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8. DEMAT ACCOUNT I									
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Third Applicant					○ Indian ○ I	J.S. Others (P	Please specify)		
Are you a tax resident (i.e., are you				○ Yes ○ No	[Please tick (✓)]				
If 'YES' please fill for ALL countries		,		pose i.e. where you are ation Number or	a Citizen/Resident / Greer Identification		x Resident in the re	·	
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Residential Registered Off Annexure I and Annexure II are a				gistered Office () Bus m or at the Investor Se			Registered Officolal Fund.	e () Business	
10. KYC DETAILS (Mai	datory)								
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Third O Private Sector		Sector Service	○ Governm	ent Service O Ri	usiness O P	rofessional (○ Agriculturist	○ Retired	
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PRUDENTIAL TO MUTUAL FUND

PAN BASED MANDATE CUM SIP REGISTRATION FORM [For investment through NACH (Not eligible for Minors Bank Account)]

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PRUDENTIAL TO MUTUAL FUND							 SIP R	egist	RA	 ΓΙΟΝ	 FORN	/		_	— — Ар	– - plicati	on No	— - o.				
BROKER	must read Key CODE (ARN O RIA CODE#	Scheme F	eatures			ns before ROKER			form.			ROKER	CODE		H in BL	ACK/B			loyee l			
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The Trustee, ICICI	Prudential Mutu	ual Fund, I/V	Ve have	read ar	nd unders	stood the	content	s of the Scl	heme I	nformatio	n Docume	ent of the	followi	<u> </u>								
FOLIO NO. Sole / 1st Applicar	nt's Name: Mr	/Me / M/e												Reg				xistir	ng O	TM [PI	lease t	ick (√)]
Joie / Tat Applical	FIRST	71013. 7 10173			1	MIDDLE						LAST			Date	of Bir	tn M	M	1 '	Υ)	Υ '	YY
Scheme: ICICI PR	RUDENTIAL								P	LAN:					_		7			UP (0		
OPTION:		SUB-OPTIO														Doro	onton	e: 1		ail this		_
Please refer instru	ctions and Key	Scheme Fea	atures fo	or optio	ns, sub-c	options ar	nd other	facilities a	vailable	e under e	ach scher	ne of the	Fund.				-	e: 🗀 1				
Each SIP Amount	: Rs					In words	S:								_			mount:	- '	•		"
SIP Frequency:	Monthly	Quarter	у* <i>(De</i>	efault is	Monthly	/) *In ca	ase of Q	uarterly SIF	only \	early fre	quency is	available	under	SIP TO	P UP.	* TO	P UP a	mount ir : 🔲	n multi _l	iples of I	Rs.500	only.
SIP Date:	SIP S	tart h / Year	VI I	M	Υ	Y	Υ	SIP E	nd h / Yea	M	M	Y	'	/	Υ	SIP	TOP U	P CAP				curry
EXISTING OTM /			NK DE	TAILS:			'	_ IVIOIIL	III ICa							Rs	nth-Ye	ar#•				OR
Cheque/DD No			•												_	M			Υ	Υ	Υ	Υ
Bank Name:															_			to choo AP Mont			ntion – e	either CAP
DEMAT ACCOUNT	STATEMENT	DETAILS (C	PTION	AL – P	LEASE R	EFER IN	STRUCT	ΓΙΟΝ NO. 1	9)													
NSDL: Depository P	Participant (DP) II	D (NSDL only)	, I	Beneficia	ary Accou	unt Numbe	r (NSDL	only)		CD	SL: Deposi	tory Partic	ipant (I	OP) ID (CDSL on	ly)						
YOUR CONFIR exceeding Rs.50, 00 other mode), payab in crediting the sche Signature(s) as	le to him for the eme collection	e different c accounts by	competions on the second contract the second c	ing Sche ervice Pr	emes of v roviders v Records	various M which ma s (Mand	lutual Fu ay result	unds from a	amonas	st which	the Schen	s which to s disclose ne is bein	g recor	mmend	the cur I the co led to n	rent ap mmiss ne/us.	oplicat ions (i The Al	ion will n the fo MC wou	result rm of uld not	in a to trail cor t be liah	otal inv mmiss ble for	estments ion or any any delay
Sole/First Holder					2	Holder							3rd	Holder								
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Scheme Name:													:	onthly [Quarte	erly	F	IONITOV	ricuy	SITICIT	. J.all	,, _P
SIP TOP UP Am															YY	/						

