



COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Application No. _____

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.

BROKER CODE (ARN CODE) ARN-3280	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder) SWSA	Employee Unique Identification No. (EUIIN)
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Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - 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
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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.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No.

Name Mr. Ms. M/s FIRST MIDDLE LAST FOLIO No.

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b) & IV) Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* Enclosed (Please)^s KYC Acknowledgement Letter Date of Birth** D D M M Y Y Y Y

Name of * # Mr. Ms.

GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

PAN/PEKRN* Relationship with Minor applicant Natural guardian Court appointed guardian Enclosed (Please)^s KYC Acknowledgement Letter

2nd Applicant Name (Should match with PAN Card) PAN/PEKRN* (2nd Applicant) KYC Proof Attached (Mandatory)

3rd Applicant Name (Should match with PAN Card) PAN/PEKRN* (3rd Applicant) KYC Proof Attached (Mandatory)

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.

MANDATORY Account Number Account Type Savings Current NRE NRO FCNR

Name of Bank

Branch Name Branch City

9 Digit MICR code 11 Digit IFSC Code Enclosed (Please)^s Bank Account Details Proof Provided.

4 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

Scheme Name: ICICI PRUDENTIAL _____ Plan: _____

Option & Sub option (Please the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: Growth/Cumulative Dividend SUB-OPTION: Dividend Reinvestment Dividend Payout OR AEP- Regular[®] OR Appreciation

Dividend Frequency: AEP Frequency:

[®]Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

SIP Date: 1st 7th 10th 15th 20th 25th SIP Frequency* Monthly Quarterly

PAYMENT DETAILS

Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Amount Paid A DD Charges (if applicable) B Amount Invested A + B

Cheque / DD Number Date D D M M Y Y

BANK DETAILS: Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the details below]

Account Number Account Type Savings Current NRE NRO FCNR

Name of Bank

Branch Name Branch City

Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) Cheque Copy Bank Statement Banker's Attestation _____

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.

Mode of Holding [Please tick (✓)] Single Joint Anyone or Survivor (Default)

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"/> 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 / FI
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

5 | DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XI)


(Please ✓) Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____

NSDL _____

OR

CDSL _____

6 | CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

<p>Correspondence Address (Please provide full address)* Address Type: <input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential/Business <input type="radio"/> Registered Office</p> <p>HOUSE / FLAT NO. _____</p> <p>STREET ADDRESS _____</p> <p>CITY / TOWN _____ STATE _____</p> <p>COUNTRY _____ PIN CODE _____</p> <p>Tel. (Off.) _____ Tel. (Res.) _____ Fax _____</p> <p>Email  _____ Mobile _____</p> <p><input checked="" type="checkbox"/> I/We would like to register for INVEST NOW to transact online as per the terms & conditions for this facility as referred in point I(i) of the Instructions. By providing Email ID, I/We agree to receive the IPIN for INVEST NOW registration on the same.</p>	<p>Overseas Address (Mandatory for NRI / FII Applicants)</p> <p>HOUSE / FLAT NO. _____</p> <p>STREET ADDRESS _____</p> <p>CITY / TOWN _____ STATE _____</p> <p>COUNTRY _____ PIN CODE _____</p>
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Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

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. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

** Mandatory in case the Sole/First applicant is minor. [£] Please refer to instruction no. IX

[§] For KYC requirements, please refer to the instruction Nos. II b(5) & X

7 | 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

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? Yes No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

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.

8 | 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="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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 DDMMYY (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

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

BROKER CODE (ARN CODE) ARN-3280	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by SWSA holder)	Employee Unique Identification No. (EUIN)
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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
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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.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation please mention your name & folio No.

