

COMMON APPLICATION FORM FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Application No. _____

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/ BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE) ARN-97379	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIIN) E112253	SUB-BROKER CODE (As allotted by ARN holder)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII) I/We hereby confirm that the EUIIN 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.				
SIGNATURE OF SOLE /FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT		SIGNATURE OF THIRD APPLICANT

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII and please tick (✓) any one]

I confirm that I am a **First time** investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an **existing** investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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.

1 EXISTING UNITHOLDERS INFORMATION If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to Step 4

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Folio No.
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2 APPLICANT(S) DETAILS (Please Refer to Instruction No. II (b)) Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter										
Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS									
PAN*	Relationship with Minor applicant <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian					Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter					
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST							
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter										
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST							
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter										

Mode of holding [Please tick (✓)]	Status of First Applicant [Please tick (✓)]	<input type="radio"/> Others	PLEASE SPECIFY
<input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor <i>(Default option: Anyone or Survivor)</i>	<input type="radio"/> Minor <input type="radio"/> NRI/PIO <input type="radio"/> Resident Individual <input type="radio"/> HUF <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership Firm	<input type="radio"/> Trust <input type="radio"/> Bank/FI <input type="radio"/> AOP/BoI <input type="radio"/> Club/Society <input type="radio"/> Company <input type="radio"/> FII	

Correspondence Address (Please provide full address)*	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
STREET ADDRESS	STREET ADDRESS
CITY / TOWN	CITY / TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE

Tel. (Off.)	Tel. (Res.)	Fax
Email [†]	Mobile	
Occupation [Please tick (✓)] <input type="radio"/> Professional <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Service <input type="radio"/> Student <input type="radio"/> 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[†]** : Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information - If left blank the application is liable to be rejected.
 ** Mandatory in case the Sole/First applicant is minor.
 † For KYC requirements, please refer to the instruction Nos. II b(5) & 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 II-b(2)
 § Please refer to instruction no. IX

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected.

Please note for unit holder opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY	Account Type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	Account Number
Name of Bank		
Branch Name	Branch City	
9 Digit MICR code	11 Digit IFSC Code	

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

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Please refer Instruction No. XI) NSDL OR CDSL (Please ✓)

Do you want units in demat form : Yes OR No (Please ✓) The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

If yes, Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) If yes, Depository Participant (DP) ID (CDSL only)

5 INVESTMENT & PAYMENT DETAILS (Refer Instruction No. IV) For Plans & Sub-options please see key features for scheme specific details

Name of scheme **ICICI PRUDENTIAL**

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

PLAN: Regular Direct OPTION: Growth/Cumulative Dividend Bonus ^ SUB-OPTION: Dividend Reinvestment Dividend Payout OR AEP- Regular OR Appreciation
 Dividend Frequencies: Daily Weekly Fortnightly Monthly Quarterly Half Yearly Annual Dividend Others AEP Frequencies: Monthly Quarterly Half Yearly

^ Bonus Option, refer instruction no. IV(h) ^Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

Micro Investment upto Rs. 50,000/- (Please ✓) **Mandatory**. [Please refer instruction No. IV(d)]

Sole/First Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)
 2nd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)
 3rd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

SIP Through ECS/Standing Instruction / Direct Debit PDCs¹ SIP Date 7th 10th 15th 25th SIP Frequency* Monthly Quarterly

Payment details for Lump Sum Investment/details of first cheque for SIP payment through PDCs Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ A DD Charges (if applicable) ₹ B Amount Invested ₹ A + B
 Cheque / DD Number Date D D M M Y Y Account Number

Bank Name Bank Branch & City Account Type Current Savings NRO NRE FCNR

Subsequent SIP Installment Details

From Cheque No. To Cheque No. Amount Invested ₹ PER CHEQUE
 No. of Cheques Drawn on BANK / BRANCH
 Start Month/Year M M Y Y Y Y End Date 12 / 2016 12 / 2018 Or other please fill in alongside M M Y Y Y Y
 12 / 2023 12 / 2099

Please ✓ applicable check boxes. ¹PDCs - Post Dated Cheques *Default SIP Frequency is Monthly.
Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the instruction no. VI(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

6 NOMINATION DETAILS (Refer instruction VII)

I/We hereby nominate the undermentioned nominee to receive the amount to my/our credit in event of my/our death.

