13th December 2019

PICICI
PRUDENTIAL 73/
MUTUAL FUND

PRUDENTIAL MUTUAL FUND	All sections to be c	Key Scheme Fe ompleted in EN	atures and Inst GLISH in BLACK	ructions before (/ BLUE COLOL	completing t	nis form. in BLOCK LETTER	S.		Applica	tion No.	
BROKER RIA	ARN-4464	5	SUB-BROKER	ARN CODE		SUB-BROKE (As allotted by			Empl Ide <u>nt</u> i (da	32737	۷)
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us as this is an "	execution-only transacti execution-only" transacti ss, if any, provided by the	ion without any	interaction or a	dvice by the er	nployee/relati	onship manager/s	ales person of th	e above d	istributor or not	withstanding 1	the advice of
SIGNATU	IRE OF SOLE / FIRST A	APPLICANT		SIGNATURE (OF SECOND	APPLICANT		SIGNAT	URE OF THIRI	D APPLICAN	IT
In case the purchase	CHARGES FOR APPLICE/subscription amount Rs 10,000 ance amount invested. • Upfront)/- or more and your [Distributor has opted	d to receive transac	tions charges, the	same are deductible a	s applicable from the ovestors' assessmen	ourchase/sub t of various fa	oscription amount and	d paid the distribuervice rendered b	tor. Units will be y the distributor.
1. EXISTING	UNITHOLDERS I	NFORMATI	ON (Please ref	er to Instruction	No. II (a) & IV) (Name should be as p	er the PAN)		•		
Mr. Ms. M/s	FI	RST	IV.	IIDDLE		LAST	Folio No.				/
2. APPLICAN SOLE / 1 ST	NT(S) DETAILS (PIG			IV) (Name shoul	l be as per the F	<u> </u>				140-	
APPLICANT PAN/PEKRN*	Mr. Ms. M/s	FIR		England (F	llaga ()§*()	KYC Acknowledger	nont Lottor	Date of	Rirth	LAST	
PAIN/PERRIN"			KYC Id No.¥	Liiciosea (i	lease V / O	KTC ACKITOWIEuger	nent Letter	D	D M M	YY	YY
CONTACT PERSON	N-DESIGNATION/PoA HOL	 _DER# (in case of	Non-Individual Inv	estors)							
Mr. Ms.	FI	RST			MIDDLE				LAST		
PAN/PEKRN* [KYC Proof Attached (Mar							Date of	Birth		
		KYC Id No	.+					D	D M M	YY	YY
2 ND APPLICAN	Mr. Ms. M/s		FIR\$T			MIDDI	E			LAST	
PAN/PEKRN*			KYC Id No.¥	KYC Pro	of Attached (M	andatory)		Date of	Birth		
								D	D M M	YY	YY
3RD APPLICAN	T Mr. Ms. M/s		FIR\$T			MIDDL	.E			LAST	
PAN/PEKRN*			KYC Id No.¥	KYC Pro	of Attached (M	andatory)		Date of			
If an adot a defende	on left blank, the application is	Cable to be selected	MI P CL -L-P	. b. b		10/0 D I. D	(Oloyop) base to fill the		D M M	YY	YY
Account Number OF Vame & Brand of Bank Branch City		for Instruction		Ř Code	h ontions n	Account Ty	11 Digit IFSC Enclosed	(Please ✓)	: Bank Acco	NRO NRO	
ICICI Prudential	LIVI DETAILS (Ne	iei ilistructio	, , , , , , , , , , , , , , , , , , ,	OI Flails a Sc	D-OPTIONS P		Plan:	o). Flease			n: Growth
5. PAYMENT	DETAILS			Mode	of Paymer	nt Cheque	O DD C	Funds Tr	ansfer O N	IEFT O F	RTGS
Investment Amount Cheque /	₹ A	Date		OD Charges if applicable)	₹	В	Tota Amo			A + B	
DD Number BANK DETAILS:	: Same as above [PI				bove [Please i	ick (✔) if it is differ	ent from above a	nd fill in the	e details below]		
A/c Number						Account Typ	e Savings	O Curi	rent NRE	○ NRO	FCNR
Name & Brancl	h										
of Bank Branch City				ndatory Enclo		,	eque Bar		Banker's Att	estation	
Applications with			II the	first instalment	ıs not unrougn						ith the said
circular. Please	th Third Party Cheques, p read the instruction no. \					in AMFI Circular I		-11 shall b			
6. CORRESP	read the instruction no. \ ONDENCE DETAI	/I(e). Third Party	Payment Decl	aration form is	available in w :	in AMFI Circular I	No.135/BP/16/10 com or ICICI Pru	-11 shall b Iential Mu	tual Fund branc		
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Correspondence Tel. Please tick Please v any c * Mandatory in	read the instruction no. \ ONDENCE DETAI Address (Please provious HOUS STREETY / TOWN COUNTRY	ILS OF SOL de full address SE / FLAT NO. ET ADDRESS etive Annual Resive Account seceive Account	Payment Decl E/FIRST A * STATE PIN COD port or Abrid tatement / Ot t Statement on is liable to	E Res	available in w : Overs dence y via Post - information ail *: O Daily # Contact P	in AMFI Circular I www.icicipruamc.c	andatory for N andatory for N HC ST TOWN MObile nication mode of of Email [Ref	-11 shall blential Mu RI / FII Ap USE / FL/ REET ADD RISE : is E-mail	pplicants) AT NO. DRESS P II) [Refer Instruction No.IX(b)] urterly	STATE IN CODE ction No.IX	[a)] Annually

