



**ICICI Prudential Bharat Consumption Fund**  
(An open ended equity scheme following consumption theme)

Application No.

New Fund Offer Opens on: March 26, 2019

New Fund Offer Closes on: April 09, 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.

<p><b>This Product is suitable for investors who are seeking*:</b></p> <ul style="list-style-type: none"> <li>Long term wealth creation</li> <li>An open ended equity scheme that aims to provide capital appreciation by investing in equity and equity related securities of companies engaged in consumption and consumption related activities.</li> </ul> <p>* Investors should consult their financial advisers if in doubt about whether the product is suitable for them</p>	<p><b>Riskometer</b></p> <p>Investors understand that their principal will be at high risk</p>
--	--

BROKER CODE (ARN CODE)/ <b>ARN-48012</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identity (EUIIN) <b>E-053085</b>
---	---------------------	--	--

#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 EUIIN box is left blank) (Refer Instruction No. X). – I/We hereby confirm that the EUIIN 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

<b>1 EXISTING UNITHOLDERS INFORMATION</b> – (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)

<b>SOLE/1<sup>ST</sup> APPLICANT</b>	Mr.	Ms.	M/s	FIRST	MIDDLE	LAST
--------------------------------------	-----	-----	-----	-------	--------	------

PAN/PEKRN*	KYC Id No.¥	Enclosed (Please ✓)* <input type="radio"/> 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*	<input type="checkbox"/> KYC Proof Attached (Mandatory)	Relationship with Minor applicant: <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian	Date of Birth:
	KYC Id No.¥		D D M M Y Y Y Y

<b>2<sup>ND</sup> APPLICANT</b>	Mr.	Ms.	M/s	FIRST	MIDDLE	LAST
---------------------------------	-----	-----	-----	-------	--------	------

PAN/PEKRN*	KYC Id No.¥	Enclosed (Please ✓)* <input type="radio"/> KYC Acknowledgement Letter	Date of Birth**
			D D M M Y Y Y Y

<b>3<sup>RD</sup> APPLICANT</b>	Mr.	Ms.	M/s	FIRST	MIDDLE	LAST
---------------------------------	-----	-----	-----	-------	--------	------

PAN/PEKRN*	KYC Id No.¥	Enclosed (Please ✓)* <input type="radio"/> 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.

<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 BHARAT CONSUMPTION FUND**

<input checked="" type="checkbox"/> ICICI Prudential Bharat Consumption Fund	<b>OPTION</b> [Please tick (✓)]: <input type="checkbox"/> Growth option <input type="checkbox"/> Dividend Payout option <input type="checkbox"/> Dividend Reinvestment option <input type="checkbox"/> 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

NFO APPLICATION FORM

5 PAYMENT DETAILS			
Amount Invested Rs. <input type="text"/>	Cheque/DD No. <input type="text"/>	Cheque/DD Date D D M M Y Y <input type="text"/>	Account Type (For NRI Investors) <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
BANK DETAILS <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the bank details below]			
Account Number <input type="text"/>	Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR		
BANK NAME, BRANCH & ADDRESS: <input type="text"/>			
City <input type="text"/>		The cheque/demand draft should be drawn in favour of "ICICI Prudential Bharat Consumption 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	<input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor (Default)
-------------------	---

7 TAX STATUS [Please tick (✓)]	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> Partnership FIRM <input type="checkbox"/> Government Body <input type="checkbox"/> Foreign Portfolio Investor <input type="checkbox"/> QFI <input type="checkbox"/> NPS Trust <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Foreign National <input type="checkbox"/> Company <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Defence Establishment <input type="checkbox"/> NON Profit Organization/Charities <input type="checkbox"/> HUF <input type="checkbox"/> Body Corporate <input type="checkbox"/> Private Limited Company <input type="checkbox"/> FII <input type="checkbox"/> Public limited company <input type="checkbox"/> Bank <input type="checkbox"/> Financial Institution <input type="checkbox"/> Trust/Society/NGO <input type="checkbox"/> Limited Partnership (LLP) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others (Please specify) _____
--------------------------------	---

8 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. VIII)		
NSDL: Depository Participant (DP) ID (NSDL only) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>	CDSL: Depository Participant (DP) ID (CDSL only) <input type="text"/>

9 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:			
Correspondence Address (Please provide full address)* <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE <input type="text"/>		Overseas Address (Mandatory for NRI / FII Applicants) <input type="text"/> HOUSE / FLAT NO. <input type="text"/> STREET ADDRESS <input type="text"/> CITY / TOWN <input type="text"/> STATE <input type="text"/> COUNTRY <input type="text"/> PIN CODE <input type="text"/>	
Tel. <input type="text"/> Office <input type="text"/> Residence <input type="text"/> Mobile <input type="text"/>		Email <sup>£</sup> <input type="text"/>	

