

4 INVESTMENT DETAILS (Refer Instruction No.IV) • PLANS, OPTIONS & SUB-OPTIONS (See the Key Features for Scheme specific options & sub-options)

NAME OF THE SCHEME (Please leave one box blank between words) (Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest)

I	C	I	C	I	P	R	U	D	E	N	T	I	A	L

Retail Dividend Payout Growth AEP-Regular*
 Institutional Dividend Reinvestment Cumulative AEP-Appreciation

AEP frequency : _____

Dividend Frequencies: Daily Weekly Fortnightly Monthly Quarterly Half Yearly

Dividend Transfer Plan (DTP) (Please refer to instruction No. IV (f): Scheme Name: _____ Option: _____

PAYMENT DETAILS (LUMP SUM INVESTMENT / FIRST CHEQUE FOR SIP)			SIP through	
Amount Paid (A) Rs. _____	DD Charges (B) Rs. _____	Amount Invested (C) = (A) + (B) Rs. _____	<input type="checkbox"/> Standing Instruction/Direct Debit	<input type="checkbox"/> ECS <input type="checkbox"/> PDCs
Bank Name & Branch _____			SIP Frequency (Please tick (✓)) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
City _____			<input type="checkbox"/> SIP TOPUP (Optional)	
Cheque/DD No. _____			TOPUP Amount*: _____	
Cheque/DD Date _____			Rs. _____	
Account Type (For NRI Investors) _____			*TOP UP amount has to be in multiples of Rs.500 only.	
NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/>			TOPUP Frequency (Mandatory): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	

SUBSEQUENT SIP INSTALLMENT DETAILS THROUGH PDCS
 Cheque Number From _____ Cheque Number To _____ Number of Cheques _____
 Start From _____ End to _____ SIP Date 7th 10th 15th 25th
 Drawn on Bank & Branch _____

**Cumulative – AEP Regular Option : Encashment of Units is subject to declaration of dividend in the respective Scheme(s). Please refer to instruction no. IV(c).*

Trigger Please (✓) (Trigger can be done only from ICICI Prudential Target Returns Fund – Growth sub-option)

NAV appreciation (Please ✓) 12% 20% 50% 100% Trigger Amount Appreciation amount only All units

Amounts/units to be triggered to Retail Option under (Please ✓): ICICI Prudential Floating Rate Plan – Plan A Plan B Sub-options (Please ✓): Growth AEP* Appreciation Regular

ICICI Prudential Liquid Plan ICICI Prudential Short Term Plan ICICI Prudential Income Plan Growth/Cumulative Dividend Pay-out Dividend Reinvestment

*Default Trigger Options: NAV appreciation: 20%; Scheme: ICICI Prudential Liquid Plan - Growth Option. *Cumulative - AEP Regular option: Encashment of units is subject to declaration of dividend into respective scheme(s).*

Micro SIPs Please (✓) (Investment of equal to or less than Rs.50,000/- per annum under SIP registration) (Please refer instruction No. V(I))

Required only in case of PAN not provided.

	Photo Identification Document Type (Mandatory)	ID Card No. / Reference No.
1st Applicant	_____	_____
2nd Applicant	_____	_____
3rd Applicant	_____	_____

5 NOMINATION DETAILS (Optional) • For Single nomination, please fill in the details below. • For multiple nominations, please use the form available separately.

I/We hereby nominate the undermentioned Nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Name of the Nominee _____ Date of Birth (If nominee is minor) _____

Mr. Ms. M/S _____ D D M M Y Y Y Y

Address of Nominee (Please provide full address) _____ PIN Code _____

Name of the Guardian (If nominee is minor) - Mandatory _____ Relationship with minor _____

Address of Guardian _____ Signature of Guardian _____

PIN Code _____

6 YOUR CONFIRMATION/DECLARATION

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 am/we are not US Person(s).

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).

SIGNATURE(S)	First Applicant	_____
	Second Applicant	_____
	Third Applicant	_____



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

SIP TOP UP Amount Rs. _____ Frequency: Half Yearly Yearly

Note : All future communications in connection with this application should be addressed to the nearest ICICI Prudential 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.

FOLIO No.: _____
Drawn on (Name of Bank & Branch) _____

Cheque/DD No. _____	Dated _____	Amount (Rs.) _____
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