Name: Mr. Ms. M/s. FIRST MIDDLE LAST Folio No. /

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s. FIRST MIDDLE LAST	Date of Birth**	D D M M Y Y Y Y	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter
PAN*				
Name of * # Mr. Ms. GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS				
PAN*				
Relationship with Minor applicant <input type="radio"/> Natural guardian Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter				
<input type="radio"/> Court appointed guardian				
2nd Applicant	Mr. Ms. FIRST MIDDLE LAST	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter		
PAN*				
3rd Applicant	Mr. Ms. FIRST MIDDLE LAST	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter		
PAN*				

3 SYSTEMATIC TRANSFER PLAN (STP) (Please refer to instruction No. XV)

scheme: ICICI PRUDENTIAL (SCHEME FROM WHICH YOU WISH TO TRANSFER AMOUNT) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, from which you plan to transfer)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Scheme: ICICI PRUDENTIAL (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, to which you plan to transfer)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Transfer Frequencies Daily Weekly Monthly Quarterly STP Date (Monthly frequency only) 7th 10th 15th 25th Last day of Month

Installment Amount (Minimum of Rs.1,000) No. of Installments (Minimum 6 installments) Note: In case of Daily STP the minimum installment amount is ₹ 250 & in multiples of ₹ 50 thereof and minimum. (Daily STP is available for specific source & target schemes, please refer to instruction XV).

4 SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please refer to instruction No. XVI)

Scheme ICICI PRUDENTIAL (SCHEME & PLAN FROM WHICH YOU WISH TO WITHDRAW AMOUNT)

OPTION:	SUB-OPTION:
Dividend Frequencies:	

Withdrawal Amount Frequency Monthly Quarterly Start Date: M M / Y Y Y Y End Date: M M / Y Y Y Y

5 DIVIDEND TRANSFER (DTP) (Please refer to instruction No. XVII)

Source scheme ICICI PRUDENTIAL (SCHEME, PLAN & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT PLAN:P)

Target scheme ICICI PRUDENTIAL (SCHEME & PLAN INTO WHICH YOU WISH TO TRANSFER DIVIDEND) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the options/sub-options, only if applicable to the scheme into which you wish to transfer dividend)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

* 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. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
 ** Mandatory in case the Sole/First applicant is minor.
⁵ For KYC requirements, please refer to the instruction Nos. II b(5) & VII
 Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. VII(g)

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.

Application No. _____

SIGNATURE, STAMP & DATE

6 ENTRY TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XVIII)

Please New Registration Update existing registration Cancellation (Of any trigger set-up registered earlier)

Amount / Units to be triggered From (Please Source Scheme)

- ICICI Prudential Savings Fund ICICI Prudential Flexible Income Plan ICICI Prudential Income Plan ICICI Prudential Short Term Plan
 ICICI Prudential Liquid Plan ICICI Prudential Long Term Plan ICICI Prudential Ultra Short Term Plan

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

Amount / Units to be triggered To (Please Target Scheme)

- ICICI Prudential Dynamic Plan ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Index Fund
 ICICI Prudential Balanced Fund ICICI Prudential Top 100 Fund ICICI Prudential Multicap Fund
 ICICI Prudential Select Large Cap Fund ICICI Prudential Value Discovery Fund ICICI Prudential Balanced Advantage Fund

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

TOTAL AMOUNT TO BE REGISTERED	TRIGGER LEVEL	TRIGGER AMOUNT
AMOUNT IN FIGURES	% drop in NAV (Please <input checked="" type="checkbox"/>) or BSE Sensex Value	% of Total Registered Amount to be Transferred
Rupees	<input type="checkbox"/> 5% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
AMOUNT IN WORDS	<input type="checkbox"/> 10% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 15% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 20% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	(Please refer instruction XVIII(1))	100 % of Total Registered Amount

7 LIQUITY FACILITY (Please refer to instruction No. XIX)

SOURCE SCHEMES & OPTIONS (Appreciation / Dividend amount to be transferred from - Please any one of the Scheme / Options)

ICICI PRUDENTIAL FLEXIBLE INCOME PLAN PLAN: _____
 Growth OR Dividend Option - Payout Reinvestment Daily Weekly Fortnightly Monthly Quarterly Dividend Others

ICICI PRUDENTIAL LIQUID PLAN PLAN: _____
 Growth OR Dividend Option - Payout Reinvestment Daily Weekly Monthly Quarterly Half Yearly Yearly Dividend Others

ICICI PRUDENTIAL SAVINGS PLAN PLAN: _____
 Growth OR Dividend Option - Payout Reinvestment Daily Weekly Fortnightly Monthly Quarterly Dividend Others

TARGET SCHEMES & OPTIONS PLAN: _____
 (Appreciation / Dividend amount to be transferred from - Please any one of the Schemes - **only Growth Option available**)
 ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Dynamic Plan ICICI Prudential Infrastructure Fund
 ICICI Prudential Multicap Fund ICICI Prudential Value Discovery Fund ICICI Prudential Midcap Fund
 ICICI Prudential Top 100 Fund ICICI Prudential Export and Other Services Fund

8 INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). 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 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

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled by investor. Subject to realization of cheque & furnishing of mandatory information / documents.



