



ICICI Prudential Child Care Plan

Application Form for all categories of investors

• Lump sum Investment • Systematic Investment Plan (SIP).
SIP payment options: Bank Standing Instruction • Auto Debit (ECS) • Post Dated Cheques

Please read the instructions before investing. Application to be filled in BLOCK LETTERS in ENGLISH only.

BROKER CODE (ARN CODE) 11129	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIIN) E036512	SUB-BROKER CODE (As allotted by ARN holder)	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
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Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIV)
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.

Application No.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
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TRANSACTION CHARGES FOR UNITHOLDERS THROUGH DISTRIBUTORS ONLY [Refer Instruction XIII & please tick (✓) any one]

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to 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.

1 FOR EXISTING UNITHOLDERS [Refer to General Instruction Folio No. /]

If you have an existing folio with PAN validation & KYC validation (mandatory), please mention the folio number in the space provided and proceed to Step 4.

2 APPLICANT(S) DETAILS (Please Refer to Instruction No. I (b)) * Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y					
PAN*	Enclosed (Please ✓) ⁵				<input type="radio"/> KYC Acknowledgement Letter													
Name of Parent/Legal Guardian if the Sole/First Applicant is a Minor (Mandatory)												Date of Birth (Mandatory)						
Mr. Ms.											D	D	M	M	Y	Y	Y	Y
PAN*	Enclosed (Please ✓) ⁵				<input type="radio"/> KYC Acknowledgement Letter													
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian (For documents to be submitted, refer instruction no. I (b)).																		
Name of Donor (if different from Parent/Legal Guardian)												Date of Birth						
Mr. Ms.											D	D	M	M	Y	Y	Y	Y
PAN*	Enclosed (Please ✓) ⁵				<input type="radio"/> KYC Acknowledgement Letter													
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST														
PAN*	Enclosed (Please ✓) ⁵				<input type="radio"/> KYC Acknowledgement Letter													
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST														
PAN*	Enclosed (Please ✓) ⁵				<input type="radio"/> KYC Acknowledgement Letter													
Mode of holding [Please tick (✓)]				Status of Sole/First Applicant [Please tick (✓)]				PLEASE SPECIFY										
<input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor (Default option: Anyone or Survivor)				<input type="radio"/> Minor <input type="radio"/> NRI/PIO <input type="radio"/> Resident Individual <input type="radio"/> HUF <input type="radio"/> Trust <input type="radio"/> Bank/FI <input type="radio"/> AOP/BoI <input type="radio"/> Club/Society <input type="radio"/> Company <input type="radio"/> Partnership Firm <input type="radio"/> FII														

Correspondence Address of Sole/First Applicant (Please provide full address)				Overseas Address (Mandatory for NRI / PIOs)			
HOUSE / FLAT NO.				HOUSE / FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
STREET ADDRESS				STREET ADDRESS			
CITY / TOWN		STATE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. (Off.)		Tel. (Res.)		Fax			
Email [£]				Mobile			

Communication: As a part of the Go Green initiative, Account Statement/Annual Report/other statutory information will be sent only by email to the above mentioned email ID.
 Please tick (✓) if you wish to receive Account Statement/Annual Report/other statutory information via physical documents instead of email.

⁵ KYC (Mandatory) [Please refer the instruction Nos. II-b(5) & XI] ** Mandatory in case the Sole/First applicant is minor. [£] Please refer to instruction no. X

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Please Refer to Instruction No. III) Mandatory information - If left blank the application is liable to be rejected.

Please note for unit holder opting to invest in demat, please ensure that the bank account linked with the demat account is mentioned here.

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

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US
ICICI Prudential Asset Management Company Limited

3rd Floor, Hallmark Business Plaza, Sant Dyaneshwar Marg, Bandra (East), Mumbai - 400 051. India

SIGNATURE, STAMP & DATE

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.

