RIA/PMRN CODE# (As allotted by ARN holder) Identification No. (EUIN) tioning RIA/PMRN code, //we authorize you to share with the investment Advisor the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund. Intentification No. (EUIN) tioning RIA/PMRN code, //we authorize you to share with the investment Advisor the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund. Intentification No. (EUIN) tion of "securitory only" transaction without may interaction or advice by the employee/relationship manager/sales person of the distributor on other 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 TION CHARCES TOP INST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT TION CHARCES TOP INST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT TON CHARCES TOP INST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT TOT NOTACLES TAPPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT TION CHARCES TOP INST APPLICANT SIGNATURE OF THIRD APPLICANT SIGNATURE OF THIRD APPLICANT TION CHARCES TOP INSTRUCES SUBJECT AND INFORMATION APPLICANT SIGNATURE OF THIRD APPLICANT SIGNATURE OF THIRD APPLICANT SIGNATURE OF SECOND APPL	(As allotted by ARN holder) (As allotted by ARN holde	(A a shorted by AN Noteer)	BROKER (All se	stor must	read K	(ey Sche	me Fea	tures ar	nd Inst	ructions	before	comple	ting this	form.	vestm Letters	ents Pl	an				Application	n No.			
on for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No. XIII) (We hereby confirm that the EUN box has been intentionally left blank by multiple execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice or interaction. Is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the distributor has not charged any advisory fees on this transaction. Interaces, if any, provided by the employee/relationship manager/sales person of the distributor has not charged any advisory fees on this transaction. INTURE OF SOLE / FIRST APPUCANT SIGNATURE OF SECOND APPUCANT SIGNATURE OF SOLE / FIRST APPUCANT SIGNATURE OF THIRD APPUCANT INTO CHARGES FOR APPUCANTS THEOUGH DISTIBUTORS ONLY (Refor Instruction XIII) expraws/sales applicant In purchask-buckprojon amount and purch distributor bus opado to receive the themacicos charges, the same are discuble as applicant to saked on the investor's assessment of various factors including the service rendered by the distributor. ILCANT(S) DETAILS (Please refer to Instruction No. III (I) 6 IV) (Name should be as per the RAN) Microplet Last INT KYC Id No,Y Enclosed (Please //*) (XYC Acknowledgement Letter Date of Birth D ILCANT IVC Proof Attached (Mandatory) Relationship with Minor applicant: (Naturel guardian Court appointed guardian Court appointed guardian Court appointed guardian (Market	Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – UWe hereby confirm that the EUIN box has been intentionally left blank us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manage/sales person of the above distributor or notwithstanding the inappropriateness, if any, provided by the employee/relationship manage/sales person of the distributor and the distributor and the distributor and the distributor or notwithstanding the inappropriateness, if any, provided by the employee/relationship manage/sales person of the distributor and the distributor and the distributor and the distributor or notwithstanding the inappropriateness, if any, provided by the employee/relationship manage/sales person of the distributor is not charged any advisory fees on this transaction. SIGNATURE OF SOLE / FIT INDUCEN IDSTRIBUTORS ONLY [Refor Instruction XII] Existing Folio No. The management of paddine distributor based on the investor's assessment of various factors including the service reduceble as applications and paddine distributor based on the investor's assessment of various factors including the service reduceble as applications. I. APPLICANT [Mr. Ms. M/s] FIR\$T INT INT EXECUTED NO. [III) (INT INT EXECUTED NO. [IIII) (INT INT EXECUTED NO. [IIII) (INT INT EXECUTED NO. [IIII) (IIII) (INT INT EXECUTED NO. [IIIII) (IIIII) (IIIIIIIIIIIIIIIIIIIIII		RIA/I)E)/		S	UB-BR(OKER	ARN C	ODE		(A)					IN)			
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TION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII] Existing Folio No. purchase/subscription amount Re 10,000/ or more and your Distributor has opted to receive transactions charges, the same are deductible as appli- burchase/subscription amount and path de distributors hased on the investors' assessment of various factors including the service rendered by the distributor. Existing Folio No. LICANT(S) DETAILS (Please refer to Instruction No. II (b) & IV) (Name should be as per the PAN) Image: Please shows in the investor's assessment of various factors including the service rendered by the distributor. Date of Birth** D = M_M_Y FIRST MY [Refer Instruction No. III (b) & IV) (Name should be as per the PAN) Licant's including the service rendered by the distributor. BTAT FIRST FIRST D = M_M Y Y Y Y BQARDIAN (in case First/Sole applicant is minori/CONTACT PERSON-DESIGNATION/POA HOLDER (in case of Non-Individual Investors) D = M_M Y Y Y Y ICANT Mr. Ms. M/s FIRST MIDDLE LAST GUARDIAN (in case First/Sole applicant is minori/CONTACT PERSON-DESIGNATION/POA HOLDER (in case of Non-Individual Investors) D = M_M Y Y Y ICANT Mr. Ms. M/s FIRST	RANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII] <pre> In case the purchases/ubscription around Rs 1000/ or more and your Distributor has opted to receive transactions charges, the same are deductible as applif if city the investor to the AMPI registered Distributor has opted to receive transactions charges, the same are deductible as applif if city the investor to the AMPI registered Distributor Miss will be sade against invested. * Upfont commission shall be gain for AMPI registered Distributor Distribution No. 11(b) 61 VI (Name should be as per the PAN) Content of the AMPI registered Distributor No. 11(b) 61 VI (Name should be as per the PAN) Content of the AMPI registered Distributor No. 11(b) 61 VI (Name should be as per the PAN) Content of the AMPI registered Distributor No. 20(b) APPLICANT (S) DETAILS (Please refer to Instruction No. 11(b) 61 VI (Name should be as per the PAN)</pre>	TION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII] TION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII] purchase/duburging amount and put the bindback binds will be applied to receive transactions during the grant duburging the starting and the construction No. Existing Folio No. Existing Folio No. Existing Folio No. Colspan="2">Existing Folio No. Colspan="2">Colspan="2">Colspan="2" Min. [Ms. [Mo] Part Mr. [Ms. [Mo] N* Colspan="2">Colspan="2" V/C (d No, ^M Enclosed (Please //*) // // // // // // // // // // // // //	is as this is an "ex	xecution-	only" tra	nsactio	on witho	ut any ir	nteractio	on or a	advice by	, the en	nployee/	relations	ship ma	nager/sal	es person o	of the abo	ve dis	stribut	or or not	withstanding	the ad			
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Updated and Approved on September 26, 2022