ARN-4464 E032737 VIKRAM S. BAGADTHEY

7. MODE OF HOLD	NG [Please tick (✓)] ○	Single O Join	t O Anyon	e or Survivor (Default)					
Foreign National] NRI] Company] Body Corporate	Partnership FIF AOP/BOI Private Limited Limited Partne	d Company	Government Body Bank Public limited comp	FPI categor FPI categor any FPI categor	/ II / III	□ NPS Trust □ NON Profit Organi □ Defence Establish		;
9. FATCA AND CRS Non-Individual investors		II separate FA1				<u> </u>	applicants Citizenship / Nation	ality	
First Applicant	. ,			,	() Indian (U.S. Others	s (Please specify)	,	
Second Applicant					() Indian (U.S. Others	s (Please specify)		
Third Applicant						U.S. Others			
Are you a tax resident (i.e., are	vou assessed for Tax) in a	nv other country o	utside India?	○ Yes ○ No	[Please tick (
If 'YES' please fill for ALL coun							Tax Resident in the re	espective count	ries.
	Country of Tax Res	sidency		cation Number or al Equivalent	Identificat (TIN or other p		If TIN is not ava		
First Applicant							Reason: A	В 🗌	C 🗆
Second Applicant							Reason: A	В	С□
Third Applicant							Reason: A	В	C 🗆
□ Reason A ⇒ The cou □ Reason B ⇒ No TIN □ Reason C ⇒ Others, Address Type of Sole/1st ○ Residential ○ Registerer Annexure I and Annexure II	required (Select this replease state the reaso Holder: Office Business	eason Only if the nathereof: Addre	ess Type of 2r	of the respective conditions of the respectiv	ountry of tax reside	Address Typ	uire the TIN to be oe of 3rd Holder: I \(\cap \) Registered Office		
			<u> </u>						
10. KYC DETAILS (/ Occupation [Please tick ()	* *								
Sole/First	tor Service O Public	Sector Service) Professional	O Agriculturist	○ Retired	
Applicant O Housewife Second Private Sec	O Studer tor Service ○ Public	Sector Service	O Forex De		hers (Please specify) usiness () Professional	O Agriculturist	○ Retired	
Applicant O Housewife	○ Stude	nt	O Forex De	aler Ot	hers (Please specify)				
Third O Private Sec O Housewife	tor Service Public	Sector Service nt	O Governm O Forex De		ısiness hers (Please specify)) Professional	O Agriculturist	O Retired	
OR Second Applicant OR	ease tick (/) elow 1 Lac			acs	on D D M N crore O >1 crore	Y Y Y Y e OR Net worth ₹ e OR Net worth ₹	Y (Not older than 1	year)	
Others [Please tick ()]									
Sole/First Applicant For Non-Indiv. (i) Foreign Excha	s [Please tick (✓)]: ○ I al iduals [Please tick (✓)] (P nge / Money Changer Serv itically Exposed Person (PE itically Exposed Person (PE	rlease attach mandices – O YES CP) O Related to	datory Ultimate E NO; (ii) Gami Politically Expos Politically Expos	Beneficial Ownership (L ng / Gambling / Lottery sed Person (RPEP) C sed Person (RPEP) C	BO) declaration form - / Casino Services - O N Not applicable	Refer instruction r 'ES ONO; (iii)	no. IV(h)): Money Lending / Pav		
Name and address		Applicant's				lo uniount to my,	sar ordan in ovene or i	Proportion	(%) in
(Please tick if Nom same as 1st/Sole A	nee's address is	Relationship with the Nominee	Date of Birth [To be furnish		ddress of Guardian is a minor (Mandatory)	Guardian, if	re of Nominee/ nominee is a minor	which the ur be shared b Nominee (S aggregate to	y each Should
