



ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days

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 March 20, 2017
New Fund Offer Closes on April 03, 2017

This Product is suitable for investors who are seeking*:

- Long term savings solution
- A Hybrid Fund that seeks to protect capital by investing a portion of the portfolio in highest rated debt securities and money market instruments and aim for capital appreciation by investing in equities.

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

Riskometer

Investors understand that their principal will be at moderately low risk

BROKER CODE (ARN CODE) ARN-13376	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Ident E-141275JIN
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. X). – 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	

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.
 Upront 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*, KYC Id No. ¥, Enclosed (Please ✓)* KYC Acknowledgement Letter, Date of Birth**

Name of ** Mr. Ms., GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Relationship with Minor applicant: Natural guardian Court appointed guardian KYC Proof Attached (Mandatory) Date of Birth

PAN/PEKRN* KYC Id No. ¥ Date of Birth

2nd Applicant: KYC Proof Attached (Mandatory) Date of Birth

PAN/PEKRN* KYC Id No. ¥ Date of Birth

3rd Applicant: KYC Proof Attached (Mandatory) Date of Birth

PAN/PEKRN* KYC Id No. ¥ Date of Birth

¥ 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 NRO NRE FCNR

Name of Bank, Branch Name, Branch City

9 Digit MICR code, 11 Digit IFSC Code, Enclosed (Please ✓): Bank Account Details Proof Provided.

4 YOUR INVESTMENT DETAILS OF ICICI PRUDENTIAL CAPITAL PROTECTION ORIENTED FUND - SERIES XI - PLAN F 1215 DAYS

PLAN (Please tick (✓)): ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days - DIRECT

OPTION (Please tick (✓)): Cumulative option Dividend Payout option

5 PAYMENT DETAILS

Amount Invested (Rs.), Cheque/DD No., Cheque/DD Date, Account Type (For NRI Investors) NRO NRE FCNR

BANK DETAILS Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the bank details below]

Account Number, Account Type Savings Current NRO NRE FCNR

BANK NAME, BRANCH & ADDRESS: City

The cheque/demand draft should be drawn in favour of "ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days" 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.

6 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 Capital Protection Oriented Fund - Series XI - Plan F 1215 Days

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

7 MODE OF HOLDING Single Joint Anyone or Survivor *(Default)*

8 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 <i>(Please specify)</i> _____		

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

NSDL: Depository Participant (DP) ID <i>(NSDL only)</i>	Beneficiary Account Number <i>(NSDL only)</i>	CDSL: Depository Participant (DP) ID <i>(CDSL only)</i>

10 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:

<p>Correspondence Address (Please provide full address)*</p> <p>HOUSE / FLAT NO. _____</p> <p>STREET ADDRESS _____</p> <p>CITY / TOWN _____ STATE _____</p> <p>COUNTRY _____ PIN CODE _____</p> <p>Tel. _____ Office _____ Residence _____ Mobile _____</p> <p>Email [£] _____</p>	<p>Overseas Address (Mandatory for NRI / FII Applicants)</p> <p>HOUSE / FLAT NO. _____</p> <p>STREET ADDRESS _____</p> <p>CITY / TOWN _____ STATE _____</p> <p>COUNTRY _____ PIN CODE _____</p>
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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** [£]: 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.
[£] For KYC requirements, please refer to the instruction Nos. II b(5) & VII
[#] 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(3)
[£] For email communication please refer to instruction no. VI

11 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
First Applicant / Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others <i>(Please specify)</i> _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others <i>(Please specify)</i> _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others <i>(Please specify)</i> _____

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 <i>(TIN or other please specify)</i>	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				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 Sole/1st Holder: Residential Registered Office Business | **Address Type of 2nd Holder:** Residential Registered Office Business | **Address Type of 3rd Holder:** Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

12 KYC DETAILS (Mandatory)

Occupation *[Please tick (✓)]*

Sole/First Applicant	<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 <i>(Please specify)</i> _____			
Second Applicant	<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 <i>(Please specify)</i> _____			
Third Applicant	<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 <i>(Please specify)</i> _____			

Gross Annual Income [Please tick (✓)]									
Sole/First Applicant	<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		
Second Applicant	<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 ₹ _____								
Third Applicant	<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 ₹ _____								
Others [Please tick (✓)]									
Sole/First Applicant	For Individuals [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 For Non-Individuals [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								
Second Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable								
Third Applicant	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable								

13 NOMINATION DETAILS (Refer instruction IV)

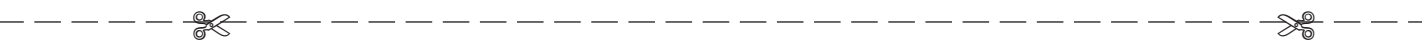
I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:


Name and address of Nominee(s) <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's 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 (Mandatory)]			
Nominee 1					
Nominee 2					
Nominee 3					

INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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/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



	ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days ACKNOWLEDGEMENT SLIP (Please Retain this Slip) To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.	Application No. _____
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Investor's Name: _____ EXISTING FOLIO NO. _____ / _____

PLAN <small>[Please tick (✓)]:</small>	<input type="checkbox"/> ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days <input type="checkbox"/> ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days - DIRECT	OPTION <small>[Please tick (✓)]:</small>	<input type="checkbox"/> Cumulative option <input type="checkbox"/> Dividend Payout option
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Amt. Rs. _____ 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.



