oproved on August 26, 2021

COMMON APPLICATION FORM FOR AICICI MULTIPLE SCHEMES - LUMPSUM / SIP PRLDENTIAL" Please read INSTRUCTIONS carefully before completing this form. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK. (As allotted by ARN holder) Identification No. (EUIN) #By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund. Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). — I/We hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XI] In case the purchase/subscription amount Rs 10.000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. * Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Existing Folio No.

Existing Folio N 1. APPLICANT(S) DETAILS (Please refer to Instruction No. II (b) (Name should be as per the PAN) SOLE / 1ST APPLICANT Mr. Ms. M/s PAN/PEKRN* KYC Id No.¥ Enclosed (Please ✓) 5 CYC Acknowledgement Letter Date of Birth NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors) PAN/PEKRN* | KYC Proof Attached (Mandatory) | Relationship with Minor applicant: Natural guardian Court appointed guardian Date of Birth (Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above. See Instruction No. XV, page no. 42) 2ND APPLICANT Mr. Ms. M/s KYC Id No.¥ Date of Birth KYC Proof Attached (Mandatory) PAN/PEKRN* 3RD APPLICANT KYC Id No.¥ KYC Proof Attached (Mandatory) Date of Birth If mandatory information left blank, the application is liable to be rejected. ¥Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN). 2. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here Account Number Account Type Savings Current NRE NRO FCNR Name & Branch of Bank 11 Digit IFSC Enclosed (Please 1): Bank Account Details Proof Provided. 3. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Sub-options please see key scheme features). Please mention scheme name below: Option & Sub-Option Investment Amount Sr. No. (Rupees) ICICI Prudential 2 ICICI Prudential ICICI Prudential 3 4 ICICI Prudential In case of multiple schemes, Cheque/DD should be drawn in favour of "ICICI Prudential Mutual Fund Collection A/c." TOTAL AMOUNT and the cheque amount should match with the Total Investment amount mentioned here. For investors investing in Income Distribution cum Capital Withdrawal (IDCW) option of the Scheme may note that the amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains. (Please see overleaf) **ACKNOWLEDGEMENT SLIP -PICICI** ICICI PRUDENTIAL MULTIPLE SCHEMES FOR LUMPSUM/SIP PRUDENTIAL (Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information) MUTUAL FUND Application No. Name of the Investor:

