PRLDENTIAL*

COMMON APPLICATION FORM

Application No.

FOR LUMPSUM INVESTMENTS MUTUAL FUND Please read INSTRUCTIONS (Page 24-26) carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS FOR OFFICIAL USE ONLY ARN- ARN-18500□ Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on SERIAL NUMBER, DATE & TIME OF RECEIPT the investors' assessment of various factors including the service rendered by the distributor. EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, pleas mention your name & folio No. and proceed to Step 4 Folio No APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information - If left blank the application is liable to be rejected Date of Birth* 1st Applicant D D M M Y Y Y PAN* Enclosed (Please ✓)5 Attested PAN Card ○KYC Acknowledgement Letter CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS Name of *4 Natural guardian Relationship with Minor applicant Enclosed (Please ✓)§ Attested PAN Card PAN* KYC Acknowledgement Letter Court appointed guardian D D M M Y Y Y Date of Birth 2nd Applicant PAN* Enclosed (Please ✓)§ Attested PAN Card KYC Acknowledgement Letter Date of Birth D D M M Y Y Y 3rd Applicant Enclosed (Please ✓)§ Attested PAN Card ○KYC Acknowledgement Letter For PAN & KYC requirements, please refer to the instruction Nos. II b(4), V(I) & X * Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction Ilb(2) Mode of holding [Please tick (✓)] Status of First Applicant [Please tick ()] Others NRI/PIO Partnership Firm O Single Anyone or Survivor Minor
 Resident Individual O HUE Sole Proprietorship Joint Trust Bank/R Club/Society (Default option: Anyone or Survivor) Company Correspondence Address (Please provide full address)* Overseas Address (Mandatory for NRI/FII Applicants) Tel. (Off.) Tel. (Res.) Fax Mobile Email Occupation [Please tick (/)] OProfessional Desiness ORetired Housewife OService OStudent Others (Please specify) Please √ if you wish to receive Account statement / Annual Report/Other statutory information via Post instead of Email Please ✓ any of the frequencies to receive Account Statement through e-mail f: Daily Weekly Monthly Quarterly Half Yearly Annually * Mandatory information – If left blank the application is liable to be rejected. ^c Please refer to instruction no.IX 3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) Account Type ○ Current ○ Savings ○ NRO ○ NRE ○ FCNR Account Number MANDATORY Name of Bank Branch Details 9 Digit MICR code 11 Digit IFSC Code 4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer Instruction No. XI) ONSDL OR Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) Depository Participant (DP) ID (CDSL only) ≫₿ 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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