

## **COMMON APPLICATION FORM**

Application No.

FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Investor must read Key Scheme Features and Instructions before completing this form.

All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

| Declaration for "execution-only" transaction us as this is an "execution-only" transaction in-appropriateness, if any, provided by the em  |  |  |  |                        |  | SUB-BROKER ARN CODE  SUB-BROKER CODE  (As allotted by ARN holder) |  |                               |                 |  |  |  |  |                     |  | Employee Unique<br>Identification No. (EUIN)   |  |  |  |  |   |                 |  |                                     |   |  |                      |  |               |        |
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| . EXIST  |  |  |  | , ,                    |  |   |  |                               |                 |  |  | e an exi   |  |                     |  |  |  |  |  |  |   |                 |  |                                     |   |  | - uisti              | ibutoi.  |               |        |
| Name Mr.   | VIs. M/  | /s   |  | FIRS                   | Т  |   |  |                               | MID             | DLE  |  |  |  | LAS                 | Т  |  | F  | FOLI   | O No.  |  |   |                 |  |                                     |   |  |                      |  |               |        |
| . APPLI  | CAN  | T(S) [   | )ET#   | AILS                   | (Plea  | ase R   | efer   | to In                         | struc           | tion I   | No. II   | (b) &  | IV)  | Mand                | atory ii   | nforma   | ation -  | – If lef   | t blanl  | k the a  | pplic                                   | ation           | is liak                                    | ole to                              | be re   | jecte  | d.                   |  |               |        |
| Sole/1st<br>Applicant  | Mr.  | Ms. M  | s  |                        | F  | IRST  |  |                               |                 |  |  | MIDE   | DLE  |                     |  |  | L  | LAST   |  |  |   |                 |  |                                     |   |  |                      |  |               |        |
| PAN/<br>PEKRN*   |  |  |  |                        |  |   |  |                               |                 |  |  | d (Plea<br>Ackno   |  |                     | _etter   |  |  | Date   | of Bir   | th**   | D                                       |                 | D  | IVI                                 | IVI   | 1  | Y                    | Υ  | Υ             | Υ      |
| lame of *#   | Mr.  | IVIs.  |  |                        |  |   |  |                               |                 |  |  |  |  |                     |  |  |  |  |  |  |   |                 |  |                                     |   |  |                      |  |               |        |
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| AN/<br>EKRN*   |  |  |  |                        |  |   |  |                               |                 | Re<br>M  | elatio<br>linor a  | nship v<br>applica   | with<br>int  | _                   | Ŭ  | juardiar<br>pointed  |  | dian   |  |  |   |                 |  |                                     | nclosed<br>) KYC                                | •  |                      | ,  | nt Lette      | er     |
| nd Applican  | nt Nam   | e (Shou  | ıld ma   | itch w                 | /ith P/  | AN Ca   | ard)   |                               |                 | -1   |  |  |  | O                   |  |  | J  |  |  |  | PAI                                     | N/PE            | (RN*                                       |                                     | KY  | 'C Pr  | oof A                | ttache   | <b>d</b> (Mar | date   |
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| d Applican   | t Name   | e (Shou  | ld ma  | tch w                  | ith PA   | AN Ca   | ird)   |                               |                 |  |  |  |  |                     |  |  |  |  |  |  |   | N/PEI           | KRN*                                       |                                     | KY  | C Pr   | oof A                | ttache   | d (Mar        | dat    |
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| 6. MOD                                     | E OF HO   | L <b>DING</b> [Plea  | ıse tick (🗸  | <b>/</b> )]   | 0                       | Single                   | 01                          | oint                   | ○ Any                                | one or S                     | Survivo                                | r (Def         | ault)                            |   |            |                 |               |          |         |   |        |                 |                   |  |
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| 7. TAX                                     | STATUS  | Please tick (🗸)  | ]  |   |                         |                          |                             |                        |                                      |                              |  |                |                                  |   |            |                 |               |          |         |   |        |                 |                   |  |
| Resident Ir On behalf of HUF Trust/Socio   | of Minor [  | Body Corpor  | NRI<br>Foreign National<br>Body Corporate<br>Limited Partnership (LLP) |   |                         |                          | FIRM<br>ted Comp<br>torship | any                    | ☐ AOF                                | P/BOI                        | nment Body<br>OI<br>(Please specify) _ |                |                                  | ☐ Foreign Portfolio Investor ☐ Defence Establishment ☐ Public limited company |            |                 |               |          |         | ☐ QFI<br>☐ NON Profit Organization/Charities<br>☐ Bank / FI |        |                 |                   |  |
| 8. DEM/                                    | AT ACCO   | UNT DETA   | AILS (C  | Optiona   | al - Pleas              | se refe                  | er Instru                   | ction N                | lo. XI)                              |                              |  |                |                                  |   |            |                 |               |          |         |   |        |                 |                   |  |
