ICICI Prudential Retirement	Fund - N	IFO APPI	LICATION
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is an "execution-only" transaction wit if any, provided by the employee/relat SIGNATURE OF SOLE / FII	tionship manager/	sales person o		the dis	tributor has	not charged any		on this trans	action.		•
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nvestors' names should be as	<u> </u>	DMATIO	M ut				-1'-1 DI	t	-    -+- <sup>-</sup>		Char Al
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2 APPLICANT(S) DETA	AILS [Please Re	fer to Instruct	ion No. II (b)] (Nam	nes sho	uld be as pe	r PAN)					
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*Date of birth is mandatory for	subscribing to	the units of	the Scheme Rot	fer to i	Instruction	no l(i)		D D	MM	Y Y	Y Y
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**NFO APPLICATION** 

NFO APPLICATION

# ICICI Prudential Retirement Fund - NFO APPLICATION

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NFO APPLICATION

### Address Type of Sole/1st Holder:

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NF0 APPLICATION

Sole/First

### ICICI Prudential Retirement Fund - NFO APPLICATION Address Type of 2nd Holder:

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

○ 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. KYC DETAILS (Mandatory) **Occupation** [Please tick ()] O Professional ○ Agriculturist O Retired O Private Sector Service O Public Sector Service O Government Service O Business

Applicant	O Housewife	O Student	○ Forex Dealer	Others (Please specify)			
Second Applicant	O Private Sector Service Housewife	$^{\bigcirc}$ Public Sector Service $^{\bigcirc}$ Student	$^{\bigcirc}$ Government Service $^{\bigcirc}$ Forex Dealer	○ Business ○ Others (Please specify)	O Professional	○ Agriculturist	○ Retired
Third Applicant	O Private Sector Service Housewife	O Public Sector Service O Student	○ Government Service ○ Forex Dealer	○ Business ○ Others (Please specify)	O Professional	○ Agriculturist	O Retired

### Gross Annual Income [Please tick ()]

plicant				○ 10-25 Lacs   ○	>25 Lacs-1 crore ○ > as on □	1 crore D M M Y Y Y Y (Not older than 1 year)				
cant	O Below 1 Lac	$\odot_{1-5 \text{ Lacs}}$	$\odot$ 5-10 Lacs	$\odot$ 10-25 Lacs	$\odot$ >25 Lacs-1 crore	○ >1 crore <b>OR</b> Net worth ₹				
nt	O Below 1 Lac	○ <sub>1-5 Lacs</sub>	O 5-10 Lacs	O 10-25 Lacs	$\odot$ >25 Lacs-1 crore	O >1 crore <b>OR</b> Net worth ₹				
Others [Please tick (✓)]										
For Ind	<b>ividuals</b> [Please tick	k (✔)]: <sup>O</sup> lan	n Politically Expose	d Person (PEP) ^	$\odot$ I am Related to Politica	ally Exposed Person (RPEP) ONot applicable				
Sole/First         Applicant         For Non-Individuals [Please tick (-/)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVII):         (i) Foreign Exchange / Money Changer Services - OYES ONO; (ii) Gaming /Gambling /Lottery/Casino Services - OYES ONO; (iii) Money Lending / Pawning - OYES ONC										
icant	O Politically Expose	ed Person (PEP	) ^ 🛛 🔿 Related to	Politically Exposed	d Person (RPEP) O Not a	applicable				
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#### 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)	Applicant's Relationship with the	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
same as 1st/Sole Applicant's address)	Nominee	[To be furnished	in case the Nominee is a minor ( <i>Mandatory</i> )]		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. J/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 have snacted 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

PRUDENTIAL			I Retirement Fund SLIP (Please Retain this Slip)	— — — — — — — — — — — — — — — — — — —	-
MUTUAL FUN Investor's Name: Scheme Name, Plan and Optic		nvestor. Subject to re	ealization of cheque and furnishing	of Mandatory Information.	
Amt. Rs	Cheque/DD No	dtd:	Bank & Branch		

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.

NFO APPLICATION

SIGNATURE OF THIRD APPLICANT

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ACKNOWLEDGEMENT

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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.

# Target Scheme (In case of DTP, please che	oose any of the open ended schemes of ICICI Pruc	lential Mutual Fund in which the d	ividend declared in source scheme to be transferred):
Scheme Name: ICICI Prudential		Plan:	
Option & Sub-option:			
DEMAT ACCOUNT STATEMENT DETAILS (OPTIO	NAL – PLEASE REFER INSTRUCTION NO. 19) (NO	T APPLICABLE FOR SIP PLUS)	
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DF	P) ID (CDSL only)
inee to receive Insurance Coverage benef	t to my / our credit in this folio no. in the ev	ent of my / our death. I / We a	le do hereby nominate the undermentioned Nom lso understand that all payments and settlement lease refer to terms & conditions for Nomination
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)