ICICI Prudential Mutual Fund
 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063.
 Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

New Fund Offer Opens on: March 20, 2017
New Fund Offer Closes on: April 03, 2017

ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days
APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA)
Form for Demat Account Holders

Date:

D	D	M	M	Y	Y	Y	Y

Please read the instructions carefully before investing.

ASBA Application No. _____

BROKER/AGENT INFORMATION				FOR OFFICE USE ONLY			
Broker Name & AMFI Regn. No.	Sub-Broker Name & ARN Code	Sub-broker (As allotted by ARN holder)	EUIIN (Employee UIN)	SCSB (Name & Code)	SCSB IFSC Code (11 digit code)	Syndicate Member Code (Name & Code)	S. No.
ARN-13376			E-141275				

Declaration for "execution-only" transaction (only where EUIIN box is left blank): 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 _____

Name of First Applicant (As in Demat account) Mr. / Ms. / M/s. _____

Existing Folio No. (Please fill in your folio no., if any) _____ / _____

DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Mandatory - Refer Terms & Conditions No.10 on the reverse side of this form)

Depository Name (Please tick any) National Securities Depository Ltd. (NSDL) Central Depository Services [India] Ltd. (CDSL)

Depository Participant Name _____

Depository Participant (DP) ID _____ Beneficiary Account No. _____

PERMANENT ACCOUNT NUMBER (PAN) (Please attach proof) (Mandatory)

1st Applicant _____ Guardian (in case 1st applicant is minor) _____

INVESTMENT DETAILS (For scheme details, please read the Key Information Memorandum/Scheme Information Document of the Scheme)

PLAN <i>[Please tick (✓)]:</i>	<input type="checkbox"/> ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days	OPTION <i>[Please tick (✓)]:</i>	<input type="checkbox"/> Cumulative option
	<input type="checkbox"/> ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days - DIRECT		<input type="checkbox"/> Dividend Payout option

SCB/ASBA BANK ACCOUNT DETAILS OF FIRST APPLICANT FOR BLOCKING OF FUND (Refer Terms & Conditions No.7 on the reverse side of this form)

Name of the Bank _____

Branch Address _____ City _____

Account Number _____ Account Type Current Savings NRO NRE **If "Mandatory Details" are not provided, your application is liable to be rejected.**

Total Amount to be blocked [Rs. in figures] Rs. _____ Total Amount to be blocked [Rs. in words] _____

UNDERTAKING BY ASBA INVESTOR

1) I/We hereby undertake that I/We am/are an ASBA Investor as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements), Regulations 2009 ('SEBI Regulations') as amended from time to time. 2) In accordance with ASBA process provided in the SEBI Regulations and as disclosed in this application, I/We authorize (a) the SCSB to do all necessary acts including blocking of application money towards the Subscription of Units of the Scheme, to the extent mentioned above in the "SCSB / ASBA Account details" or unblocking of funds in the bank account maintained with the SCSB specified in this application form, transfer of funds to the Bank account of the Scheme/ICICI Prudential Mutual Fund on receipt of instructions from the Registrar and Transfer Agent after the allotment of the Units entitling me/us to receive Units on such transfer of funds, etc. 3) Registrar and Transfer Agent to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the application, upon allotment of Units and to transfer the requisite money to the Scheme's account / Bank account of ICICI Prudential Mutual Fund. 4) In case the amount available in the bank account specified in the application is insufficient for blocking the amount equivalent to the application money towards the Subscription of Units, the SCSB shall reject the application. 5) If the DP ID, Beneficiary Account No. or PAN furnished by me/us in the application is incorrect or incomplete or not matching with the depository records, the application shall be rejected and the ICICI Prudential Mutual Fund or ICICI Prudential Asset Management Company Limited or ICICI Prudential Trustee Company Limited or SCSBs shall not be liable for losses, if any. All future communication in connection with NFO should be addressed to the SCSB/RTA/AMC quoting the full name of the Sole/First Applicant, NFO Application Number, ASBA Application Number, Depository Account details [if it has been provided], Amount applied for and the account number from where NFO amount was blocked. 6) 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. Applicable to NRIs only: I/We confirm that I am/we are non-resident of Indian Nationality/origin and I/we hereby confirm that the funds for subscription, have been remitted from abroad through normal banking channels or from funds in my/our non-resident external/ordinary account/FCNR account. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgement etc. of any regulation, including SEBI. I/We am/are confirm that my application is in compliance with applicable Indian and Foreign laws.

