

BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIN)	SUB-BROKER CODE (As allotted by ARN holder)
<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>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.</p> <p>Declaration for "execution-only" transaction (only where EUIN box is left blank)</p> <p>I/We hereby confirm that the EUIN 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 Holder	Signature of Second Holder	Signature of Third Holder

MODE OF HOLDING:

1st Holder (Mandatory)	Name of Unitholder(s)	PAN*	KYC Status*
2nd Holder			
3rd Holder			

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Date of Birth (1st Holder)	D	D	M	M	Y	Y	Y	Y
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(Mandatory for **ICICI Prudential Retirement Fund & ICICI Prudential Child Care Fund**) -
(Refer Instruction No. 1 on page 2)

<div> <div></div> <div>Additional Purchase Request</div> </div>		<i>(Cheque/DD to be drawn in favour of "Name of the Scheme"). In case you do not mention Plan and/or Option units will be allotted under default option as per respective scheme information documents.</i>	
Scheme Name		PLAN:	OPTION:

Payment Mode (Please tick any one only): (Please refer Instruction III) <input type="checkbox"/> OTM (One Time Bank Mandate) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS/NEFT									
Cheque/DD/Instrument No. _____ Payment Date/Instrument Date: ____ / ____ / ____ Amount (Rs.) : _____									
Bank Name **: _____					Branch: _____			City: _____	
Bank A/c No. **					** Please refer to instruction no.2			Account Type	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>					<input type="checkbox"/> Savings			<input type="checkbox"/> Current	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>					<input type="checkbox"/> Others			<input type="checkbox"/> NRO	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>					<input type="checkbox"/> NRE			<input type="checkbox"/> FCNR	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>					(Please specify)				

I/We hereby confirm having initiated the Transfer / RTGS for transfer of INR _____ from our account no. _____ with _____
(Bank) to your account no. _____ with _____ (Bank). Payment Reference No. _____

In case, the additional purchase amount is ₹10,000 or above and distributor has opted to receive transaction charges, ₹100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

☐ Bank Certificate - for DD ☐ Third Party Declaration

For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.

<div> <input type="checkbox"/> Switch Request </div> <div> (Please refer to the SID of the scheme you are switching from and to) </div>			I wish to switch: Rs.			or			Units		
From (Scheme)		Plan:	To (Scheme)		Plan:						
(Option)			(Option)								

BEFORE YOU REDEEM	Have you invested long enough ?	<div> <input type="checkbox"/> </div> Redemption Request (Please refer Instruction IV) :			
	<ul style="list-style-type: none"> Longer investment time period may allow your money the Benefit of Compounding. We recommend you check your investment horizon against your financial goals and not to get swayed by short term market movements. Have you been invested long enough to avoid any short term capital gain tax and exit load charges ? <p>Consult your financial advisor for the appropriate investment horizon!</p>	Please Redeem	Rs.	or	Units
		Scheme			
		Plan			
		Option			

If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the redemption proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered for the folio.

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As per the press release dated April 11, 2017 issued by Ministry of Finance, the AMC has blocked/frozen the folios opened between 1st July 2014 to 31st August 2015 where FATCA self certification is not provided. The AMC shall not process any transaction which is initiated by the Investor in such folio(s) unless FATCA self-certification is provided by the Investor and due diligence is completed by the AMC.

YOUR CONFIRMATION/DECLARATION: I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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 hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment. 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).

Signature(s)

Third Holder

(Please See Overleaf)

Folio No. ☐ Purchase ☐ Redeem ☐ Switch Date:

Scheme Amount Rs. or Units

From Scheme (in case of switch) To Scheme