PRUDENTIAL TO MUTUAL FUND	Investor must read Key Sci	TION FORM - MEDICAL ADVANTAGE heme Features and Instructions before completined in ENGLISH in BLACK / BLUE COLOURED INK (ng this form.	YSTEMATIC INVESTMENTS Application No.
BROKER (CODE (ARN CODE)/ RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
Declaration for "e us as this is an "e	xecution-only" transaction (xecution-only" transaction v		ion No. XIII). – I/We hereby confirm that e/relationship manager/sales person of the	the EUIN box has been intentionally left blank by me/ he above distributor or notwithstanding the advice of
	RE OF SOLE / FIRST APP	<u> </u>		SIGNATURE OF THIRD APPLICANT
In case the purchase cable from the purchase	e/subscription amount Rs 10,000/- se/subscription amount and paid th	ITS THROUGH DISTRIBUTORS ONLY [Refer or more and your Distributor has opted to receive transactic to distributor. Units will be issued against the balance amoun ors based on the investors' assessment of various factors in	ons charges, the same are deductible as appli- nt invested. • Upfront commission shall be paid	Existing Folio No.
1. APPLICAN		e refer to Instruction No. II (b) & IV) (Mandatory informati	,	
APPLICANT	Mr. Ms. M/s	FIR\$T	MIDDLE	LAST
PAN/PEKRN*		KYC Id No.¥ Enclosed (Please •	✓)§*	Date of Birth**
NAME OF GUARDI	AN (in case First/Sole applicant i	is minor)/CONTACT PERSON-DESIGNATION/PoA HOL	DER (in case of Non-Individual Investors)	
Mr. Ms.	FIRS		IDDLE	LAST
PAN/PEKRN* I L	KYC Proof Attached (Mandat	KYC	al guardian () Court appointed guardian	Date of Birth D D M M Y Y Y Y
2 ND APPLICAN	T Mr. Ms. M/s	Id No.*	MIDDLE	LAST
PAN/PEKRN*	1011. 1013. 101/3	KYC Id No.¥ OKYC Proof Attac		Date of Birth
				D D M M Y Y Y
3 RD APPLICAN	T Mr. Ms. M/s	FIR\$T	MIDDLE	LAST
PAN/PEKRN*		KYC Id No.¥ KYC Proof Attac	ched (Mandatory)	Date of Birth
If mandatory information	on left blank, the application is liable	e to be rejected. ¥ Individual client who has registered under	r Central KYC Records Registry (CKYCR) has to fill	
Account Number Number Number Number Number Number Street Number N	ENT DETAILS (Refer E: ICICI Prudential — AF - Power of Three: • ICICI Prudential — Occided with all the 3 products d as Rs. 5000, Rs. 5000 and F	ENTIAL BALANCED ADVANTAGE FUND (45	Account Type Saving 11 Digit IFSC Enclosed Options [Please tick () below]: (OPTION/SUB-OPTION 50% of Total Investment Amount) • IC 5% of Total Investment Amount). Minir ICICI Prudential Floating Interest Fund, ICICI under MAF - Power of Three option should yment Cheque DD Total	Funds Transfer NEFT RTGS
DD Number BANK DETAILS:	Same as above [Please		Please tick (✔) if it is different from above a	and fill in the details below]
A/c Number Name & Branch of Bank			Account Type Savings	Current NRE NRO FCNR
Branch City		Mandatory Enclosures if the first instalment is not th		nk Banker's Attestation
5. CORRESPO	nd the instruction no. VI(e). T	ded instruments etc. and in circumstances as de Third Party Payment Declaration form is available OF SOLE/FIRST APPLICANT:	etailed in AMFI Circular No.135/BP/16/1	0-11 shall be processed in accordance with the said ential Mutual Fund branch offices.
	HOUSE / F	LAT NO.	Н	DUSE / FLAT NO.
	STREET A			FREET ADDRESS
	Y / TOWN	STATE	CITY / TOWN	STATE
Tel. Email [£]	OUNTRY Office	PIN CODE Residence		PIN CODE
_ ·		Annual Report or Abridged Summary via F Account statement / Other statutory inform	•	7.5
* Mandatory in ** Mandatory in		t is minor. For d		Quarterly Half Yearly Annually datory in case of Minor/Non-Individual Investor. Finited in the control of the c
PRUDENTIAL MUTUAL FUN	ACKNOWLED To be filled in by the In Name of the Investor:	DGEMENT SLIP (Please Retain this Slinusestor. Subject to realization of cheque and furnishin	p) ng of Mandatory Information.	Application No. EXISTING FOLIO NO. Om WEBSITE: www.icicipruamc.com

