



Application No.

- Long Term Wealth Creation Solution
- A diversified equity fund that aims to generate capital appreciation by investing in equity and equity related securities.

Investors understand that their principal will be moderately high risk.

BROKER CODE (ARN CODE)/ RIA/PMRN CODE*	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIIN)
<p>#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.</p> <p>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</p>			
SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction XIII]

In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid 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.

Investor's name should be as per PAN

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

Name	Mr.	Ms.			FIRST			MIDDLE			LAST			FOLIO No.					/		
------	-----	-----	--	--	-------	--	--	--------	--	--	------	--	--	-----------	--	--	--	--	---	--	--

2. BENEFICIARY CHILD'S INFORMATION [Please Refer to Instruction No. II (b) & IV]

[illegible]

PAN/PEKRN*
KYC Id No.^y
Enclosed (Please ✓)^s☐ KYC Acknowledgement Letter
Date of Birth**

NAME OF GUARDIAN (Name should be as per PAN)

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																		
										KYC Id No.*												D		D		M		M		Y		Y		Y		Y		Y

NAME OF DONOR (If different from Parent/Legal Guardian - Name should be as per PAN)

[illegible]

PAN/PEKRN*	KYC Id No.*	<input type="radio"/> KYC Proof Attached (Mandatory)	Date of Birth

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. III)

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.

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

4. INVESTMENT DETAILS (Refer Instruction No. IV) (For Plans & Options, please see key features)

Scheme: ICICI Prudential Child Care Fund (Gift Plan) | Plan & Option:

5. PAYMENT DETAILS (Refer Instruction No. III & VII)

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

Investment Amount	₹ A	DD Charges (if applicable)	₹ B	Total Amount	₹ A + B
-------------------	-----	----------------------------	-----	--------------	---------

Cheque / DD Number [] [] [] [] [] Date [D] [D] [M] [M] [Y] [Y] 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]

Account Number	<div style="border: 1px solid black; width: 80px; height: 25px;"></div>	Account Type	<input type="radio"/> Savings	<input type="radio"/> Current
-----------------------	---	---------------------	-------------------------------	-------------------------------

Name of Bank	
--------------	--

Branch Name		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, pre-funded 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. VII(e). Third Party Payment Declaration form is available in www.iciciramuamc.com or ICICI Prudential Mutual Fund branch offices.

12. ASSIGNMENT FOR INSURANCE [Please refer to the Personal Accident Insurance Cover Instruction]

I _____ (parent/legal guardian), do hereby assign the amount payable by ICICI Lombard General Insurance Co. Ltd., in the event of my death, to _____ (assignee)* my _____. I further declare that his/her receipt shall be sufficient discharge by ICICI Lombard General Insurance Co. Ltd.

Dated this _____ day of _____ at _____.

Name (Parent/Legal Guardian): _____

Address: _____

* Assignee should be a resident who has attained the age of majority.

Signature of Parent/Legal Guardian

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).**

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/GUARDIAN

--

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.

Application No.

EXISTING FOLIO NO.	/	
--------------------	---	--

ICICI Prudential Child Care Fund (Gift Plan)

Name of the Investor: _____

ACKNOWLEDGEMENT

Plan	Option/Sub-option	Payment Details	Receiver's Signature & Stamp
		Amt. _____ Cheque/DD No. _____ dtd: _____ Bank & Branch _____	

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

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.



Declaration of Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-individual Applicant/Investor)

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name:

PAN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part II: Listed Company / its subsidiary company

(i) I/We hereby declare that:

- ☐ Our company is a Listed Company, listed on recognized stock exchange in India
- ☐ Our company is a subsidiary of the Listed Company
- ☐ Our company is controlled by a Listed Company
- ☐ None of the above

(ii) Details of Listed Company ^

Stock Exchange on which listed _____ Security ISIN _____

(Note: ^ Details of holding/parent company should be provided where applicant/investor is a subsidiary of listed company)
If 'None of the above' option is selected, the following information [Part III] shall be provided mandatorily as applicable

Part III: Individuals other than Listed Company / its subsidiary company

(i) Category [tick (✓) applicable category]:

- ☐ Unlisted Company ☐ Partnership Firm / Limited Liability Partnership Company
- ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust
- ☐ Private Trust ☐ Trust created by a Will ☐ Others _____ [please specify]

Details of Ultimate Beneficiary Owners*:

S No	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable # [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instructions E]	KYC (Yes/No) [Please attached KYC acknowledgement copy]

* If the given rows are not sufficient, applicant/investor can submit multiple declarations covering all Ultimate Beneficial Owners

Attached documents should be self-certified by the UBO and certified by the applicant/investor/authorized signatory (ies).

Part IV : Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mutual Fund shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date: ____ / ____ / ____

Place: _____

UBO - GENERAL INFORMATION AND INSTRUCTIONS

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No.CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

1. Ultimate Beneficiary Owner [UBO]:

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

E. UBO Codes:

UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company
UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals
UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]
UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust
UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

For any queries/clarifications, please contact the nearest Customer/Investor Service Centres of the AMC. The list of our authorised centres is available in the section 'Contact Us' on our website www.icicpruamc.com.