



ICICI Prudential Child Care Fund (Gift Plan)
An open ended fund for investment for children having lock-in for at least 5 years or till the child attains age of majority (whichever is earlier)

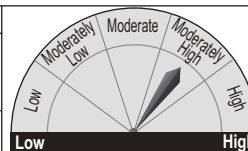
Application for Minor Resident Indians and NRI Investors. Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

Application No. _____

ICICI Prudential Child Care Fund (Gift Plan) is suitable for investors who are seeking*:

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

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them



Investors understand that their principal will be moderately high risk.

BROKER CODE (ARN CODE)/ 157526	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Registration No. (EUIN) E286497
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#By mentioning RIA 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. Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – 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.

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]
NAME Mr. Ms. FIRST MIDDLE LAST
PAN/PEKRN* KYC Id No. Enclosed (Please)[†] KYC Acknowledgement Letter Date of Birth**

NAME OF GUARDIAN (Name should be as per PAN)
 Mr. Ms. FIRST MIDDLE LAST
PAN/PEKRN* KYC Proof Attached (Mandatory) | Relationship with Minor applicant: Natural guardian Court appointed guardian Date of Birth

NAME OF DONOR (If different from Parent/Legal Guardian - Name should be as per PAN)
 Mr. Ms. M/s FIRST MIDDLE LAST
PAN/PEKRN* KYC Id No. 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 Account Type Savings Current
Name of Bank
Branch Name Branch City
9 Digit MICR code 11 Digit IFSC Code Enclosed (Please):
 Bank Account Details Proof Provided.

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 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 Account Type Savings 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, 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(e). Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

6. MODE OF HOLDING : SINGLE**7. TAX STATUS** [Please tick (✓)]
 On behalf of Minor NRI Child Others (Please specify) _____
8. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. XII)**NSDL: Depository Participant (DP) ID** (NSDL only)**Beneficiary Account Number** (NSDL only)**CDSL: Depository Participant (DP) ID** (CDSL only)

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9. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**Correspondence Address (Please provide full address)***

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Overseas Address (Mandatory for NRI Applicant)

HOUSE / FLAT NO.	
STREET ADDRESS	
CITY / TOWN	STATE
COUNTRY	PIN CODE

Tel.

Office

Residence

Mobile

Email [£]
 Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.X(a)]
 Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.X(b)]
Please ✓ any of the frequencies to receive **Account Statement through e-mail** [£] : Daily Weekly Monthly Quarterly Half Yearly Annually
* Mandatory information – If left blank the application is liable to be rejected. [£] Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.
** Mandatory in case the Sole/First applicant is minor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)
[£] For KYC requirements, please refer to the instruction Nos. II b(5) & X [£] Please refer to instruction no. IX
10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Guardian: Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.
11. KYC DETAILS (Mandatory)**Occupation** [Please tick (✓)]

Guardian	<input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired
	<input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others (Please specify) _____

Gross Annual Income [Please tick (✓)]

Guardian	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM YYYY (Not older than 1 year)

Others [Please tick (✓)]

Guardian	Please tick (✓): <input type="radio"/> I am Politically Exposed Person (PEP) <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
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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.

ICICI Prudential Child Care Fund (Gift Plan)

Application No. _____

EXISTING FOLIO NO. _____ / _____	_____
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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.