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biole/First       Min       PIRST       MIDDLE       LAST         ANPEKRN*       K/C Id No.*       Enclosed (Plesse 2)* (NC Acknowledgement Leter       AAPHAR No. (Refer instruction No.II)         IAME OF GUARDIAN (in case FreuScale applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-holvidue lineator)       Dote of Birth         MAYPEKRN*       KYC Id No.*       LaST       AAPHAR No. (Refer instruction No.II)         YMAPEKRN*       KYC Id No.*       LaST       AAPHAR No. (Refer instruction No.II)         YMAPEKRN*       KYC Id No.*       Dot M M Y         AAPHAR No. (Refer instruction No.II)       Date of Birth       Dot M M Y         YMAPEKRN*       KYC Id No.*       Date of Birth       Date of Birth         YMAPEKRN*       KYC Id No.*       CMC Proof Attached (Mandatory)       AADHAR No. (Refer instruction No.II)         YMAPEKRN*       KYC Id No.*       CMC Proof Attached (Mandatory)       AADHAR No. (Refer instruction No.II)         YMAPEKRN*       KYC Id No.*       KYC Id No.*       Do M M Y         AANPEKRN*       KYC Id No.*       CMC Proof Attached (Mandatory)       AADHAR No. (Refer instruction No.II)         YMAPEKRN*       KYC Id No.*       KYC Id No.*       Do M M Y         AANPEKRN*       KYC Id No.*       KYC Id No.*       ADHAR No. (Refer Instruction No.II)	/ Y )(10)] / Y
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AAD/PEKRN*       KYC Id No.Y       KYC Proof Attached (Mandstory)       AADHAAR No. [Refer Instruction No.III]         P@ APPLICANT (Name should match with PAN Card)       Date of Birth       Date of Birth         Mr/Mark       FRST       MiDDLE       LAST       Date of Birth         AM/PEKRN*       KYC Id No.Y       KYC Proof Attached (Mandstory)       AADHAAR No. [Refer Instruction No.III]         Mandatory information is hable to be rejected.       MidVidual client who has registered under Cantral KYC Records Registry (CXCR) has to fill the 14 digit KYC Identification Number (KN).         Sank 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 sourc or unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account si mentioned here.         Account       Account Type       Savings       Current       NRE       NRE         Branch City       9 Digit       MiCR Code       Enclosed (Please v):       Bank Account Details         Investment       Q       D Ortrags       Sub-options please see key scheme features). Please mention scheme name (CI Prudential       Plan:       Option:         Investment       Q       D Ortrags       Q       NET       Mode of Payment Cheque       D Funds Tansfer	)(10)]
Att_Ma_M/A       FHST       Milpbule       LaST       D       D       M       Y         AN/PEKRN*       KYC Id No, *       KYC Proof Attached (Mandatory)       AADHAAR No. [Refer Instruction No. III)         Analyter       Registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification No. IIII)         Mandatory information - If Ieft blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source or unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.         Account       Account Type       Savings       Current       NRE       NR         Minore       Name is Branch of Bank       9 Digit       11 Digit       Enclosed (Please -/):       Bank Account Details         CliPrudential       Parmet       Option:	
Att_Ma_M/A       FHST       Milpbule       LaST       D       D       M       Y         AN/PEKRN*       KYC Id No, *       KYC Proof Attached (Mandatory)       AADHAAR No. [Refer Instruction No. III)         Analyter       Registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification No. IIII)         Mandatory information - If Ieft blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source or unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.         Account       Account Type       Savings       Current       NRE       NR         Minore       Name is Branch of Bank       9 Digit       11 Digit       Enclosed (Please -/):       Bank Account Details         CliPrudential       Parmet       Option:	
AN/PEKRN*  AA/PEKRN*  KYC Id No.Y  KYC V Or of Attached (Mandatory)  AADHAAR No. [Refer Instruction No.II]  mandatory information left blank, the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application is liable to be rejected.  Mandatory information – If left blank the application No. IV (For Plans & Sub-options please see key scheme features).  Packet Rote –   Part –	
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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 tatch proof, in case the pay-out bank account is different from the source     or unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.     Account Type Savings Current NRE NR     Name & Branch     Of Bank     Branch City     Savings Current NRE NRE     INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme narr     ICICI Prudential	
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. PAYMENT DETAILS       Mode of Payment ○ Cheque ○ DD ○ Funds Transfer ○ NEFT ○         Investment Amount       ₹       A         Amount       ₹       A         Cheque /       Date       D         DD Number       Bank       ₹         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]         A/c Number       Account Type       Savings       Current       NRE       NRE         Name & Branch of Bank       Mandatory Enclosures (Please tick (√))       Cheque       Bank       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 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.         . CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:       Overseas Address (Mandatory for NRI / FII Applicants)         HOUSE / FLAT NO.       HOUSE / FLAT NO.	