4 DEMAT ACCOUNT DETAILS (Please refer Instruction No. XII)

Do you want units in demat form : Yes OR No (Please ✓) The application form should mandatorily accompany the latest Client investor master/ Demat account statement.

If yes, Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) If yes, Depository Participant (DP) ID (CDSL only)

5 INVESTMENT DETAILS (Refer Instruction No.IV) - **ICICI PRUDENTIAL CHILD CARE PLAN**

PLAN [Please (✓)]: Regular Direct | Scheme Name [Please (✓)]: ICICI Prudential Child Care Plan - Gift Plan ICICI Prudential Child Care Plan - Study Plan

Micro Investment upto Rs. 50,000/- (Please ✓) **Mandatory**. [Please refer instruction No. V(f)]

Sole/First Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

2nd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

3rd Applicant PAN Exempt KYC Reference No. (PEKRN) (Mandatory if PAN not provided)

SIP Through ECS/Standing Instruction / Direct Debit PDCs[†] | SIP Date 7th 10th 15th 25th | SIP Frequency* Monthly Quarterly

Payment details for Lump Sum Investment/details of first cheque for SIP payment through PDCs | Mode of Payment Cheque DD Funds Transfer NEFT RTGS

Amount Paid ₹ A DD Charges (if applicable) ₹ B Amount Invested ₹ A + B

Cheque / DD Number Date D D M M Y Y Account Number

Bank Name

Bank Branch & City Account Type Current Savings NRO NRE FCNR

Subsequent SIP Installment Details

From Cheque No. To Cheque No. Amount Invested ₹ PER CHEQUE

No. of Cheques Drawn on BANK / BRANCH

Start Month/Year M M Y Y Y Y End Date 12 / 2016 12 / 2018 Or other please fill in alongside M M Y Y Y Y

Please ✓ applicable check boxes. [†]PDCs - Post Dated Cheques *Default SIP Frequency is Monthly. 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. Please read the instruction no. VII(d). Third Party Payment Declaration form is available in www.icicpruamc.com or ICICI Prudential Mutual Fund branch offices.

6 ASSIGNMENT FOR INSURANCE - Applicable only for investments on behalf of minor* [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 (nominee) 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

7 NOMINATION DETAILS (Refer instruction VIII)

I/We hereby nominate the undermentioned nominee to receive the amount to my/our credit in event of my/our death.

Nominee NAME OF NOMINEE Date of Birth D D M M Y Y (Mandatory if nominee is minor)

Guardian MANDATORY, IF NOMINEE IS A MINOR

Relationship with the Nominee: Father Mother Legal Guardian [Please tick (✓)]

Nominee's Address (Mandatory) HOUSE / FLAT NO STREET ADDRESS

CITY / TOWN PIN CODE SIGNATURE OF NOMINEE / GUARDIAN, IF NOMINEE IS A MINOR

8 YOUR CONFIRMATION

The Trustee, ICICI Prudential Mutual Fund - I/We have read and understood the Scheme Information Document, Statement of Additional Information/Key Information Memorandum and addendums of the Scheme. I/We apply for the units of the ICICI Prudential Child Care Plan and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme. I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We agree to abide by the terms, conditions, rules, regulations 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 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, Regulation, Rule, Notification, Directions 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., Investment Manager to the Scheme, 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).**

SIGNATURE OF SOLE / FIRST APPLICANT/GUARDIAN SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT

ICICI PRUDENTIAL MUTUAL FUND **ACKNOWLEDGEMENT SLIP** Please Retain this Slip To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information. EXISTING FOLIO NO.

Scheme **ICICI PRUDENTIAL** SCHEME AND OPTION ₹ TOTAL AMOUNT ₹ AMOUNT PER CHEQUE

From Cheque/DD No. To Cheque/DD No. BANK AND BRANCH

From Date M M Y Y Y Y End Date 12 / 2016 12 / 2018 12 / 2023 12 / 2099 Other (Specify) M M Y Y Y Y