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Scheme Name	Plan	Option/Sub-option	Payment Details	
			Amt Cheque/DD No dtd	_
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Gross Annual Incom	e [Please tick (🗸	7)]					
Sole/First Applicant	O Below 1 Lac	○ 1-5 Lacs	○ 5-10 Lacs	○ 10-25 Lacs	\bigcirc >25 Lacs-1 crore \bigcirc >1		
	OR Net worth (N	landatory for N	on-Individuals) ₹_		as on D	D M M Y Y Y	(Not older than 1 year)
Second Applicant	O Below 1 Lac	◯ 1-5 Lacs	🔿 5-10 Lacs	○ 10-25 Lacs	s \bigcirc >25 Lacs-1 crore	\bigcirc >1 crore OR Net worth ₹ _	
Third Applicant	O Below 1 Lac	O 1-5 Lacs	○ 5-10 Lacs	○ 10-25 Lacs	s \bigcirc >25 Lacs-1 crore	O >1 crore OR Net worth ₹	
Othera (Diseastick)	11						

Others [Please tick (\checkmark)]

0.1.5	For Ind	ividuals [Please tick (🗸)]: O I am Politically Exposed Person (PEP) O I am Related to Politically Exposed Person (RPEP) O Not applicable
Sole/First Applicant		n-Individuals [Please tick (🖌)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): n Exchange / Money Changer Services – 🔿 YES 🔿 NO; (ii) Gaming / Gambling / Lottery / Casino Services – 〇 YES 🌖 NO; (iii) Money Lending / Pawning – 〇 YES 🌖 NO
Second Ap	plicant	O Politically Exposed Person (PEP) O Related to Politically Exposed Person (RPEP) O Not applicable
Third Applic	cant	O Politically Exposed Person (PEP) O Related to Politically Exposed Person (RPEP) O Not applicable

11. NOMINATION

NOMINEE (OPT-IN) Details or OPT-OUT Declaration is Mandatory to process the application. Please tick (/) from below Option A or Option B as appropriate. (Refer instruction VII).

A) FOR NOMINATION OPT-IN: 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) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor] [Mandatory]*	Relationship with Sole / First unit holder	Date of Birth [Mandatory]*	Name and address of Guardian [Mandatory if Nomi- nee is Minor]*	Signature of Nominee / Guardian*	Guardian's Relation- ship with Nominee* [attach proof]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%]
			dd/mm/yyyy			 Mother Father Legal Guardian 	
			dd/mm/yyyy			Mother Father Legal Guardian	
			dd/mm/yyyy			 Mother Father Legal Guardian 	

* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

B) FOR NOMINATION OPT-OUT: (Please tick (1) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of First Unit holder

Signature of 2nd Unit holder

Signature of 3rd Unit holder

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 trial 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 have read and understood the instructions on **momination and I/We hereby undertake to abide by the same**. I/We interested

Sole / 1st Applicant

2nd Applicant

3rd Applicant