ARN-4464 E032737 VIKRAM S. BAGADTHEY

6. MODE OF HOLDING	G [Please tick (✓)] ○ Sin	ngle O Joint	O Anyone	or Survivor (Default)					
7. TAX STATUS [Please t	ick (√)]								
Resident Individual NI		Partnership	FIRM	Government Boo			□ QFI		
	reign National dy Corporate	☐ Company ☐ Private Limi	ited Company	☐ AOP/BOI ☐ FII	☐ Defence Est ☐ Public limite		☐ NON Profit Orga ☐ Bank	anization/Chari	ities
1 — —	ust/Society/NGO	Limited Parl		☐ Sole Proprietors		1 2	L Dalik		
	,			•					
8. FATCA AND CRS D Non-Individual investors sh						iired for all a	onlicants/guardiar	n	
Non-marviada investors sir	Place/City of B			Country of Birth	W IIIIOITIIalioit is requ		Citizenship / Nationa		
First Applicant / Guardian	,				O Indian	_ *	(Please specify)	,	
Second Applicant						J.S. Others			
							. , ,,		
Third Applicant				O., O.,			(Please specify)		
Are you a tax resident (i.e., are you If 'YES' please fill for ALL countries				Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	[Please tick ()] a Citizen/Resident / Green		ax Resident in the re	snective count	tries
TES picase mirror rice countries	Country of Tax Resid			ation Number or	Identification		If TIN is not ava		
	Country of Tax Resid	elicy	Functiona	al Equivalent	(TIN or other plea	se specify)	the reason A, B	or C (as define	d below)
First Applicant / Guardian							Reason: A	В	C
Second Applicant							Reason: A	В	C
Third Applicant							Reason : A	В 🗌	C \square
☐ Reason A ⇒ The countr	where the Account	Holder is liable	e to nav tax d	lnes not issue Tax I	Lentification Number	s to its reside			
□ Reason B ⇒ No TIN red	uired (Select this reas	son Only if the						collected)	
☐ Reason C ⇒ Others, ple			Time of One	d Haldan		Addus as Tim	a of 2nd Holdon		
Address Type of Sole/1st Ho Residential Registered Of			ss Type of 2nd	a Holder: istered Office () Busi	2000		e of 3rd Holder: Registered Office	o O Rucinoco	
Annexure I and Annexure II are		f AMC i.e. www.i	icicipruamc.com	n or at the Investor Ser	vice Centres (ISCs) of ICI			e O Dusilless	•
9. KYC DETAILS (Mand	atory)								
Occupation [Please tick (✓)] Sole/First ○ Private Sector	Sarvica Dublic Sa	ector Service	○ Governme	ant Sarvica Ru	siness OF	rofessional	○ Agriculturist	○ Retired	
Applicant O Housewife	O Student	ctor service	O Forex Dea	aler Ott	ners (Please specify)				
Second O Private Sector Housewife	Service O Public Se	ector Service	O Governme		siness OF ners (Please specify)	rofessional	O Agriculturist	O Retired	
Third O Private Sector		ector Service	O Governme			rofessional	O Agriculturist	○ Retired	
Applicant O Housewife	O Student		O Forex Dea	aler Ott	ners (Please specify)				
Gross Annual Income [Pleas		OF 101	○ 10 0F L	0. 251 1	1				
	w 1 Lac ○ 1-5 Lacs worth (Mandatory for Nor		○ 10-25 Lacs	○ >25 Lacs-1 crore		Y Y Y Y	(Not older than 1	year)	
Second Applicant O Belo	w 1 Lac O 1-5 Lacs	O 5-10 Lacs	O 10-25 La	cs O > 25 Lacs-1	crore O >1 crore O	R Net worth `_			
Third Applicant O Belo	w 1 Lac 01-5 Lacs	○ 5-10 Lacs	○ 10-25 La	cs	crore O >1 crore O	R Net worth `_			
Others [Please tick (✓)]									
` ''									
For Individuals [Please tick (✔)]: ○I am I	Politically Expose	d Person (PEP) /	^ ○ I am Related to	Politically Exposed Person	n (RPEP) O N	ot applicable		
Sole/First For Non-Individuals [als [Please tick (🗸)] (Plea	ase attach manda	itory Ultimate Be	eneficial Ownership (U	BO) declaration form - Ref	er instruction no	o. IV(h)):	uning OVES	ONO
Sole/First Applicant For Individuals [For Non-Individuals [i) Foreign Exchange	als [Please tick (✓)] (Plea √ Money Changer Service	ase attach manda	ntory Ultimate Bo NO; (ii) Gamin	eneficial Ownership (U g / Gambling / Lottery /	BO) declaration form - Ref Casino Services – O YES	er instruction no	o. IV(h)):	vning – 🔘 YES	○N0
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