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** <sup>£</sup>:  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.  
<sup>£</sup> 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	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- 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: <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	Address Type of 2nd Holder: <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	Address Type of 3rd Holder: <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> 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	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Second Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Third Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			

<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 Net worth (Mandatory for Non-Individuals) ₹ _____ as on <table style="display: inline-table; border: 1px solid black; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">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 OR 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 OR 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 <b>For Non-Individuals</b> [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVII): (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)

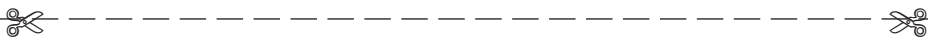
I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) <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.

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



**ICICI Prudential Bharat Consumption Fund**

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

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

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

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

ACKNOWLEDGEMENT

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

<input type="checkbox"/> ICICI Prudential Bharat Consumption Fund	<b>OPTION</b> [Please tick (✓)]:	<input type="checkbox"/> Growth option <input type="checkbox"/> Dividend Payout option <input type="checkbox"/> Dividend Reinvestment option <input type="checkbox"/> Dividend Transfer Plan (DTP)* (*Please fill in the Target Scheme details below:)
<b>Target Scheme (Any of the open ended schemes of ICICI Prudential Mutual Fund in which the dividend declared to be transferred):</b> 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.

**NFO APPLICATION FORM**

**NFO APPLICATION FORM**

**THIS PAGE HAS BEEN LEFT INTENTIONALLY BLANK**



ICICI PRUDENTIAL BHARAT CONSUMPTION FUND | NFO Period: March 26, 2019 to April 09, 2019  
PAN BASED MANDATE CUM SIP/SIP PLUS REGISTRATION FORM (For investment through NACH)

PAN BASED MANDATE



Form section for PAN based mandate registration. Includes fields for UMRN, Sponsor Bank Code, Utility Code, Date, Frequency (Monthly, Quarterly, Half-Yearly, Yearly, As & when presented), Debit Type (Fixed Amount, Maximum Amount), PAN, Mobile No., Reference, and Application Number. Includes a declaration for debit of mandate processing charges.

**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, returns, etc., as applicable.

NFO APPLICATION FORM



ICICI Prudential Bharat Consumption 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: March 26, 2019 | New Fund Offer Closes on: April 09, 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)/ ARN-48012 | SUB-BROKER ARN CODE | SUB-BROKER CODE (As allotted by ARN holder) | Employee Unique Identification No. (EUIDN/JIN) 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 EUIDN box is left blank) - I/We hereby confirm that the EUIDN 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.  
SIGNATURE OF SOLE / FIRST APPLICANT | SIGNATURE OF SECOND APPLICANT | SIGNATURE OF THIRD APPLICANT

NFO APPLICATION FORM

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.  
 New Registration  Cancellation [Tick (✓)] | FOLIO NO. \_\_\_\_\_ |  Registration via existing OTM [Please tick (✓)]  
Sole/First Applicant's Name (As per PAN): Mr. /Ms. / M/s | Date of Birth (Refer point 21 under T&C)  
Scheme Name: ICICI PRUDENTIAL BHARAT CONSUMPTION FUND | Plan: Regular  
OPTION: \_\_\_\_\_ SUB-OPTION: \_\_\_\_\_ TARGET SCHEME: [If sub-option selected is Dividend Transfer Plan (DTP)]  
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 #: | SIP Start Month/Year | SIP End Month/Year  
\*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 chosen date is a non-business day, the transaction would be processed on the next business day.  
 SIP TOP UP (Optional) (Tick to avail this facility - not available for SIP Plus) | Percentage:  10%  15%  20% other (multiples of 5% only) | SIP TOP UP CAP Amount: (Investor has to choose only one option - either CAP Amount or CAP Month-Year)  
TOP UP Amount: Rs. \_\_\_\_\_ \* TOP UP amount in multiples of Rs.500 only. | OR Month-Year: | Frequency:  Half Yearly  Yearly  
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 Bharat Consumption 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: | 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, lightning, 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 in case 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)**

<b>NSDL: Depository Participant (DP) ID (NSDL only)</b>	<b>Beneficiary Account Number (NSDL only)</b>	<b>CDSL: Depository Participant (DP) ID (CDSL only)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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)**

<b>Sole/First Holder</b>	<b>2nd Holder</b>	<b>3rd Holder</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NFO APPLICATION FORM

NFO APPLICATION FORM