Investment Amount       ₹       A       DD Charges (if applicable)       ₹       B       Total Amount       ₹       A + B         Cheque / DD Number BANK DETAILS:       Date       D       M       Y       Y       Y         A/c Number       Date       D       M       Y       Y       Y         A/c Number       Date       D       M       Y       Y       Y         A/c Number       Date       D       Mandatory Enclosures (Please tick (✓) if it is different from above and fill in the details below]         A/c Number       Account Type       Savings       Current       NRE       NRI         Name & Branch of Bank       Mandatory Enclosures (Please tick (✓)       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 circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicipruame.com or ICICI Prudential Mutual Fund branch offices.         S. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT: Correspondence Address (Please provide full address)*       Overseas Address (Mandatory for NRI / FII Applicants) HOUSE / FLAT NO.         HOUSE / FLAT NO.       HOUSE / FLAT NO.       HOUSE / FLAT NO.	) rtgs
Cheque / DD Number       Date       D       M       Y       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]         A/c Number       A/c Number       Account Type       Savings       Current       NRE       NRE         Name & Branch of Bank       Mandatory Enclosures (Please tick (✓)       Cheque Copy       Bank       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 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.         6. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT: Correspondence Address (Please provide full address)*       Overseas Address (Mandatory for NRI / FII Applicants) HOUSE / FLAT NO.	/ 1103
DD Number       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]         A/c Number       Account Type       Savings       Current       NRE       NRI         Name & Branch of Bank       Mandatory Enclosures (Please tick (✓))       Cheque       Bank       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 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.         S. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:       Overseas Address (Mandatory for NRI / FII Applicants)         HOUSE / FLAT NO.       HOUSE / FLAT NO.	
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<ul> <li>○ Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email</li> <li>Please ✓ any of the frequencies to receive Account Statement through e-mail <sup>f</sup>: ○ Daily ○ Weekly ○ Monthly ○ Quarterly ○ Half Yearly</li> <li>* Mandatory information – If left blank the application is liable to be rejected.</li> <li>* Mandatory in case the Sole/First applicant is minor.</li> <li><sup>§</sup> For KYC requirements, please refer to the instruction Nos. II b(5) &amp; X</li> </ul>	
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:     EXISTING FOLIO NO.	Annuali Annuali Annuali

7 7	ODE OF HOLDING	∎ [Please tick (✔)]	Single 🔿 Join	t O Anyone	or Survivor (Default)						
17. IA	X STATUS [Please t	ick (✔)]									
🗆 Res	sident Individual 🛛 🗆 NI	1	🗆 Partnershi	p FIRM	Government Bod	y	🗆 Foreign Portf	olio Investor	🗆 QFI		
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	MAT ACCOUNT										
NSDL: C	Depository Participant (DP) II	(NSDL only) Benefic	ary Account Numb	per (NSDL only)	CDSL:	Depository	Participant (DP) I	D (CDSL only)			
9. FA	TCA AND CRS D	ETAILS FOR INI	DIVIDUALS	(Including Sol	e Proprietor) <i>(Man</i>	datory)					
Non-In	dividual investors sh	ould mandatorily fil	l separate FAT	CA Form (Ann	exure II). The belo	w inform	nation is requ				
		Place/City of	Birth		Country of Birth				Citizenship / Nation	ality	
First /	Applicant / Guardian						) Indian ) L	l.S. () Others	(Please specify)		
Secor	nd Applicant						🔾 Indian 🔾 L	.S. Others	(Please specify)		
Third	Applicant						) Indian () L	.S. Others	(Please specify)		
Are you	a tax resident (i.e., are yo	assessed for Tax) in ar	ly other country o	utside India?	OYes ONo	[PI	ease tick (✓)]				
If 'YES' p	please fill for ALL countries	(other than India) in wh	ich you are a Res			a Citizen/				•	
		Country of Tax Res	idency		ation Number or Al Equivalent	<i>т</i>	Identification IN or other pleas		If TIN is not available please tick (/ the reason A, B or C (as defined below		
First	Annlinent / Cuerdien			Tunctiona	i Equivalent	11	in or other pieds	e specity/			
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Secor	nd Applicant								Reason : A	B 🗌	С 🗆
Third	Applicant								Reason : A 🗌	В	C 🗌
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	eason B ⇒ No TIN rec eason C ⇒ Others, ple			e authorities o	f the respective co	untry of	tax residence	e do not requ	uire the TIN to be	collected)	
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	ure I and Annexure II are		of AMC i.e. www	icicipruamc.com	or at the Investor Serv	/ice Centr	es (ISCs) of ICIC	I Prudential Mu	itual Fund.		