Name of the Investor: _____

Scheme	ICICI PRUDENTIAL	Scheme and Option	Rs.	UNITS
<input type="checkbox"/> Entry Trigger <input type="checkbox"/> STP <input type="checkbox"/> SWP <input type="checkbox"/> DTP <input type="checkbox"/> Liquity		EXISTING FOLIO NO. /		
SOURCE / FROM SCHEME	TARGET / TO SCHEME	FREQUENCY & NO. OF INSTALLMENTS		

SMART FEATURES FORM

STP / SWP / DTP / TRIGGER / LIQUITY

Application No. _____

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

BROKER CODE (ARN CODE) ARN-3280	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted to SWSA holder)	Employee Unique Identification No. (EUIN)
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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
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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.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation please mention your name & folio No.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Folio No.
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2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y
PAN*	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter												
Name of * #	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR				OR	CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS						
PAN*	Relationship with Minor applicant <input type="radio"/> Natural guardian Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter												
													<input type="radio"/> Court appointed guardian

2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	
PAN*	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter				

3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	
PAN*	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter				

3 SYSTEMATIC TRANSFER PLAN (STP) (Please refer to instruction No. XV)

scheme: ICICI PRUDENTIAL (SCHEME FROM WHICH YOU WISH TO TRANSFER AMOUNT) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, from which you plan to transfer)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Scheme: ICICI PRUDENTIAL (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, to which you plan to transfer)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Transfer Frequencies Daily Weekly Monthly Quarterly STP Date (Monthly frequency only) 7th 10th 15th 25th Last day of Month

Installment Amount (Minimum of Rs.1,000) No. of Installments (Minimum 6 installments) Note: In case of Daily STP the minimum installment amount is ₹ 250 & in multiples of ₹ 50 thereof and minimum. (Daily STP is available for specific source & target schemes, please refer to instruction XV).

4 SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please refer to instruction No. XVI)

Scheme ICICI PRUDENTIAL (SCHEME & PLAN FROM WHICH YOU WISH TO WITHDRAW AMOUNT)

OPTION:	SUB-OPTION:
Dividend Frequencies:	

Withdrawal Amount Frequency Monthly Quarterly Start Date: M M / Y Y Y Y End Date: M M / Y Y Y Y

5 DIVIDEND TRANSFER (DTP) (Please refer to instruction No. XVII)

Source scheme ICICI PRUDENTIAL (SCHEME, PLAN & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT PLAN:P)

Target scheme ICICI PRUDENTIAL (SCHEME & PLAN INTO WHICH YOU WISH TO TRANSFER DIVIDEND) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the options/sub-options, only if applicable to the scheme into which you wish to transfer dividend)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

* 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. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

** Mandatory in case the Sole/First applicant is minor.

⁵ For KYC requirements, please refer to the instruction Nos. II b(5) & VII

Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. VII(g)

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.

Application No. _____

SIGNATURE, STAMP & DATE

6 ENTRY TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XVIII)

Please New Registration Update existing registration **Cancellation** (Of any trigger set-up registered earlier)

Amount / Units to be triggered From (Please **Source Scheme**)

- ICICI Prudential Savings Fund ICICI Prudential Flexible Income Plan ICICI Prudential Income Plan ICICI Prudential Short Term Plan
 ICICI Prudential Liquid Plan ICICI Prudential Long Term Plan ICICI Prudential Ultra Short Term Plan

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

Amount / Units to be triggered To (Please **Target Scheme**)

- ICICI Prudential Dynamic Plan ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Index Fund
 ICICI Prudential Balanced Fund ICICI Prudential Top 100 Fund ICICI Prudential Multicap Fund
 ICICI Prudential Select Large Cap Fund ICICI Prudential Value Discovery Fund ICICI Prudential Balanced Advantage Fund

