

ICICI Prudential Quality Fund

(An open ended equity scheme following Quality Factor as theme)

Application No.

Application Form for Resident Indians and NRIs/PIOs. Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

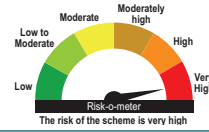
NFO Opens on	May 06, 2025
NFO Closes on	May 20, 2025

ICICI Prudential Quality Fund (the Scheme) is suitable for investors who are seeking*:

- Long term wealth creation
- An open ended equity scheme investing in equity and equity related instruments based on the Quality Factor.

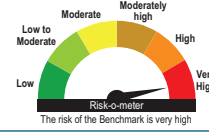
* Investors should consult their financial advisers if in doubt about whether the product is suitable for them

Scheme Riskometer



Benchmark : Nifty200 Quality 30 TRI

Benchmark Riskometer



It may be noted that the scheme risk-o-meter specified above is based on the internal assessment of the scheme characteristics and may vary post NFO when the actual investments are made. The same shall be updated on ongoing basis in accordance with clause 17.4 of the SEBI Master Circular on Mutual Funds dated June 27, 2024 (Master Circular).

BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIIN)
#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 EUIIN box is left blank) (Refer Instruction No. X). - 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	

Investor's name should be as per the PAN Card

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 <input type="text"/>	FOLIO No. <input type="text"/>

2 APPLICANT(S) DETAILS [Please Refer to Instruction No. II (b)] (Applicant's name should be as per PAN)
SOLE / 1 ST APPLICANT

Mr. Ms. M/s	FIRST	MIDDLE	LAST
PAN/PEKRN*	Enclosed (Please ✓) ^S <input type="radio"/> KYC Acknowledgement Letter		Date of Birth**
LEI Number	KYC Id No. ¥	(Legal Entity Identifier Number is for Transaction value of INR 50 crore and above. See Instruction No. XVIII)	
NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)			
Mr. Ms.	FIRST	MIDDLE	LAST
PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached (Mandatory)	Relationship with Minor applicant: <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian		Date of Birth (Mandatory)

2ND APPLICANT			
Mr. Ms. M/s	FIRST	MIDDLE	LAST
PAN/PEKRN*	Enclosed (Please ✓) ^S <input type="radio"/> KYC Acknowledgement Letter		Date of Birth (Mandatory)
	KYC Id No. ¥		

3RD APPLICANT			
Mr. Ms. M/s	FIRST	MIDDLE	LAST
PAN/PEKRN*	Enclosed (Please ✓) ^S <input type="radio"/> KYC Acknowledgement Letter		Date of Birth (Mandatory)
	KYC Id No. ¥		

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).

3 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. V)			
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. Core Banking account (CBS) is mandatory			
MANDATORY	Account Number	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR
	Name of Bank		
	Branch Name	Branch City	
	9 Digit MICR code	11 Digit IFSC Code	Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.

4 YOUR INVESTMENT DETAILS OF ICICI PRUDENTIAL QUALITY FUND						
PLAN [Please tick (✓)]:	ICICI Prudential Quality Fund - Regular Plan	ICICI Prudential Quality Fund - Direct Plan	OPTIONS [Please tick (✓)]:	<input type="checkbox"/> Growth option	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW Reinvestment
Target Scheme for IDCW Transfer: Any of the open ended schemes of ICICI Prudential Mutual Fund in which the IDCW declared to be transferred from the source scheme.						
Target Scheme Name & Plan: ICICI Prudential _____						
Option & Sub-option: _____						

5 PAYMENT DETAILS (ICICI Prudential Quality Fund)

The cheque should be drawn in favour of "ICICI Prudential Quality Fund" and crossed "Account Payee Only". The cheque should be payable at the centre where the application is lodged. For third party investment, refer instruction no. XIV.

Mode of Payment Cheque Funds Transfer NEFT RTGS

Investment Amount ₹ Cheque Number Date

BANK DETAILS : Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the details below]

A/c Number Account Type Savings Current NRE NRO FCNR

Name & Branch of Bank Branch City

Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) Cheque Copy Bank Statement Banker's Attestation _____

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. Third Party Payment Declaration form is available in www.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

6 MODE OF HOLDING

Single Joint Anyone or Survivor (Default)

7 TAX STATUS [Please tick (✓)]

Resident Individual NRI Partnership FIRM Government Body FPI category I NPS Trust Bank

On behalf of Minor Company AOP/BOI FPI category II NON Profit Organization/Charities FPI category III Mutual Funds

HUF Body Corporate Private Limited Company Public limited company Mutual Funds FOF Schemes Defence Establishment

Financial Institution Trust/Society/NGO Limited Partnership (LLP) Sole Proprietorship Others (Please specify) _____

8 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. III)

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

9 CORRESPONDENCE DETAILS

OF SOLE/FIRST APPLICANT:

Correspondence Address (Please provide full address)*

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN STATE

COUNTRY PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

(Please refer to the instruction No. II (b) 2)

HOUSE / FLAT NO.

STREET ADDRESS

CITY / TOWN STATE

COUNTRY PIN CODE

Tel. Office Residence

First Unitholder: Mobile Email^f

Mobile No.* provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email ID* provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

(* if any of above option is not ticked (✓) then [Self] option is considered as a default.)

Second Unitholder: Mobile Email^f

Mobile No. provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email ID provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Third Unitholder: Mobile Email^f

Mobile No. provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email ID provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.VII(a)]

Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.VII(b)]

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. [#] 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(3)

** Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement Fund. [§] For KYC requirements, please refer to the instruction Nos. II b(5) & VII [£] Please refer to instruction no. VII

10 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder:

Residential Registered Office Business

Address Type of 2nd Holder:

Residential Registered Office Business

Address Type of 3rd Holder:

Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

11 KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired

Housewife Student Forex Dealer Others (Please specify) _____

Second Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired

Housewife Student Forex Dealer Others (Please specify) _____

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

D	D	M	M	Y	Y	Y	Y
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 (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 Quality 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. _____

Name of the Investor: _____

EXISTING FOLIO NO. _____ / _____

ACKNOWLEDGEMENT	ICICI Prudential Quality Fund <input type="checkbox"/> ICICI Prudential Quality Fund - Regular Plan <input type="checkbox"/> ICICI Prudential Quality Fund - Direct Plan	OPTION [Please tick (✓)]: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> 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