





**11 KYC DETAILS (Mandatory, Contd.)**

Occupation [Please tick ( )]

Third Applicant  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

Gross Annual Income [Please tick ( )]

Sole/First Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore

Net worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on DD MM YY YY (Not older than 1 year)

Second Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth ₹ \_\_\_\_\_

Third Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth ₹ \_\_\_\_\_

Others [Please tick ( )]

Sole/First Applicant **For Individuals** [Please tick ( )]:  I am Politically Exposed Person (PEP)^  I am Related to Politically Exposed Person (RPEP)  Not applicable

**For Non-Individuals** [Please tick ( )] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVIII):

(i) Foreign Exchange / Money Changer Services -  YES  NO; (ii) Gaming / Gambling / Lottery / Casino Services -  YES  NO; (iii) Money Lending / Pawning -  YES  NO

Second Applicant  Politically Exposed Person (PEP)^  Related to Politically Exposed Person (RPEP)  Not applicable

Third Applicant  Politically Exposed Person (PEP)^  Related to Politically Exposed Person (RPEP)  Not applicable

**12 NOMINATION DETAILS (Refer instruction IV)**

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 IV).

**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]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth [Mandatory]*	Name and address of Guardian (Mandatory if nominee is minor)	Signature of Nominee / Guardian*	Guardian's Relationship with Nominee [Mandatory]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%)
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 ( ) 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

**13. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XIX).**

We are falling under "Non-Profit Organization" (NPO) which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).  Yes  No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

**INVESTOR(S) DECLARATION & SIGNATURE(S)**

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, 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 114 H, 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 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. I/We declare that the email address provided in the form belongs to me/us or to spouse, dependent children or dependent parents (applicable to individual investors only). I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others). Information/documents given in/with this application form is true and complete in all respects and I/We agree to provide any additional information that may be required by the AMC/the Fund/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the Fund immediately upon change in any information furnished by me.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT



**ICICI Prudential Nifty200 Quality 30 Index Fund**

**ACKNOWLEDGEMENT SLIP (Please Retain this Slip)**

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

EXISTING FOLIO NO. /

Name of the Investor: \_\_\_\_\_

ACKNOWLEDGEMENT

ICICI Prudential Nifty200 Quality 30 Index Fund

ICICI Prudential Nifty200 Quality 30 Index Fund - Regular Plan  
 ICICI Prudential Nifty200 Quality 30 Index Fund - Direct Plan

OPTION

[Please tick ( )]:

Growth  IDCW Payout  
 IDCW Reinvestment  IDCW Transfer\*  
 (\*Please fill in the Target Scheme details below:)

Target Scheme (Any of the open ended schemes of ICICI Prudential Mutual Fund in which the IDCW declared to be transferred):

Scheme Name & Plan: ICICI Prudential \_\_\_\_\_

Option & Sub-Option: \_\_\_\_\_

**For office use only**

Time stamp, date and receiver's signature

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US: **ICICI Prudential Asset Management Company Limited**  
 Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India  
**TOLL FREE NUMBER:** 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) **EMAIL:** enquiry@icicipruamc.com **WEBSITE:** www.icicipruamc.com