Nominee NAME OF NOMINEE Date of Birth D D M M Y Y (Mandatory if nominee is minor)
 Guardian MANDATORY, IF NOMINEE IS A MINOR
 Relationship with the Nominee: Father Mother Legal Guardian (Please tick ✓)
 Nominee's Address HOUSE / FLAT NO STREET ADDRESS CITY / TOWN PIN CODE SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR

7 INVESTOR(S) DECLARATION & SIGNATURE(S)

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 OF SOLE / FIRST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT

ACKNOWLEDGEMENT SLIP Please Retain this Slip To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information. EXISTING FOLIO NO. /

Scheme **ICICI PRUDENTIAL** SCHEME AND OPTION ₹ TOTAL AMOUNT ₹ AMOUNT PER CHEQUE
 From Cheque/DD No. To Cheque/DD No. BANK AND BRANCH
 From Date M M Y Y Y Y End Date 12 / 2016 12 / 2018 12 / 2023 12 / 2099 Other (Specify) M M Y Y Y Y



SIP REGISTRATION CUM MANDATE FORM

Application No. _____

[For investment through ECS (Debit Clearing)/Direct Debit Facility/Standing Instruction]

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/ BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE) ARN-97379	SUB-BROKER ARN CODE	Primary Unique Identifier No. (EUIIN) E112253	SUB-BROKER CODE (As allotted by ARN holder)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII) I/We hereby confirm that the EUIIN 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.				

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XII and please tick (✓) any one]

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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.

Please tick (✓) New Registration Cancellation Change in Bank Account** [*Please provide a cancelled cheque] Date:

D	D	M	M	Y	Y
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The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Sole/First Applicant's Name _____ **Existing Folio No.** _____

Mr. Ms. M/s FIRST MIDDLE LAST

Scheme Name: **ICICI PRUDENTIAL**

PLAN: Regular Direct

OPTION: Growth/Cumulative OR Dividend OR Bonus [Refer instruction IV(h)]

SUB-OPTION: Dividend Reinvestment OR Dividend Payout OR AEP- Regular[®] OR Appreciation

Dividend Frequencies: Daily Weekly Fortnightly Monthly Quarterly Half Yearly Annual Dividend Others

AEP Frequencies: Monthly Quarterly Half Yearly

[®] Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)

SIP Frequency: Monthly Quarterly
(Default SIP frequency is Monthly)

In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP

SIP Date: 7th 10th 15th 25th

SIP Start Month/Year

M	M	Y	Y	Y	Y
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SIP End 12 / 2016 12 / 2018
 12 / 2023 12 / 2099

Or other please fill in below

M	M	Y	Y	Y	Y
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Each SIP Amount: Rs. _____ Rupees in words: _____

SIP TOP UP (Optional)
(Tick to avail this facility) TOP UP Amount*: Rs. _____ TOP UP Frequency: Half Yearly Yearly
*TOP UP amount has to be in multiples of Rs.500 only. [Please refer to Terms & Conditions No. C(6)]

DEMAT ACCOUNT DETAILS OF FIRST APPLICANT [Please refer Instruction No. C(8)]

Do you want units in demat form : Yes OR No (Please ✓) The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____ Depository Participant (DP) ID (CDSL only) _____

YOUR CONFIRMATION/DECLARATION: 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 as described in the Instruction No.IV(d) of the common application form. 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.

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

Sole/First Holder _____ 2nd Holder _____ 3rd Holder _____

I/We, Mr. / Ms. / M/s. _____ (NAME AS PER THE BANK RECORD) _____ (NAME AS PER THE BANK RECORD)

hereby authorise ICICI Prudential Mutual Fund and their authorised service providers to debit from my/our Bank Account No. mentioned below (hereinafter referred as "funding account") by ECS (Debit Clearing)/ Direct Debit for collection of SIP payments/authorise the bank to record a Standing Instruction for debit to my bank account as mentioned below, as instructed by ICICI Prudential Mutual Fund.