Nomine	1								
Nomine	2								
Nomine	3								
INVESTOR(S) DECL Document/Key Information Me Direct Taxes notified Rules 114 other statutory requirements o objectives, investment pattern investment. I/We declare that applicable laws enacted by the Prudential Asset Management which together with the currer any other mode), payable to hi material from the AMC via ma to individual investors only).	morandum of the Scheme(: F to 114H,as part of the In SEBI, AMFI, Prevention of and risk factors applicabl he amount invested in the Government of India or an Co. Ltd. (the 'AMC'), has fu t application will result in a n for the different competir , SMS, telecall, etc. I/we of	s), Foreign Accour come-tax Rules, I' Money Launderium Ge to Plans/Options Scheme is through y Statutory Author Il right to refund the total investment g Schemes of var leclare that the e	nt Tax Compliano 962. I/We apply J Act, 2002 and s s under the Sche h legitimate soul ity. I/We agree t ne excess to me, exceeding Rs.5li ious Mutual Fun- mail address pi	he Act (FATCA) and Cor for the units of the Fun such other regulations a eme(s). I/We have not roes only and is not de- hat in case my/our inve- us to bring my/our inve- 0,000 in a year. The AR dis from amongst which rovided in the form be	nmon Reporting Standad and agree to abide by so may be applicable fro received nor been indusigned for the purpose of stment in the Scheme i estment below 25%. I/M N holder has disclosed the Scheme is being relongs to me/us or to spor 1800 200 6666 (Other	rds (CRS) under F the terms, condit m time to time. I/\(\) ced by any rebate of contravention o s equal to or more fe hereby declare to commended to m sousse, dependen	ATCA & CRS provisions, rules and regula We confirm to have un e or gifts, directly or revasion of any Act, than 25% of the corp that I/we do not have onmissions (in the for le/us. I/We interested	n of the Central ntions of the sch derstood the in indirectly, in ma Regulations or us of the plan, is any existing N m of trail commin receiving pro	Board of neme and vestment aking this any other then ICICI licro SIPs nission or omotional
Scheme Name	Plan	Option/S	Sub-option	Pa	yment Details				
				AmtBank & Branch	Cheque/DD No		dtd		

PRUDENTIAL TO MUTUAL FUND

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

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PRUDENTIAL MUTUAL FUND	UMRN				FO	R	OFFI	CEL	J\$E	ONI	_Y				Da	te						_
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MODIFY CANCEL Bank	a/c number																					
with Bank	Name o	of custom	ers bar	nk			IFSC							or	MICR							_
an amount of Rupees					Maximu	m Ar	mount (Rupees	in wo	rds)							₹					_
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RIA/PMRN By mentioning RIA code	CODE#									allotte	d by AF	RN hold					entifica	tion I	lo. (EL			
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