First/Sole Applicant	Second Applicant	Third Applicant
SIGNATURE OF BANK ACCOUNT HOLDERS		



ACKNOWLEDGEMENT SLIP [To be filled in and attached by the applicant with the NFO Application Form]

ICICI Prudential Mutual Fund, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Tel: (91) (22) 26852000, Fax: (91)(22) 2686 8313.

Date:

D	D	M	M	Y	Y	Y	Y

ASBA Application No. _____

Received from Mr. / Ms. /M/s. _____
 Address _____

PLAN <i>[Please tick (✓)]:</i>	<input type="checkbox"/> ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days	OPTION <i>[Please tick (✓)]:</i>	<input type="checkbox"/> Cumulative option
	<input type="checkbox"/> ICICI Prudential Capital Protection Oriented Fund - Series XI - Plan F 1215 Days - DIRECT		<input type="checkbox"/> Dividend Payout option

SCSB A/c. No. _____ Bank Name _____ Branch Name _____
 Rs. (in figures) _____ Rupees (in words) _____

SCSB Stamp, Signature, Date & Time of Receipt

Terms and Conditions

- 1) An ASBA investor, intending to subscribe to a public, shall submit a completed ASBA form to a Self Certified Syndicate Bank (SCSB), with whom the bank account to be blocked, is maintained, through one of the following modes ?
 - (i) Submit the form physically with the Designated Branches (DBs) of the SCSB ("Physical ASBA");
 - (ii) Submit the form electronically through the internet banking facility offered by the SCSB ("Electronic ASBA").
- 2) ASBA Facility is provided only for Demat Account Holders
- 3) From one bank account more than five applications will not be allowed
- 4) Investors shall note that the NFO units will be credited in the demat account specified in the ASBA cum application form and hence these details are mandatory.
- 5) To ensure that NFO units are allotted, Investors to ensure that their demat accounts are active i.e. not frozen or suspended.
- 6) Investors to note that if the DP-ID, beneficiary account and the PAN provided in the form are incomplete, incorrect or do not match with the depository records of NSDL or CDSL, the application shall be rejected.
- 7) Bank account details provided in the application will be the bank account number from where the NFO application amount is authorized to be blocked, Bid amount, bank and branch name shall be given in this block.
- 8) Investors will ensure that sufficient balance is maintained in the bank account mentioned in the form, else the application shall be liable to be rejected.
- 9) In case an ASBA investor wants to withdraw his/her ASBA during the bidding / offer period, he/ she shall submit his/ her withdrawal request to the SCSB, which shall do the necessary, including deletion of details of the withdrawn ASBA from the electronic bidding system of the Stock Exchange(s) and unblocking of funds in the relevant bank account.
- 10) **Demat/Non-Demat Mode:**
 1. Investor can hold units in demat/non-demat mode. In case investor did not provide demat account details or details of DP ID/BO ID, provided by the investor, is incorrect or demat account is not activated or not in active status, the units would be allotted in non demat mode.
 2. The investor can dematerialize his/her holdings in non demat mode. Similarly, investor can rematerialize holdings in demat mode. All expenses in connection with conversion from demat to remat mode or remat to demat mode will have to be incurred by the investors.
 3. Allotment letters would be sent to investors who are allotted units in demat mode and Statement of Accounts would be sent to investors who are allotted units in non demat mode.
- 11) SCSB means Self Certified Syndicate Bank registered with the SEBI, which offers the facility of ASBA. The current list of SCSBs as available on SEBI website is as follows:
1. Axis Bank Ltd 2. State Bank of Hyderabad 3. Corporation Bank 4. State Bank of Travencore 5. IDBI Bank Ltd. 6. State Bank of Bikaner and Jaipur 7. YES Bank Ltd. 8. Punjab National Bank 9. Deutsche Bank 10. Union Bank of India 11. HDFC Bank Ltd. 12. Bank of Baroda 13. ICICI Bank Ltd 14. Vijaya Bank 15. Bank of Maharashtra 16. State Bank of India 17. Andhra Bank 18. HSBC Ltd. 19. Kotak Mahindra Bank Ltd. 20. Bank of India 21. CITI Bank 22. IndusInd Bank 23. Allahabad Bank 24. Karur Vysya Bank Ltd. 25. The Federal Bank 26. Indian Bank 27. Central Bank of India 28. Oriental Bank of Commerce 29. Standard Chartered Bank 30. J P Morgan Chase Bank, N.A. 31. Nutan Nagarik Sahakari Bank Ltd. 32. UCO Bank 33. Canara Bank 34. United Bank of India.
- 12) The investor is required to submit a copy of the acknowledgement receipt of the ASBA Form (as submitted with SCSB) along with the NFO application form to be furnished to ICICI Prudential Mutual Fund.