PARTICULARS OF BANK ACCOUNT [Please note for unit holder opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.]

Account Type: Current Savings NRO NRE FCNR Account Number _____

Name of Bank _____

Branch Name _____ Branch City _____

9 Digit MICR code _____ (Please enter the 9 digit number that appears next to the cheque number). In case of At Par accounts, kindly provide the correct MICR number of the bank branch. MICR code starting and/or ending with 000 are not valid for ECS.

Enclosed [please tick (✓)]: Blank cancelled cheque Photocopy of Cheque [Please refer to Instruction No. C(5)]

Authorisation of the Bank Account Holder for Auto Debit (ECS)/Standing Instruction/Direct Debit

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit/ Standing Instruction and agree to abide by the same. I/We hereby apply to the Trustee of ICICI Prudential Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s)/ Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in ICICI Prudential Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay / wrong debits on the part of the bank for executing the standing instructions of additional sum on a specified date from my account. I/We hereby understand and confirm that ICICI Prudential Asset Management Company 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.

SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS (Mandatory)

Sole/First Holder _____ 2nd Holder _____ 3rd Holder _____

BANK MANDATE SECTION (Mandatory)

ICICI PRUDENTIAL MUTUAL FUND	ACKNOWLEDGEMENT SLIP (To be filled in by the investor)	SIP Amount Rs. _____	Scheme Name: _____	Folio No./ Application No. _____
<input type="checkbox"/> SIP TOP UP	Amount Rs. _____	SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Option: _____	Acknowledgement Stamp
	Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Sub-Option: _____		

TERMS AND CONDITIONS

A) SIP Payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI)

1. The bank account provided for ECS (Debit) should participate in local MICR clearing.
2. SIP auto debit is available only on specific dates of the month viz. 7th/10th/15th/25th. In case 7th/10th/15th/25th is a holiday, then next business day. In case the Auto Debit does not take effect for three consecutive times then the SIP would be liable for cancellation.
3. In case of SIP transaction where, the mode of payment is through Standing Instruction/Auto Debit facility (offered by select banks) or ECS, investors are not required to do an initial purchase transaction for the minimum amount as applicable. However, investors are required to submit SIP request at least 30 days prior to the date of first installment.

Investors subscribing for SIP are required to submit SIP request at least 30 days prior to the date of first debit date and SIP start date shall not be beyond 60 days for monthly SIP and 100 days for Quarterly SIP from the date of submission of SIP application.

The applicant will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the ICICI Prudential Mutual Fund Customer Service Centres. Notice of discontinuance should be received **30 days prior to the subsequent SIP date.**

4. The investor agrees to abide by the terms and conditions of ECS facility of Reserve Bank of India (RBI).
5. 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 for ECS.
6. ICICI Prudential Mutual Fund reserves the right to reject any application without assigning any reason thereof.
7. In case of "At Par" cheques, investors need to mention the MICR number of his actual bank branch.
8. **New Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP as per the scheme name available in the main application form. In case multiple schemes are mentioned in the main application form, the Fund reserves the right to reject the SIP request.
9. **Existing Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, the Fund reserves the right to register the SIP in the existing scheme (eligible for SIP) available in the investor's folio. In case multiple schemes or Equity Linked Savings Scheme (ELSS) are available in the folio, the Fund reserves the right to reject the SIP request.
10. In case SIP date is not selected, then the SIP will be registered on 10th (default date) of each Month/Quarter, as applicable. Further if multiple SIP dates are opted for or if the selection is not clear, then the SIP will be registered for 10th of each Month/Quarter, as applicable.
11. If the investor has not mentioned the SIP start month, SIP will start from the next applicable month, subject to completion of 30 days lead time from the receipt of SIP request.
12. In case the SIP 'End Period' is incorrect or not mentioned by the investor in the SIP form, then 5 years from the start date shall be considered as default 'End Period'.
13. **Change of Amount:** Investors can change the SIP amount by submitting the following documents 30 days before the next SIP debit date.
 - a) A new 'SIP' Form with revised SIP amount details.
 - b) Letter to discontinue the existing SIP
14. **Change of Bank:** In order to change the existing bank account for SIP investors need to submit following documents 30 days before the next SIP debit date
 - a) A new 'SIP' Form with change of bank details and cancelled cheque of new bank.
 - b) Letter to discontinue the existing SIP.
15. **Conversion of PDC facility in to ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction:** Investor with existing SIP facility through Post Dated Cheques can also avail of this facility by submitting the following documents 30 days before the next SIP Debit date
 - a) A new 'SIP' Form along with one cancelled cheque.
 - b) Letter requesting to cancel the existing SIP through PDCs and for returning all the remaining PDCs.