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

TOTAL AMOUNT TO BE REGISTERED	TRIGGER LEVEL	TRIGGER AMOUNT
AMOUNT IN FIGURES	% drop in NAV (Please <input checked="" type="checkbox"/>) or BSE Sensex Value	% of Total Registered Amount to be Transferred
Rupees	<input type="checkbox"/> 5% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
AMOUNT IN WORDS	<input type="checkbox"/> 10% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 15% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 20% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	(Please refer instruction XVIII(1))	100 % of Total Registered Amount

7 LIQUITY FACILITY (Please refer to instruction No. XIX)

SOURCE SCHEMES & OPTIONS (Appreciation / Dividend amount to be transferred from - Please any one of the Scheme / Options)

ICICI PRUDENTIAL FLEXIBLE INCOME PLAN **PLAN:** _____

Growth OR Dividend Option - Payout Reinvestment Daily Weekly Fortnightly Monthly Quarterly Dividend Others

ICICI PRUDENTIAL LIQUID PLAN **PLAN:** _____

Growth OR Dividend Option - Payout Reinvestment Daily Weekly Monthly Quarterly Half Yearly Yearly Dividend Others

ICICI PRUDENTIAL SAVINGS PLAN **PLAN:** _____

Growth OR Dividend Option - Payout Reinvestment Daily Weekly Fortnightly Monthly Quarterly Dividend Others

TARGET SCHEMES & OPTIONS **PLAN:** _____

(Appreciation / Dividend amount to be transferred from - Please any one of the Schemes - **only Growth Option available**)

ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Dynamic Plan ICICI Prudential Infrastructure Fund
 ICICI Prudential Multicap Fund ICICI Prudential Value Discovery Fund ICICI Prudential Midcap Fund
 ICICI Prudential Top 100 Fund ICICI Prudential Export and Other Services Fund

8 INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). 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 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



ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled by investor. Subject to realization of cheque & furnishing of mandatory information / documents.



Name of the Investor: _____

Scheme	ICICI PRUDENTIAL	Scheme and Option	Rs.	UNITS
<input type="checkbox"/> Entry Trigger <input type="checkbox"/> STP <input type="checkbox"/> SWP <input type="checkbox"/> DTP <input type="checkbox"/> Liquity		EXISTING FOLIO NO. /		
SOURCE / FROM SCHEME	TARGET / TO SCHEME	FREQUENCY & NO. OF INSTALLMENTS		

SMART FEATURES FORM

STP / SWP / DTP / TRIGGER / LIQUITY

Application No. _____

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

BROKER CODE (ARN CODE) ARN-3280	SUB-BROKER ARN CODE	SUB-BROKER CODE (As all SWSA ARN holder)	Employee Unique Identification No. (EUIN)
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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.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation please mention your name & folio No.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Folio No.
------	-------------	-------	--------	------	-----------

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y
PAN*	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter												
Name of * #	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR				OR	CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS						
PAN*	Relationship with Minor applicant				<input type="radio"/> Natural guardian			Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter					
				<input type="radio"/> Court appointed guardian									

2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	
PAN*	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter				

3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	
PAN*	Enclosed (Please ✓) ⁵ <input type="radio"/> KYC Acknowledgement Letter				

3 SYSTEMATIC TRANSFER PLAN (STP) (Please refer to instruction No. XV)

scheme: ICICI PRUDENTIAL (SCHEME FROM WHICH YOU WISH TO TRANSFER AMOUNT) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, from which you plan to transfer)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Scheme: ICICI PRUDENTIAL (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, to which you plan to transfer)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Transfer Frequencies Daily Weekly Monthly Quarterly STP Date (Monthly frequency only) 7th 10th 15th 25th Last day of Month

Installment Amount (Minimum of Rs.1,000) No. of Installments (Minimum 6 installments) Note: In case of Daily STP the minimum installment amount is ₹ 250 & in multiples of ₹ 50 thereof and minimum. (Daily STP is available for specific source & target schemes, please refer to instruction XV).