	(YC DETAILS (Mail	idatory)									
Sole/Fir	rst   ○ Private Sector	Sonvice O Public	Sector Service	⊖ Governme	ent Service O Bus	sinoss		ofessional	O Agriculturist	O Retired	
Applica	ant O Housewife	O Studen	t	O Forex Dea	ller Ö Oth	ers (Pleas	se specify)				
Second Applica		Service O Public : O Studen	Sector Service	<ul> <li>Governme</li> <li>Forex Dea</li> </ul>			O Pi se specify)	ofessional	○ Agriculturist	○ Retired	
Third	O Private Sector	-	Sector Service	O Governme				ofessional	O Agriculturist	O Retired	
Applica		Ö Studen	t	○ Forex Dea	ler Ö Oth	ers (Pleas	se specify)		- 0	_	
	Annual Income [Pleas		0.5.401	0 40 05 1		0.1					
Sole/Fir		w 1 Lac ○ 1-5 Lacs worth (Mandatory for N	O 5-10 Lacs on-Individuals) `	○ 10-25 Lacs	○ >25 Lacs-1 crore as o		D M M	YYYY	(Not older than 1	vear)	
Second		w 1 Lac 01-5 Lacs	O 5-10 Lacs	○ 10-25 La			○ >1 crore <b>0</b>	R Net worth ₹		,,	
Third A	pplicant O Belo	w 1 Lac O 1-5 Lacs	O 5-10 Lacs	O 10-25 La	cs	rore	O >1 crore O	R Net worth ₹			
Others	s [Please tick (✔)]										
		Please tick (✔)]:	n Politically Expos	ed Person (PEP) <	O I am Related to	Politically	Exposed Person	(RPEP) ON	lot applicable		
Sole/Fi Applica	ant For Non-Individu	als [Please tick (✔)] (Pl									
	(I) Foreign Exchange	/ Money Changer Servi		, , ,	0. 0. 7.			○ N0; (iii)	Money Lending / Pav	$V_{\text{mind}} = \bigcirc V_{\text{FS}}$	ONO
		ally Exposed Person (PE	1 .	to Politically Expo	1 1	⊖ Not ap					
	11	Illy Exposed Person (PEI			ised Person (RPEP) (	) Not an	nlicable				
	OMINATION DET	ally Exposed Person (PER AILS (Refer instru		hereby nominate		⊃ Not ap ominee(s)		mount to mv/o	ur credit in event of r		s follows
	OMINATION DET	AILS (Refer instru	ction VII). I/We		the undermentioned n	ominee(s)	to receive the a	mount to my/o	ur credit in event of r	ny/our death as <b>Proportion</b>	(%) in
	Name and address of I (Please tick if Nominee	AILS (Refer instru Nominee(s) 's address is	ction VII). I/We Applicant's Relationship	hereby nominate		ominee(s)	to receive the a	Signatu	re of Nominee/	ny/our death as	(%) in nits will
	Name and address of I	AILS (Refer instru Nominee(s) 's address is	ction VII). I/We Applicant's	Date of Birth	the undermentioned n	ominee(s) Idress of	to receive the a Guardian	Signatu		ny/our death as Proportion which the ur be shared b Nominee (S	(%) in nits will by each Should
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