B) SIP Payment through Standing Instruction/Direct Debit Facility

1. Standing Instruction/Direct Debit facility is offered to the investors having Bank Account with:

Nature of facility	Banks
Standing instruction	Axis Bank, HDFC Bank, ICICI Bank, State Bank of India & The Dhanalakshmi Bank Ltd.
Direct debit	IDBI Bank, Indusind Bank & Kotak Mahindra Bank.
Direct debit (Only Core Banking branches*)	Allahabad Bank, Bank of Baroda, Bank of India, Corporation Bank, ING Vysya Bank Ltd., Punjab National Bank, The Federal Bank Ltd., UCO Bank and Union Bank of India.

* Please contact your local bank branch to confirm if it offers core banking facility.

2. The applicant will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the ICICI Prudential Mutual Fund Customer Service Centres. Notice of discontinuance should be received 30 days prior to the subsequent SIP date.
3. Standing Instructions incomplete in any respect are liable to be rejected.
4. SIP is liable for cancellation if direct debit fails for three consecutive times.
5. The Bank 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, lightning, 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.

C) General Instructions

1. Existing investors need to provide their folio number in this Standing Instruction or the Auto Debit form and need not to fill in the Common Application Form.

For minimum application amount to be invested in SIP, risk factors, features etc. please refer to the Key Scheme Features on page nos. 14-27.

2. If the investor selects multiple SIP frequencies or fails to choose any of them, the default SIP frequency will be Monthly.
3. ICICI Prudential Mutual Fund, its registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
4. For load structure of the schemes, please refer to the Key Scheme Features on page nos. 14-27.
5. In case of SIP with payment mode as ECS/Auto Debit, investors shall be required to submit a cancelled cheque or a photocopy of a cheque of the bank account for which the debit mandate is provided. It is mandatory to submit cancelled cheque copy OR proof of investments made through NRE account.
6. **SIP TOP UP Facility:**
 - (a) Investors can opt for SIP TOP UP facility, wherein the amount of the SIP can be increased at fixed intervals.
 - (b) The TOP UP amount has to be in multiples of Rs.500 only.
 - (c) The frequency is fixed at Yearly and Half Yearly basis. In case the TOP UP facility is not opted by ticking the appropriate box and frequency is not selected, the TOP UP facility may not be registered.
 - (d) In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP.
7. The investor hereby agrees to indemnify and not hold responsible, the AMC and its employees, the R&T agent and the service providers in case his/her bank is not able to effect any of the payment instructions for whatsoever reason.
8. **Demat/Non-Demat Mode:** (a) Investors can hold units in Dematerialized (Demat)/ Non-Demat mode. In case the investor has not provided his / her Demat account details or the details of DP ID / BO ID provided by the investor is incorrect, or Demat account is not activated or not in an active status, the units would be allotted in Non-Demat mode. (b) Allotment letters would be sent to investors who are allotted units in Demat mode and a Statement of Accounts would be sent to investors who are allotted units in non-Demat mode. (c) Investors are requested to note that Units held in dematerialized form are freely transferable except units held in Equity Linked Savings Schemes (ELSS) during the lock-in period. (d) The units will be allotted based on the applicable NAV as per the SID and will be credited to investor's Demat account on weekly basis upon realization of funds. For e.g. Units will be credited to investors Demat account every Monday for realization status received in last week from Monday to Friday.



SMART FEATURES FORM

STP / SWP / DTP / TRIGGER / LIQUITY

Application No.

Please read INSTRUCTIONS carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE) ARN-97379	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIIN) E112253	SUB-BROKER CODE (As allotted by ARN holder)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII) I/We hereby confirm that the EUIIN 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.				
SIGNATURE OF SOLE / FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT		SIGNATURE OF THIRD APPLICANT

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.