| NSDL: Deposit                              | ory Participant   | (DP) ID (NSDL on   | ly) B  | eneficiar   | y Account               | Numbe                    | r (NSDL or                  | nly)                   |                                      | _   cı                       | DSL: De                                | eposit         | ory Partic                       | cipant (  | (DP) ID (C | DSL on          | ly)           |          |         |   |        |                 |                   |  |
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|  |   | ENCE DE  |  |   |                         | RST                      | APPL                        | ICAN                   |                                      | Overse                       | as Ad                                  | dres           | s (Man                           | dator   | y for NI   | RI / FI         | l Ap          | plican   | ts)     |   |        |                 |                   |  |
|  |   | HOU  | SE / FLA   | AT NO.  |                         |                          |                             |                        |                                      | HOUSE / FLAT NO.             |  |                |                                  |   |            |                 |               |          |         |   |        |                 |                   |  |
|  | STREET ADDRES   |  |  |   |                         |                          |                             |                        |                                      |                              |  |                |                                  |   | STR        | EET A           | DDI           | RESS     |         |   |        |                 |                   |  |
|  | CITY / TO   | WN   |  |   |                         | STATE                    |                             |                        |                                      |                              |  | CIT            | Y / TO\                          | VN  |            |                 |               |          |         | STA   | ATE    |                 |                   |  |
|  | COUNTR  | Y  | <b>-</b>    -  |   | PI                      | N COE                    | )E                          |                        |                                      |                              |  | C              | DUNTR                            | Υ   |            |                 |               |          |         | PIN C   | CODE   |                 |                   |  |
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| Email <sup>f</sup>                         |   |  |  |   |                         |                          |                             |                        |                                      |                              |  |                |                                  |   |            |                 |               |          |         |   |        |                 |                   |  |
| * Mandator<br>** Mandator<br>§ For KYC red | ry information<br>ry in case the<br>quirements, particles of the<br>A AND C<br>dividual inv | estors shoul   | ank the a<br>blicant is<br>the instr<br>LS FO                          | applica<br>minor.<br>ruction I<br>R INE<br>latorily | Nos. II b(<br>DIVIDU    | able t 5) & X JALS arate | o be rej                    | ected.                 | # Nam<br>For do<br><sup>£</sup> Plea | ne of G<br>ocumer<br>se refe | uardiar<br>its to b<br>er to ir        | e suk<br>nstru | ntact Per<br>omitted<br>oction n | rson is   |            | atory i         | n ca          |          | 1inor/  |   | ndivid |                 | Annually<br>stor. |  |
| The below in                               | nformation is   | s required fo  | r all app  |   |                         | an                       |                             | Co                     | untry of                             | Dirth                        |  |                |                                  |   |            | ountr           | ı of (        | Citizens | hin /   | Nation  | nality |                 |                   |  |
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| Second App                                 | licant  |  |  |   |                         |                          |                             |                        |                                      |                              |  |                | Olno                             | dian (  | ) U.S.     | Ot              | hers          | (Please  | specit  | fy)   |        |                 |                   |  |
| Third Applic                               |   |  |  |   |                         |                          |                             |                        |                                      |                              |  |                |                                  |   | U.S.       | Ot              | hers          | (Please  | specit  | fy)   |        |                 |                   |  |
| Are you a tax re If 'YES' please f         |   | -  |  | -   |                         | -                        |                             |                        | ) Yes<br>se i.e. wh                  | nere yo                      |  |                | Please<br>n/Reside               |   |            | d Hold          | er / T        | ax Resi  | dent ii | n the r   | espect | ive coun        | tries.            |  |
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|  |   | untry where  | the Acc  | ount H  | lolder is               | liable                   | to pay                      | tax do                 | es not i                             | ssue -                       | ax Ide                                 | entifi         | cation                           | Numl  | bers to    | its re          | side          |          | 5011.   | ^_  |        | ь               |                   |  |
| Address Typ Residentia                     | C ⇒ Others<br>oe of Sole/1sterence  Registerence  | I required (S<br>s, please state<br>st Holder:<br>ed Office \(\sigma\) But<br>are available of | e the reausiness   | ason th   | nereof: _               | ddres:                   | s Type o                    | of 2nd I               | Holder:                              | ice (                        | Busines                                | ss             |                                  |   | Add        | lress<br>Reside | Type<br>ntial | e of 3r  | d Hol   | lder:   |        | ected) Business | 5                 |  |