I. PAYMENT DETA	ILS			Mode of Pa	yment ()	Cheque	O DD O	Funds Transfe	r O	NEFT () RTGS	
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Cheque /		Date D	D M	MYY	YY		_					_
DD Number BANK DETAILS: Sa	ıme as above [Please	tick (√) if yes]	Differ	ent from above /	□ □□□ □□□ Please tick (✔) ii	f it is differe	nt from above and	fill in the Ban	k details be	elow]		
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Name & Branch of Bank												
Branch City				ry Enclosures nstalment is not i	s (Please tick (√) through cheque)	Che Cop			Banker's At	ttestation		—
Applications with Third Po circular. Please read the i											with the	said
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Please ✓ any of the fre	quencies to receiv	e Account State	ement throu	ıgh e-mail ^r :(Daily 🔘	Weekly	O Monthly	O Quarterly	O H	lalf Yearly	O Annu	
Mandatory information				ejected. #	Name of Guard	dian/Contac	t Person is Mand	datory in case	of Minor	/NI IIII	dual Inves	ally
For KYC requirements, p												
	olease refer to the ir	nstruction Nos. II b	(5) & X		or documents to Please refer to		tted on behalf of					•
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7. TAX STATUS [Ple Resident Individual On behalf of Minor HUF Financial Institution	ING [Please tick (ase tick ()] NRI Foreign National Body Corporate Trust/Society/NGO	Partnershi Company Private Limited Pa	Joint	Anyone or Surviv	Please refer to ror (<i>Default</i>) nment Body	FPI y PFI	tted on behalf of	minor folio	PS Trust ON Profit O	uction II-b(2) Bank	•
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		Country of Tax Re	sidency	Tax Identification Number Functional Equivalent	r or Identification (TIN or other pleas			available please , B or C (as defin	
First Applica	ant / Guardian						Reason: A	□ B □	C 🗆
Second App	licant						Reason: A	B	с□
Third Applic	ant						Reason: A	□ B□	с
☐ Reason	A ⇒ The cou	intry where the Accou	nt Holder is lia	ble to pay tax does not iss	ue Tax Identification Number	s to its resider	its.		
☐ Reason	C ⇒ Others,	please state the reas	on thereof:		ctive country of tax residenc				
Residentia		d Office O Business	I ⊘R	ress Type of 2nd Holder: lesidential Registered Office ww.icicipruamc.com or at the Inv	Business estor Service Centres (ISCs) of ICIO	Address Type Residential (Prudential Mutu	Registered	-	2SS
10. KYC	DETAILS (Mandatory)							
Occupation	Please tick (v	/)]							
Sole/First Applicant	Private Sec		c Sector Service	Government Service Forex Dealer	OBusiness OF F	rofessional	Agriculturist	Retired	
Second	Private Sec	ctor Service Publi	c Sector Service	Government Service	-0	rofessional	Agriculturist	O Retired	
Applicant Third	Housewife			Forex Dealer	Others (Please specify)	atanian (ð. 4i þi	Ø ₽-tid	
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Gross Annu	ıal İncome [P	Please tick (🗸)]							
Sole/First App	piicant	Below 1 Lac 11-5 Lacs Net worth (Mandatory for			cs-1 crore	Y Y Y Y	(Not older the	an 1 year)	
Second Applic	cant OE	Below 1 Lac 01-5 Lacs	◯5-10 Lac	cs	5 Lacs-1 crore O>1 crore 0	R Net worth ₹			
Third Applica		Below 1 Lac 01-5 Lacs			5 Lacs-1 crore O>1 crore 0				
Others [Plea	ase tick (✓)]								
	For Individua	Is [Please tick (✓)]: OI a	am Politically Expo	osed Person (PEP) ^ C I am R	elated to Politically Exposed Person	(RPEP) No	t applicable		
					ership (UBO) declaration form - Re				
				NO; (ii) Gaming / Gambling /	Lottery / Casino Services - YES	◯ N0; (iii) M	loney Lending /	Pawning - YE	S (ONO
Second Appli	-	litically Exposed Person (P		ed to Politically Exposed Person (RPEP) Not applicable				
Third Applica	ant O Po	litically Exposed Person (P	EP) ^ (Relate	ed to Politically Exposed Person (RPEP) Not applicable				
		ETAILS (For Mutual I ermentioned nominee(s) to		er instruction VII). unt to my/our credit in event of n	ny/our death as follows:				
Nan	ne and address		Applicant's Relationship	Date of Birth Nan	ne and address of Guardian		of Nominee/	Proportion which the u	units will
(Ple	ase tick if Nomir	nee's address is	with the			Guardian if no	mines is a min	De snared	Dy each
		nee's address is oplicant's address)	with the Nominee	[To be furnished in case the	Nominee is a minor (Mandatory)]	Guardian, if no	minee is a min	Nominee aggregate t	(Should
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Mandatory fields in OTM form as per NPCI: • Bank account number and Bank name • IFSC and/or MICR Code • PAN • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned. GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund) to call/femail on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. 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 229 99 (MTNL/SNL) or 1800 200 6866 (Others).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Inswersor can register multiple SIPs but the amount should not exceed the maximum

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Generally speaking, your SIP amount will I choice. Always remember to mention an ar		osing a slightly higher limit helps you	to undertake additional investments as per your
EXISTING OTM / FIRST INSTALLMENT BANK DE	TAIL C.		
Cheque/DD No.		A/c No	
Bank Name:	Cheque/DD Amount hs.	A/C NO.	_
Dank Harre.			
DEMAT ACCOUNT STATEMENT DETAILS (OPTIO	NAL – PLEASE REFER INSTRUCTION NO.	19)	
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) I	D (CDSL only)
exceeding Rs.50, 000 in a year as described in the In other mode), payable to him for the different compile in crediting the scheme collection accounts by the S DECLARATION FOR AVAILING INSURANCE COVE Document. I understand that I am eligible to avail co	struction No.IV(d) of the common application application of the common applicati	on form. The ARN holder has disclosed to me/us amongst which the Scheme is being recomme y in application of NAV. tween ICICI Prudential Mutual Fund and the Ins	th the current application will result in a total investments is all the commissions (in the form of trail commission or any ended to me/us. The AMC would not be liable for any delay urance Company and about the details of the Master Policy
Signature(s) as per ICICI Prudential Mutual	Fund Records (Mandatory)		
Sole/First Holder	2nd Holder	3rd Holder	
Scheme (1): SIP Installment Rs	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Ro.
Scheme (2) : SIP Installment Rs.		SIP Start Date (DD/MM/YY):	
Scheme (3) : SIP Installment Rs.	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
Scheme (4) : SIP Installment Rs.	SIP Frequency:	SIP Start Date (DD/MM/YY):	SIP TOP UP Rs.
TOP UP CAP Amount Rs. OR TOP UP CAP Month-Year: Sche	me (1):	Scheme (2):	Scheme (3):
Scheme (4):			