1 EXISTING UNITHOLDERS INFORMATION

If you have an existing folio no. with PAN & KYC validation please mention your name & folio No.

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Folio No.
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2 APPLICANT(S) DETAILS

(Please Refer to Instruction No. II (b)) Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y	
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter													
Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR										OR	CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS	
PAN*	Relationship with Minor applicant <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian												Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter	
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST										
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter													
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST										
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter													

3 SYSTEMATIC TRANSFER PLAN (STP)

(Please refer to instruction No. XV)

Name of scheme: **ICICI PRUDENTIAL** (SCHEME FROM WHICH YOU WISH TO TRANSFER AMOUNT)

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend <input type="radio"/> Bonus	SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout
Dividend Frequencies: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> Annual <input type="radio"/> Dividend Others		

Name of scheme: **ICICI PRUDENTIAL** (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT)

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend	SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout OR AEP- <input type="radio"/> Regular* OR <input type="radio"/> Appreciation
Dividend Frequencies: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> Annual <input type="radio"/> Dividend Others		
AEP Frequencies: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly		

Transfer Frequencies Daily Weekly Monthly Quarterly **STP Date** (Monthly frequency only) 7th 10th 15th 25th Last day of Month/Quarter

Installment Amount (Minimum of Rs.1,000) ₹ No. of Installments (Minimum 6 installments) Note: In case of Daily STP the minimum installment amount is ₹ 250 & in multiples of ₹ 50 thereof and minimum installment criteria shall not be applicable. (Daily STP is available for specific source & target schemes, please refer to instruction XV)

4 SYSTEMATIC WITHDRAWAL PLAN (SWP)

(Please refer to instruction No. XVI)

Name of scheme: **ICICI PRUDENTIAL** (SCHEME FROM WHICH YOU WISH TO WITHDRAWAL AMOUNT)

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: <input type="radio"/> Growth/Cumulative OR <input type="radio"/> Dividend	SUB-OPTION: <input type="radio"/> Dividend Reinvestment OR <input type="radio"/> Dividend Payout
Dividend Frequencies: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> Annual <input type="radio"/> Dividend Others		

Withdrawal Amount ₹ **Frequency** Monthly Quarterly **Start Date:** M M / Y Y Y Y **End Date:** M M / Y Y Y Y

5 DIVIDEND TRANSFER (DTP)

(Please refer to instruction No. XVII)

Name of Source scheme: **ICICI PRUDENTIAL** (SCHEME NAME & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT FOR DTP)

Name of Target scheme: **ICICI PRUDENTIAL** (SCHEME INTO WHICH YOU WISH TO TRANSFER DIVIDEND)

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme into which you wish to transfer dividend)

PLAN: <input type="radio"/> Regular <input type="radio"/> Direct	OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend <input type="radio"/> Bonus	SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout OR AEP- <input type="radio"/> Regular* OR <input type="radio"/> Appreciation
Dividend Frequencies: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> Annual <input type="radio"/> Dividend Others		
AEP Frequencies: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly		

* Mandatory information - If left blank the application is liable to be rejected.
 ** Mandatory in case the Sole/First applicant is minor.
 § For KYC requirements, please refer to the instruction Nos. II b(5) & X
 @Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(g)



FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US

Application No.

ICICI Prudential Asset Management Company Limited

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

SIGNATURE, STAMP & DATE

TOLL FREE NUMBER 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL enquiry@icicipruamc.com WEBSITE www.icicipruamc.com

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

6 ENTRY TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XVIII)

Please New Registration Update existing registration Cancellation (Of any trigger set-up registered earlier)

Amount / Units to be triggered From (Please Source Scheme)

- ICICI Prudential Floating Rate Plan ICICI Prudential Flexible Income Plan ICICI Prudential Income Plan ICICI Prudential Short Term Plan
 ICICI Prudential Liquid Plan ICICI Prudential Long Term Plan ICICI Prudential Ultra Short Term Plan

PLAN: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others		

Amount / Units to be triggered To (Please Target Scheme)