4 SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please refer to instruction No. XVI)

Scheme ICICI PRUDENTIAL (SCHEME & PLAN FROM WHICH YOU WISH TO WITHDRAW AMOUNT)

OPTION:	SUB-OPTION:
Dividend Frequencies:	

Withdrawal Amount Frequency Monthly Quarterly Start Date: M M / Y Y Y Y End Date: M M / Y Y Y Y

5 DIVIDEND TRANSFER (DTP) (Please refer to instruction No. XVII)

Source scheme ICICI PRUDENTIAL (SCHEME, PLAN & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT PLAN:P)

Target scheme ICICI PRUDENTIAL (SCHEME & PLAN INTO WHICH YOU WISH TO TRANSFER DIVIDEND) PLAN:

Option & Sub option (Please ✓ the appropriate boxes or fill in the options/sub-options, only if applicable to the scheme into which you wish to transfer dividend)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

* 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. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

** Mandatory in case the Sole/First applicant is minor.

⁵ For KYC requirements, please refer to the instruction Nos. II b(5) & VII

Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. VII(g)

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.

Application No. _____

SIGNATURE, STAMP & DATE

6 ENTRY TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XVIII)

Please New Registration Update existing registration Cancellation (Of any trigger set-up registered earlier)

Amount / Units to be triggered From (Please Source Scheme)

- ICICI Prudential Savings Fund ICICI Prudential Flexible Income Plan ICICI Prudential Income Plan ICICI Prudential Short Term Plan
 ICICI Prudential Liquid Plan ICICI Prudential Long Term Plan ICICI Prudential Ultra Short Term Plan

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

Amount / Units to be triggered To (Please Target Scheme)

- ICICI Prudential Dynamic Plan ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Index Fund
 ICICI Prudential Balanced Fund ICICI Prudential Top 100 Fund ICICI Prudential Multicap Fund
 ICICI Prudential Select Large Cap Fund ICICI Prudential Value Discovery Fund ICICI Prudential Balanced Advantage Fund

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

TOTAL AMOUNT TO BE REGISTERED	TRIGGER LEVEL	TRIGGER AMOUNT
AMOUNT IN FIGURES	% drop in NAV (Please <input checked="" type="checkbox"/>) or BSE Sensex Value	% of Total Registered Amount to be Transferred
Rupees	<input type="checkbox"/> 5% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
AMOUNT IN WORDS	<input type="checkbox"/> 10% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 15% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 20% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	(Please refer instruction XVIII(1))	100 % of Total Registered Amount

7 LIQUITY FACILITY (Please refer to instruction No. XIX)

SOURCE SCHEMES & OPTIONS (Appreciation / Dividend amount to be transferred from - Please any one of the Scheme / Options)

ICICI PRUDENTIAL FLEXIBLE INCOME PLAN PLAN: _____
 Growth OR Dividend Option - Payout Reinvestment Daily Weekly Fortnightly Monthly Quarterly Dividend Others

ICICI PRUDENTIAL LIQUID PLAN PLAN: _____
 Growth OR Dividend Option - Payout Reinvestment Daily Weekly Monthly Quarterly Half Yearly Yearly Dividend Others

ICICI PRUDENTIAL SAVINGS PLAN PLAN: _____
 Growth OR Dividend Option - Payout Reinvestment Daily Weekly Fortnightly Monthly Quarterly Dividend Others

TARGET SCHEMES & OPTIONS PLAN: _____
 (Appreciation / Dividend amount to be transferred from - Please any one of the Schemes - **only Growth Option available**)
 ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Dynamic Plan ICICI Prudential Infrastructure Fund
 ICICI Prudential Multicap Fund ICICI Prudential Value Discovery Fund ICICI Prudential Midcap Fund
 ICICI Prudential Top 100 Fund ICICI Prudential Export and Other Services Fund

8 INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). 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 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

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled by investor. Subject to realization of cheque & furnishing of mandatory information / documents.



Name of the Investor: _____

Scheme	ICICI PRUDENTIAL	Scheme and Option	Rs.	UNITS
<input type="checkbox"/> Entry Trigger <input type="checkbox"/> STP <input type="checkbox"/> SWP <input type="checkbox"/> DTP <input type="checkbox"/> Liquity		EXISTING FOLIO NO. /		
SOURCE / FROM SCHEME	TARGET / TO SCHEME	FREQUENCY & NO. OF INSTALLMENTS		

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

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Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

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Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

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