

# ICICI PRUDENTIAL SIP INSURE

## [Common Application for SIP Insure]

Application No. \_\_\_\_\_

Please read the INSTRUCTIONS carefully. All the sections to be completed in BLOCK LETTERS in ENGLISH with BLACK / BLUE COLOURED INK.

<b>ARN-</b>	<b>BROKER CODE</b>	<b>SUB-BROKER CODE</b>	<b>FOR OFFICIAL USE ONLY</b>
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.			SERIAL NUMBER, DATE & TIME OF RECEIPT

**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY** [Refer Instruction XI and 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.

**1 APPLICANT(S) DETAILS** (Please refer to Instruction No. II) Mandatory information – If left blank the application is liable to be rejected.

1st Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth*	D	D	M	M	Y	Y	Y	Y
Gender*	<input type="radio"/> Male <input type="radio"/> Female [Please tick (✓)]		PAN*		Enclosed (Please ✓) <sup>5</sup>	<input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter							
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) <sup>5</sup>	<input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter							
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN*					Enclosed (Please ✓) <sup>5</sup>	<input type="radio"/> Attested PAN Card <input type="radio"/> KYC Acknowledgement Letter							

<sup>5</sup> For PAN & KYC requirements, please refer to the instruction Nos. II(3) & X

<b>Mode of holding</b> [Please tick (✓)] <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor (Default option: Anyone or Survivor)	<b>Status of First Applicant</b> [Please tick (✓)] <input type="radio"/> NRI/PIO <input type="radio"/> Resident Individual
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<b>Correspondence Address (Please provide full address)*</b> HOUSE / FLAT NO. STREET ADDRESS STREET ADDRESS CITY / TOWN      STATE COUNTRY      PIN CODE	<b>Overseas Address (Mandatory for NRI / FII Applicants)</b> HOUSE / FLAT NO. STREET ADDRESS STREET ADDRESS CITY / TOWN      STATE COUNTRY      PIN CODE
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Tel. (Off.)	Tel. (Res.)	Fax
Email <sup>£</sup>	Mobile	
Occupation [Please tick (✓)] <input type="radio"/> Professional <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Service <input type="radio"/> Student <input type="radio"/> Others (Please specify)		

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. <sup>£</sup> Please refer to instruction no.IX

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

<b>MANDATORY</b>	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	

**3 INVESTMENT & PAYMENT DETAILS** (Refer Instruction No. IV) For Plans & Sub-options please see Key Scheme Features for the scheme specific

Name of scheme **ICICI PRUDENTIAL**

**Option & Sub option** (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

<input type="radio"/> Retail/Regular Option <input type="radio"/> Institutional Option	<input type="radio"/> Growth/Cumulative OR	Dividend – <input type="radio"/> Reinvestment or <input type="radio"/> Payout Dividend Frequencies <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly
SIP Through <input type="radio"/> ECS/Standing Instruction / Direct Debit <input type="radio"/> PDCs <sup>1</sup>	SIP Date <input type="radio"/> 7 <sup>th</sup> <input type="radio"/> 10 <sup>th</sup> <input type="radio"/> 15 <sup>th</sup> <input type="radio"/> 25 <sup>th</sup>	SIP Frequency* <input type="radio"/> Monthly <input type="radio"/> Quarterly



Application No. \_\_\_\_\_

**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.

Micro SIPs (Please ✓) Mandatory for Investment of equal to or less than ₹ 50,000/- per annum under SIP registration (Please refer instruction No. V(h))

1 <sup>st</sup> Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
2 <sup>nd</sup> Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER
3 <sup>rd</sup> Applicant	PHOTO IDENTIFICATION DOCUMENT TYPE (MANDATORY) (IN CASE PAN HAS NOT BEEN PROVIDED)	I.D. CARD NUMBER / REFERENCE NUMBER

**Payment Details for First Cheque/DD**

**Mode of Payment**  Cheque  DD  Funds Transfer  NEFT  RTGS

Amount Paid ₹  DD Charges (if applicable) ₹  Amount Invested ₹

Cheque/DD Number  Date  Account Number

**Account Type**  Current  Savings  NRO  NRE  FCNR

**Bank Name**  **Bank Branch & City**

**Subsequent SIP Instalment Details**

From Cheque No.  to Cheque No.  Amount Invested ₹

No. of Cheques  Drawn on

Start Month/Year  SIP Insure Tenure 55 yrs – Your Current Age  yrs =  yrs For more information ref. Instruction No. XII(5).  
(E.g. Your Current Age is 40 years, then your SIP Insure Tenure would be 55 years – 40 years = 15 years.)

\*Default SIP Frequency is Monthly. †PDCs - Post Dated Cheques  
Applications with Third Party Cheques, pre-funded 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. VI(e). Third Party Payment Declaration form is available on www.icicipruamc.com or at ICICI Prudential Mutual Fund branch offices.

**4 NOMINATION DETAILS (Mandatory):** • For Multiple nominations, please use the separate form available on AMC's website www.icicipruamc.com or with its branch offices. (Refer instruction VII)

I/We hereby nominate the under mentioned Nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Date of Birth is MANDATORY in case Nominee is a minor

Nominee  Date of Birth

Guardian  Relationship with the minor (✓)  Natural guardian  Court appointed guardian

Nominee's Address

Please note that this nomination will be registered for insurance also.

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

**5 INVESTOR(S) DECLARATION & SIGNATURE(S)**

The Trustee, ICICI Prudential Mutual Fund, I am informed about the arrangement between ICICI Prudential Mutual Fund and the Insurance Company and about the details of the Master Policy Document. I understand that I am eligible to avail cover under such arrangement; and hereby wish to avail the said insurance cover.  
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).**

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

**ACKNOWLEDGEMENT SLIP** **ICICI PRUDENTIAL SIP INSURE**  
Please Retain this Slip To be filled in by the Investor.  
Subject to realization of cheque and furnishing of Mandatory Information.

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

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

From Date  SIP Insure Tenure 55 yrs – Your Current Age  yrs =  yrs For more information ref. Instruction No. XII(5).  
(E.g. Your Current Age is 40 years, then your SIP Insure Tenure would be 55 years – 40 years = 15 years.)