



COMMON APPLICATION FORM FOR SIP/SIP PLUS
Please read INSTRUCTIONS carefully before completing this form. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

Application No. _____

BROKER CODE (ARN CODE)/ RIA CODE# ARN-171669	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN) E-344021
#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. XIII). – 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 XII]
 * 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.

Existing Folio No. _____

1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per PAN) (Mandatory information)

SOLE / 1ST APPLICANT

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

2ND APPLICANT

Mr. Ms. M/s	FIRST	MIDDLE	LAST
PAN/PEKRN*	KYC Id No.¥	<input type="radio"/> KYC Proof Attached (Mandatory)	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.¥	<input type="radio"/> KYC Proof Attached (Mandatory)	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).

2. 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	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Name & Branch of Bank		
Branch City	9 Digit MICR Code	11 Digit IFSC

Enclosed (Please ✓): Bank Account Details Proof Provided.

3. INVESTMENT & PAYMENT DETAILS (Please fill the Investment & Payment details in SIP Registration-cum-Mandate Form alongwith this form)

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

4. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)* HOUSE / FLAT NO. STREET ADDRESS CITY / TOWN STATE COUNTRY PIN CODE Tel. _____ Office _____ Residence _____ Mobile _____ Email [£] _____	Overseas Address (Mandatory for NRI / FII Applicants) HOUSE / FLAT NO. STREET ADDRESS CITY / TOWN STATE COUNTRY PIN CODE
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Please if you wish to receive Annual Report or Abridged Summary via Post - (Applicable only if email is not available) [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. [§] Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.
 ** Mandatory incase the application is for SIP PLUS or incase the sole/first applicant is minor. [£] For KYC requirements, please refer to the instruction Nos. II b(5) & X [£] Please refer to instruction no. IX

5. MODE OF HOLDING [Please tick (✓)] Single Joint Anyone or Survivor (Default)

6. TAX STATUS [Please tick (✓)] (Applicants for SIP Plus have to choose tax status as Resident Individual or NRI)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM	<input type="checkbox"/> Government Body	<input type="checkbox"/> FPI category I	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> Bank
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> FPI category II	<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"/> Public limited company	<input type="checkbox"/> FPI category III	<input type="checkbox"/> Defence Establishment	
<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)		



ICICI Prudential SIP/SIP Plus - ACKNOWLEDGEMENT SLIP

(Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information)
 Name of the Investor: _____

Application No. _____

EXISTING FOLIO NO. _____ / _____

7. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI) (Not applicable for SIP Plus)

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

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

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.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

9. 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)			

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<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 (Mandatory for Non-Individuals) _____ as on DD MM YY YY (Not older than 1 year)
Second Applicant	<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 ₹ _____
Third Applicant	<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 ₹ _____

Others [Please tick (✓)]

Sole/First Applicant	For Individuals [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
	For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)):
	(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
Second Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

10. NOMINATION DETAILS (For Mutual Fund units) (Refer instruction VII).

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%)
Nominee 1					
Nominee 2					
Nominee 3					

INVESTOR(S) DECLARATION & SIGNATURE(S): To 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(s), 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)."

I/We hereby provide my 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 PMLA. I/We hereby provide my/our consent for sharing/disclose of the 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 with my PAN. I/We further declare that this consent will remain valid until specifically withdrawn by me / us.

Sole/1st Applicant	2nd Applicant	3rd Applicant
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INVESTMENT & PAYMENT DETAILS

Scheme (1) : _____ Plan & Option: _____

Scheme (2) : _____ Plan & Option: _____

Scheme (3) : _____ Plan & Option: _____

Scheme (4) : _____ Plan & Option: _____

Amt. _____ Cheque/DD No. _____ dtd. _____

Bank & Branch _____

