AICICI PRUDENTIAL TO MUTUAL FUND

COMMON APPLICATION FORM

Application No.

FOR LUMPSUM INVESTMENTS

Please read INSTRUCTIONS (Page 16-18) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

	ARN-60	528	S	SUB-BROKER CO	Please tick (✓) Existing Investor	FOR	FOR OFFICIAL USE ONLY					
Upfront commission shall be paid directly by the inve on the investors' assessment of various factors inclu					New Investor (Refer instruction no.XII)	SERIAL NUI	UMBER, DATE & TIME OF RECEIPT					
						YC validation, please mentic	on your name & folio N	lo. and proceed to	Step 4			
Name Mr. Ms	s. M/s	FIRST	MIDD	LE	LAST	Folio No.						
2 APPLIC	CANT(S) DE	TAILS (Please	Refer to Instruction	on No. II (b)) Mand	datory information –	If left blank the application is li	able to be rejected.					
1st Applicant	Mr. Ms. M/s	FIR	ST	MIDDLE		LAST	Date of Birth	* D D M	M Y Y Y Y			
PAN*				En	closed (Please 🗸	C)§ Attest	ed PAN Card	○ KYC Acknow	wledgement Letter			
Name of *#	Mr. Ms.	GUARDIAN	IN CASE FIRST AP	PLICANT IS A MINO	R OR	CONTACT PERSO	N IN CASE OF NO	N-INDIVIDUAL .	APPLICANTS			
PAN*				Relationship with Minor applicant	' = -	Natural guardian Enc		closed (Please ✓)§ Attested I				
2nd Applicant	Mr. Ms.	FIR	ST	MIDDLE		LAST	Date of Birth	D D M	M Y Y Y			
PAN*		Enclosed (Please ✓) [§]							wledgement Letter			
3rd Applicant	Mr. Ms.	FIR	ST	MIDDLE		LAST	Date of Birth	D D M	M Y Y Y			
PAN*				En	closed (Please 🗸	∩§	ed PAN Card	○ KYC Acknow	wledgement Letter			
For PAN & KYC	requirements, pl	ease refer to the	instruction Nos. II I			n/Contact Person is Man be submitted on behalf						
Mo	ode of holding [Ple	ease tick (🗸)]	Status	of First Applicant [Plea				ASE SPECIFY				
○ Single	Joint Default option: Anyon	Anyone or S ne or Survivor)	Survivor	\sim .	_	ent Individual HUF Bol Club/S	×	le Proprietorship mpany	Partnership Firm			
Correspondence	Address (Please pi	rovide full address)	*		Overseas	Address (Mandatory for Ni	RI / FII Applicants)					
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Occupation [Pleas	se tick (✔)]	fessional Busi	ness Retired	Housewife Service	e Student	Others (Please specify)						
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Please ✓ any	of the frequencie	es to receive Ac	count Statement 1	through e-mail $^{ ext{ iny E}}$: $igcirc$	Daily Week	ly Monthly Quart	erly Half Yearly	Annually				
				rejected. [£] Please refe PPLICANT (Ple			information - If last to	lank the englishing	is liable to be rejected			
3 BANK Account Type		_	s NRO N		ase Keter to Insti account Number	uction No. III) Mandatory	/ innormation – if left b	iank the application	is liable to be rejected.			
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9 Digit MICF	i code			11 Digit IFSC Co								
	T ACCOUN			APPLICANT) CDSL				
Depository P	articipant (DP) II	(NSDL only)	Beneficiary Acco	ount Number (NSDL o	only)	Deposi	tory Participant (I					
FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US Application No.												

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US **ICICI Prudential Asset Management Company Limited**

3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051. India

SIGNATURE STAMP & DATE

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