- ICICI Prudential Dynamic Plan ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Index Fund
 ICICI Prudential Balanced Fund ICICI Prudential Top 100 Fund ICICI Prudential Top 200 Fund
 ICICI Prudential Target Returns Fund ICICI Prudential Discovery Fund ICICI Prudential Equity - Volatility Advantage Fund

PLAN: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	OPTION: <input type="checkbox"/> Growth/Cumulative OR <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others		

TOTAL AMOUNT TO BE REGISTERED	TRIGGER LEVEL	TRIGGER AMOUNT
₹ AMOUNT IN FIGURES	% drop in NAV (Please <input checked="" type="checkbox"/>) or BSE Sensex Value	% of Total Registered Amount to be Transferred
Rupees	<input type="checkbox"/> 5% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
AMOUNT IN WORDS	<input type="checkbox"/> 10% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 15% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 20% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	(Please refer instruction XVIII(1))	100 % of Total Registered Amount

7 LIQUITY FACILITY (Please refer to instruction No. XIX)

SOURCE SCHEMES & OPTIONS (Appreciation / Dividend amount to be transferred from - Please any one of the Scheme/Options)

ICICI PRUDENTIAL FLEXIBLE INCOME PLAN

PLAN: Regular OR Direct

- Growth OR Dividend Reinvestment - Daily or Weekly OR Dividend Payout - Weekly

ICICI PRUDENTIAL LIQUID PLAN

PLAN: Regular OR Direct

- Growth OR Dividend Payout - Quarterly or Half Yearly OR Dividend Reinvestment - Daily Weekly Monthly

ICICI PRUDENTIAL ULTRA SHORT TERM PLAN

PLAN: Regular OR Direct

- Growth OR Dividend Reinvestment - Daily or Weekly or Fortnightly or Monthly or Quarterly OR Dividend Payout - Quarterly

TARGET SCHEMES & OPTIONS

PLAN: Regular OR Direct

(Appreciation / Dividend amount to be transferred from - Please any one of the Schemes / only Growth Option available)

- ICICI Prudential Focused Bluechip Equity Fund ICICI Prudential Dynamic Plan ICICI Prudential Infrastructure Fund
 ICICI Prudential MidCap Fund ICICI Prudential Top 200 Fund ICICI Prudential Discovery Fund

8 INVESTOR(S) DECLARATION & SIGNATURE(S)

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).* I/We hereby confirm that the EUIIN 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.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT



ACKNOWLEDGEMENT SLIP
Please Retain this Slip

To be filled by investor Subject to realization of cheque & furnishing of mandatory information / documents.

Scheme	ICICI PRUDENTIAL	Scheme and Option	Rs.	AMOUNT	UNITS
<input type="checkbox"/> Entry Trigger <input type="checkbox"/> STP <input type="checkbox"/> SWP <input type="checkbox"/> DTP <input type="checkbox"/> Liquity	EXISTING FOLIO NO. /				
SOURCE / FROM SCHEME	TARGET / TO SCHEME	FREQUENCY & NO. OF INSTALLMENTS			



Trigger Application/Cancellation Form

(Please read the instructions carefully before filling up the form and use separate application form for each transaction). Use this form, if you wish to switch units from one scheme to another based on appreciation/stop-loss on your investment or on a specific date.

Application Number

Folio Number (For existing Unitholders)

FOR OFFICIAL USE ONLY
SERIAL NUMBER, DATE & TIME OF RECEIPT

BROKER CODE (ARN CODE)
ARN-97379

SUB-BROKER ARN CODE

SUB-BROKER CODE
(As allotted by ARN holder)

Employee Unique
E112253 No. (EUIN)

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.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

Date:

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.