| 11. KYC I                                  | DETAILS   | (Mandatory)  |  |   |                         |                          |                             |                        |                                      |                              |  |                |                                  |   |            |                 |               |          |         |   |        |                 |                   |  |
| Occupation Sole/First Applicant            | [Please tick ( O Private Se   | ector Service  | ○ Pu<br>○ Str  |   | tor Servic              | e                        |                             | ernment<br>ex Deale    | : Service                            |                              | ) Busin                                |                | ease spe                         |   | ⊃ Profes   | sional          |               | ○ Agı    | ricultu | rist  | 0      | Retired         |                   |  |
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| Gross Annua<br>Sole/First App              | licant  | Please tick (🗸)<br>Below 1 Lac<br>R Net worth (Ma  | O 1-5 La   |   | ) 5-10 La<br>Individual |                          | ) 10-25 L                   | _acs                   | O >25                                | Lacs-1                       | crore(<br>_ as or                      |                |                                  | M   | VI Y       | YY              | У             | (No      | ot old  | ler tha   | an 1 y | rear)           |                   |  |
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| l l  |   | <b>als</b> [Please tick  | ( <b>√</b> )]: C   | ) I am Po   | olitically E            | xposed                   | Person (                    | PEP) ^                 | ○I an                                | n Relate                     | d to Po                                | litical        | lly Expos                        | sed Per   | rson (RP   | EP)             | ΟN            | ot appli | cable   |   |        |                 |                   |  |
| Applicant                                  | i) Foreign Excl   | viduals [Pleas<br>nange / Money  | Changer S  | Services  | - O YES                 | 01                       | 10; (ii) (                  | Gaming /               | Gamblir                              | ng / Lot                     | ery / Ca                               | asino          | Services                         | s - O   |            |                 |               |          |         | ng / Pa   | wning  | – O YES         | ON0               |  |
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| Name and address   |  |  |  |   |  |   |   | Proportion   | 1 (%) in   |
|--|--|--|--|---|--|---|---|--|--|
| (Please tick if Nomin  | nee's address is   | Applicant's<br>Relationship<br>with the<br>Nominee   | Date of Birth  | Name and address of Guard   | -  |   | ture of Nominee/<br>if nominee is a minor   | which the u<br>be shared<br>Nominee  | inits wi<br>by each<br>(Should   |
| same as 1st/Sole Ap  | oplicant's address)  | Nominee  | [10 be turnished   | in case the Nominee is a minor (Man   | datory)]   |   |   | aggregate t  | to 100%  |
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| o Plans/Options under the Scheme is through legitimate iny Statutory Authority. I/We ass full right to refund the excesult in a total investments of lifferent competing Schemes FOR REGISTRATION OF I-PR (witch in my/our folio through Mutual Fund (Mutual Fund) to me the common application for incorrect information or not esponsible in this regard. The  | cheme(s). I/We have not a sources only and is not courses only and is not course that in case my/ou course that in case my/ou course that in case my/ou course to me/us to bring my of various Mutual Funds U TOUCH FACILITY: I/We Call Centre and/or also au or call/email on my/our reg run will be used as registen-confirmation/verification and AMC would not be liable   | eceived nor been lesigned for the pur investment in the your investment by year. The ARN ho from amongst while hereby request y thorize the distributistered mobile numbered mobile number of the transaction of for any delay in c  | induced by any reb<br>irpose of contravent<br>e Scheme is equal to<br>elow 25%. I/We her<br>ilder has disclosed to<br>ich the Scheme is brout to register me/us<br>tor(s) to initiate the amber/email id for due<br>en due to any reason,<br>rediting the scheme | We confirm to have understood the in ate or gifts, directly or indirectly, in m ion or evasion of any Act, Regulations or more than 25% of the corpus of the bey declare that I/we do not have any o me/us all the commissions (in the eing recommended to me/us. for availing the facility of 'I-PRU TOUG above transactions on my/our behalf. It is everification and confirmation of the to I/we shall not hold AMC, Mutual Function accounts by the Service P | naking this is or any other plan, there is plan, there is existing Norm of transaction this regard transaction is sponsoroviders with this ponsoroviders with this ponsoroviders with the sponsoroviders with the plant is ponsoroviders with the plant is plant in the pl | investment<br>her applicab<br>h ICICI Prud<br>licro SIPs v<br>il commissi<br>rying out tra<br>d, I/we also<br>(s) and sucl<br>is delayed<br>sors, repres<br>hich may re | I/We declare that the le laws enacted by the ential Asset Manageme which together with the on or any other mode), ensactions of additional authorize the AMC, on be other purposes. The nor not effected at all for entatives, service provisult in a delay in applicit   | amount invest<br>Government of<br>nt Co. Ltd. (th<br>current applic<br>payable to hi<br>purchase/ recebalf of ICICI in<br>obile number<br>reasons of in<br>ders, participation of NAV. | ted in the findia are AMC cation was for the Prudential provide comple and bank.   |
|  | in receiving promotional   | material from the  | AMC via mail, SMS  | e, correct and complete in all respect<br>telecall, etc. If you do not wish to re<br>PF SECOND APPLICANT  |  | ease call or  |   | 999 (MTNL/   | BSNL)  |
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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

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