



## ICICI Prudential India Recovery Fund - Series 5

Application No.

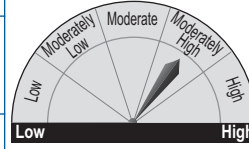
Application Form for Resident Indians and NRIs/PIOs. Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in **ENGLISH** in **BLACK / BLUE COLOURED INK** and in **BLOCK LETTERS**.

**New Fund Offer Opens on** April 18, 2016  
**New Fund Offer Closes on** May 02, 2016

This Product is suitable for investors who are seeking\*:

- Long term wealth creation solution
- A close ended equity fund that aims to provide capital appreciation by investing in equity and equity related securities that are likely to benefit from recovery in the Indian economy.

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



Investors understand that their principal will be at moderately high risk

<b>BROKER CODE (ARN CODE)</b> <b>ARN-8490</b>	<b>SUB-BROKER ARN CODE</b>	<b>SUB-BROKER CODE</b> (As allotted by ARN holder)	<b>Employee Unique Identification No. (EUIIN)</b> <b>E-034962</b>
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Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. X). – 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 inappropriateness, 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
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### TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction IX]

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the 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.

### 1 EXISTING UNITHOLDERS INFORMATION [If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to Step 4]

Name	Mr. Ms. M/s	FIRST	MIDDLE	LAST	FOLIO No.
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### 2 APPLICANT(S) DETAILS [Please Refer to Instruction No. II (b)] Mandatory information – If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST
PAN/PEKRN*	Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter			
Date of Birth**	D D M M Y Y Y Y			
Name of **	Mr. Ms.			
GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)				
PAN/PEKRN*	Relationship with Minor applicant <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian			
Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter				
2nd Applicant Name				
PAN/PEKRN (2nd Applicant) <input type="checkbox"/> KYC Proof Attached (Mandatory)				
3rd Applicant Name				
PAN/PEKRN (3rd Applicant) <input type="checkbox"/> KYC Proof Attached (Mandatory)				

### 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	<input type="radio"/> Current	<input type="radio"/> Savings	<input type="radio"/> NRO	<input type="radio"/> NRE	<input type="radio"/> FCNR					
	Name of Bank																										
	Branch Name																Branch City										
	9 Digit MICR code											11 Digit IFSC Code											Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.				

### 4 YOUR INVESTMENT DETAILS UNDER ICICI PRUDENTIAL INDIA RECOVERY FUND - SERIES 5 [Please tick (✓) appropriate boxes]

PLAN: <input type="checkbox"/> ICICI Prudential India Recovery Fund - Series 5 <input type="checkbox"/> ICICI Prudential India Recovery Fund - Series 5 - DIRECT		OPTION: <input type="checkbox"/> Cumulative <input type="checkbox"/> Dividend Payout	
Amount Invested	Cheque/DD No.	Cheque/DD Date	Account Type (For NRI Investors)
Rs. <input type="text"/>	<input type="text"/>	D D M M Y Y	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
BANK NAME, BRANCH & ADDRESS: <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below]			
<input type="text"/>			
City <input type="text"/>			

The cheque/demand draft should be drawn in favour of "ICICI Prudential India Recovery Fund - Series 5" and crossed "Account Payee Only". The cheque/demand draft should be payable at the centre where the application is lodged. For third party investment, refer instruction no. XIV.

**Trigger on maturity of the Scheme:**

Investor will have the option to set trigger at the time of application. On maturity, all the units can be switched into one of the pre-selected open-ended schemes of ICICI Prudential Mutual Fund. The trigger facility is available only for the investor who holds units under physical mode. *(Please read the instruction no. XVI)*

**SOURCE SCHEME:**

ICICI Prudential India Recovery Fund-Series 5

**TARGET SCHEME:** *(Please mention any of the open-ended schemes of ICICI Prudential Mutual Fund as target scheme)*

**ICICI Prudential** *(If an investor fails to specify the option, he will be allotted units under the default option/sub-option of the Target scheme.)*

I/We have read and understood the terms and conditions applicable to the trigger facility and am/are fully aware of the risk associated with such event.