TRIGGER [Please tick (✓) the appropriate box] Registration Cancellation (In case of cancellation, the section "SWITCH TO" and "TRIGGER OPTIONS" need not be filled in)

DETAILS OF TRANSACTION ON WHICH TRIGGER OPTIONS NEED TO BE EXERCISED/CANCELLED

Mention the complete name of the scheme along with the plan. Please tick (✓) or fill the appropriate box(es) or column(s)

SWITCH FROM (Name of the Scheme) (Please leave one column blank between words)

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

Plans, Options & sub-options

PLAN: Regular Direct OPTION: Cumulative/Growth Dividend Bonus

SUB-OPTION:

Dividend Payout

Dividend Reinvestment

DIVIDEND FREQUENCIES:

Daily Fortnightly Quarterly Annual

Weekly Monthly Half Yearly Dividend Others

SWITCH TO (Name of the Scheme) (Please leave one column blank between words)

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

Plans, Options & sub-options

PLAN: Regular Direct OPTION: Cumulative/Growth Dividend Bonus

SUB-OPTION:

Dividend Payout

Dividend Reinvestment

DIVIDEND FREQUENCIES:

Daily Fortnightly Quarterly Annual

Weekly Monthly Half Yearly Dividend Others

AEP- Regular OR Appreciation AEP Frequencies: Monthly Quarterly Half Yearly

*Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. IV(f)

TRIGGER OPTIONS (In case of multiple triggers ticked, one whose condition is fulfilled first will be exercised and balance, if any, will be nullified)

Switch the investment:

Specific NAV Trigger:

NAV Appreciation Trigger : On NAV (Switchout Scheme) reaching Rs. _____ (Rupees in words _____) per unit.

NAV Stop-Loss Trigger : On NAV (Switchout Scheme) reaching Rs. _____ (Rupees in words _____) per unit.

(NAV per unit should be mention only in multiple of Re. 1)

Specific Date Trigger : On the day of

INSTRUCTIONS/DECLARATION

I / We have received, read and understood the offer document/key information memorandum.

- Trigger will require folio number in case of existing investors or application form number in case of new investor.
- Trigger facility will switch all the units in the above mentioned scheme within the respective Folio Number of the investor.
- Entry and Exit loads for the scheme(s) shall be applicable as mentioned in the relevant Offer Document(s)/Addendum(s). The same will also be applicable for SIP / STP / SWP.
- Trigger facility is available in all the Open Ended Schemes of ICICI Prudential Mutual Fund except SENSEX Prudential ICICI Exchange Traded Fund (SPICe), ICICI Prudential Index Fund, ICICI Prudential Gold Exchange Traded Fund and ICICI Prudential Nifty ETF.
- For the switch to happen the minimum purchase/redemption criteria should be met else the trigger will not be effected.
- Trigger facility on each scheme will require a separate/independent Trigger request form to be filled. If an investor holds similar schemes in two folios, they will have to register separately for it mentioning the folio number.

- Target scheme, where units will be switched if option/sub-options are not selected, it will be switched to the default option (available under the Target Schemes).
- Switch will be implemented on the day the trigger condition is satisfied. The Trigger is a one time operation and will cease once it is exercised.
- Once switch is done exercising trigger option, the same will not be reversed whatsoever and it will be final and binding.
- If trigger is not activated and/or implemented due to reasons, which are beyond the control of ICICI Prudential AMC, the AMC would not be held responsible. Trigger facility is only a facility extended by the AMC for the convenience of the unit holders and does not form part of any scheme/fund objectives.
- AMC reserves the right to amend/terminate this facility at any time, keeping in view business/operational exigencies.

I/We have read & understood and agree to abide by the terms and conditions and opt for the Trigger facility.

NAME(S) AND SIGNATURE(S) OF THE APPLICANT(S)

Name of the Sole/First Applicant	SIGNATURE(S)	Sole/First Applicant
Name of the Second Applicant		Second Applicant
Name of the Third Applicant		Third Applicant

ICICI Prudential AMC Ltd. - ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio / Application No. First Holder Name _____

Received request for Trigger facility under Scheme _____ Plan _____ Option _____

switching into the Scheme _____ Plan _____ Option _____

In respect of Trigger Option (please ✓) NAV Appreciation Trigger : On NAV (Switchout Scheme) reaching Rs. _____ per unit switch the investment /

NAV Stop-Loss Trigger : On NAV (Switchout Scheme) reaching Rs. _____ per unit switch the investment /

Specific Date Trigger : On the day of

(Please retain this slip for all the future correspondence with ICICI Prudential MF in relevance to this Trigger.)

Signature, Stamp & Date