  | <b>SUB-BROKER ARN CODE</b>    | <b>SUB-BROKER CODE</b><br>(As allotted by ARN holder) | <b>Employee Unique Identif</b><br><b>E-053085UIN</b> |
| <p>#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.</p> <p>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 inappropriateness, 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.</p> |                               |   |  |
| 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.

Investor's name should be given as per Aadhaar

**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)] (Applicant's name should match with Aadhaar)

|  |   |  |        |      |  |   |
|--|---|--|--------|------|--|---|
| Sole/1st Applicant   | Mr. Ms. M/s   | FIRST  | MIDDLE | LAST | Date of Birth**                              | D D M M Y Y Y Y   |
| PAN/PEKRN*   |   |  |        |      | KYC Id No.¥                                  | Enclosed (Please ✓)* <input type="radio"/> KYC Acknowledgement Letter |
| NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors) |   |  |        |      | AADHAAR No. [Refer Instruction No.II(b)(11)] |   |
|  |   |  |        |      | Date of Birth                                | D D M M Y Y Y Y   |
| PAN/PEKRN*   | <input type="checkbox"/> KYC Proof Attached (Mandatory) | Relationship with Minor applicant: <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian |        |      | AADHAAR No. [Refer Instruction No.II(b)(11)] |   |
|  |   |  |        |      | KYC Id No.¥                                  |   |
| <b>2<sup>ND</sup> APPLICANT</b> (Name should match with Aadhaar)   |   |  |        |      | Date of Birth                                |   |
|  |   |  |        |      | D D M M Y Y Y Y                              |   |
| PAN/PEKRN*   |   |  |        |      | KYC Id No.¥                                  | <input type="radio"/> KYC Proof Attached (Mandatory)                  |
|  |   |  |        |      |  | AADHAAR No. [Refer Instruction No.II(b)(11)]                          |
| <b>3<sup>RD</sup> APPLICANT</b> (Name should match with Aadhaar)   |   |  |        |      | Date of Birth                                |   |
|  |   |  |        |      | D D M M Y Y Y Y                              |   |
| PAN/PEKRN*   |   |  |        |      | KYC Id No.¥                                  | <input type="radio"/> KYC Proof Attached (Mandatory)                  |
|  |   |  |        |      |  | AADHAAR No. [Refer Instruction No.II(b)(11)]                          |

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.

|                  |                   |                    |  |  |
|------------------|-------------------|--------------------|--|--|
| <b>MANDATORY</b> | Account Number    |                    | Account Type   | <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR |
|                  | Name of Bank      |                    |  |  |
|                  | Branch Name       | Branch City        |  |  |
|                  | 9 Digit MICR code | 11 Digit IFSC Code | Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided. |  |

**4 YOUR INVESTMENT DETAILS OF ICICI PRUDENTIAL PHARMA HEALTHCARE AND DIAGNOSTICS (P.H.D) FUND**

|   |   |   |  |
|---|---|---|--|
| PLAN<br><small>[Please tick (✓)]:</small> | <input checked="" type="checkbox"/> ICICI Prudential Pharma Healthcare and Diagnostics (P.H.D) Fund | OPTION<br><small>[Please tick (✓)]:</small> | <input type="checkbox"/> Growth option<br><input type="checkbox"/> Dividend Payout option<br><input type="checkbox"/> Dividend Reinvestment option<br><input type="checkbox"/> Dividend Transfer Plan* |
|---|---|---|--|

\*In case of Dividend Transfer Plan, please fill in the Target Scheme details below:

Target Scheme for DTP: Any of the open ended schemes of ICICI Prudential Mutual Fund in which the dividend declared to be transferred from the source scheme.

Target Scheme Name: ICICI Prudential \_\_\_\_\_

Plan: \_\_\_\_\_

Option & Sub-option: \_\_\_\_\_



|  |  |   |   |   |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|
| <b>Gross Annual Income</b> [Please tick (✓)] |  |   |   |   |   |   |   |   |   |
| <b>Sole/First Applicant</b>                  | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore<br>Net worth (Mandatory for Non-Individuals) ` _____ as on <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)  | D | D | M | M | Y | Y | Y | Y |
| D  | D  | M | M | Y | Y | Y | Y |   |   |
| <b>Second Applicant</b>                      | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore <b>OR</b> Net worth ` _____  |   |   |   |   |   |   |   |   |
| <b>Third Applicant</b>                       | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore <b>OR</b> Net worth ` _____  |   |   |   |   |   |   |   |   |
| <b>Others</b> [Please tick (✓)]              |  |   |   |   |   |   |   |   |   |
| <b>Sole/First Applicant</b>                  | <b>For Individuals</b> [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) ^ <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable<br><b>For Non-Individuals</b> [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVII):<br>(i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming /Gambling /Lottery/Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO |   |   |   |   |   |   |   |   |
| <b>Second Applicant</b>                      | <input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable   |   |   |   |   |   |   |   |   |
| <b>Third Applicant</b>                       | <input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> 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)<br><input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address) | Applicant's Relationship with the Nominee | Date of Birth  | 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%) |
|---|---|--|------------------------------|---|---|
|   |   | [To be furnished in case the Nominee is a minor (Mandatory)] |                              |   |   |
| 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.

|  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| <b>SIGNATURE OF SOLE / FIRST APPLICANT</b> | <b>SIGNATURE OF SECOND APPLICANT</b> | <b>SIGNATURE OF THIRD APPLICANT</b> |
|  |                                      |                                     |

ACKNOWLEDGEMENT



ICICI Prudential Pharma Healthcare and Diagnostics (P.H.D) Fund

Application No. \_\_\_\_\_

**ACKNOWLEDGEMENT SLIP** (Please Retain this Slip)

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

Investor's Name: \_\_\_\_\_ 

|                    |  |
|--------------------|--|
| EXISTING FOLIO NO. |  |
|--------------------|--|

 / \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| <b>PLAN</b><br><i>[Please tick (✓)]:</i> | <input type="checkbox"/> ICICI Prudential Pharma Healthcare and Diagnostics (P.H.D) Fund | <b>OPTION</b><br><i>[Please tick (✓)]:</i> | <input type="checkbox"/> Growth option<br><input type="checkbox"/> Dividend Payout option <input type="checkbox"/> Dividend Transfer Plan<br><input type="checkbox"/> Dividend Reinvestment 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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**Annexure 1**  
**If POA Holder is an Institution, details of all Individuals forming part of Authorized Signatory List (ASL) of the POA Holder (Refer Instruction No.10)**

| Sr. No. | Name as per Aadhaar | PAN | Aadhaar No. | Signature *** |
|---------|---------------------|-----|-------------|---------------|
|         |                     |     |             |               |
|         |                     |     |             |               |
|         |                     |     |             |               |
|         |                     |     |             |               |

\*\*\*  
 I hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.  
 I hereby provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folios.  
 I have read, understood and agree to abide by the guidelines as on the reverse of this form.

**Annexure 2**  
**Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)**

| Sr. No. | Name as per Aadhaar | PAN | Aadhaar No. | Signature *** |
|---------|---------------------|-----|-------------|---------------|
|         |                     |     |             |               |
|         |                     |     |             |               |
|         |                     |     |             |               |
|         |                     |     |             |               |

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I hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMILA.  
 I hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.  
 I have read, understood and agree to abide by the guidelines as on the reverse of this form.



## 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](http://www.icicipruamc.com).