I/We have read and understood the Scheme Information Document (SID)/ Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme and have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in opting the Trigger facility.

**SIGNATURE(S) (If the investor does not sign then the units will, by default, be redeemed and proceeds will be paid to the Unit holder.)**

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

**Mode of Holding** [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

**Tax Status** [Please tick (✓)]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM	<input type="checkbox"/> Government Body	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> NON Profit Organization/Charities
<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> FII	<input type="checkbox"/> Public limited company	<input type="checkbox"/> Bank / FI
<input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP)	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others (Please specify) _____		

**5 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. VIII)**

(Please ✓) <input type="radio"/> NSDL OR <input type="radio"/> CDSL	<b>Depository Participant (DP) ID (NSDL only)</b> <input type="text"/>	<b>Beneficiary Account Number (NSDL only)</b> <input type="text"/>	The application form should mandatorily accompany the latest Client investor master/ Demat account statement.
	<b>Depository Participant (DP) ID (CDSL only)</b> <input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	

**6 Correspondence Details of Sole/First Applicant:**

Correspondence Address (Please provide full address)*				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO.				HOUSE / FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
CITY / TOWN		STATE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. (Off.)		Tel. (Res.)		Fax			
Email <sup>£</sup>				Mobile			

☐ Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive **Account Statement through e-mail** <sup>£</sup>: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

\* Mandatory information – If left blank the application is liable to be rejected.

\*\* Mandatory in case the Sole/First applicant is minor.

<sup>£</sup> For KYC requirements, please refer to the instruction Nos. II b(5) & VII

<sup>#</sup> Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.

For documents to be submitted on behalf of minor folio refer instruction II-b(2)

<sup>£</sup> For email communication please refer to instruction no. VI

**7 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

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India? ☐ Yes ☐ No [Please tick (✓)]

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

**Annexure I** and **Annexure II** are available on the website of AMC viz; [www.icicipruamc.com](http://www.icicipruamc.com) or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

**8 KYC DETAILS (Mandatory)**

Occupation [Please tick (✓)]							
<b>Sole/First Applicant</b>	<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) _____			
<b>Second Applicant</b>	<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) _____			
<b>Third Applicant</b>	<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) _____			

<b>Gross Annual Income</b> [Please tick (✓)]									
<b>Sole/First Applicant</b>	<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 Net worth (Mandatory for Non-Individuals) ₹ _____ as on <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Second Applicant</b>	<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 <b>OR</b> Net worth ₹ _____								
<b>Third Applicant</b>	<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 <b>OR</b> Net worth ₹ _____								
<b>Others</b> [Please tick (✓)]									
<b>Sole/First Applicant</b>	<b>For Individuals</b> [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 <b>For Non-Individuals</b> [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVII): (i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO								
<b>Second Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable								
<b>Third Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable								

## 9 NOMINATION DETAILS (Refer instruction IV)



I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

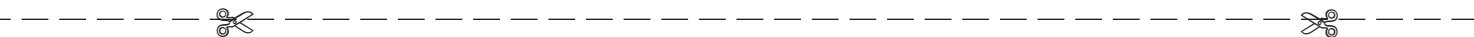
<div><input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)</div> <div>Name and address of Nominee(s)</div>	Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor <i>(Mandatory)</i> ]			
Nominee 1					
Nominee 2					
Nominee 3					


## 10 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	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT
		



ACKNOWLEDGEMENT		<b>ACKNOWLEDGEMENT SLIP (Please Retain this Slip)</b> To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.	Application No. _____	
			EXISTING FOLIO NO. _____ / _____	
	Plan <input type="checkbox"/> ICICI Prudential India Recovery Fund-Series 5 <input type="checkbox"/> ICICI Prudential India Recovery Fund-Series 5 - DIRECT	Option/Sub-option <input type="checkbox"/> Cumulative <input type="checkbox"/> Dividend Payout	Payment Details Amt. _____ Cheque/DD No. _____ dtd: _____ Bank & Branch _____	Receiver's Signature & Stamp

**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.