

MAIN APPLICATION FORM

(Please read the instructions before investing)

Use this Form if you are making one time investment. For SIP investments use the separate blue coloured SIP form.



Broker Code ARN-3852	Sub-broker Code	Date & Time of Receipt	Serial Number
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APPLICATION NO.

1 FOR EXISTING UNITHOLDERS

If you are making a purchase in an existing folio, please mention the folio number in the space provided and proceeds to Step 3. Please note that the applicable details and mode of holding will be as per the existing folio.

Folio No. /

Date: _____

2 ABOUT YOU

Name of First Applicant

Mr. Ms. M/s.

Date of Birth (Mandatory)

Name of Guardian (in case of minor) / Contact Person (In case of Institutional Investors)

Mr. Ms.

Status (Please tick (✓))

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Bank/Fl |
| <input type="checkbox"/> HUF | <input type="checkbox"/> AOP/Bol |
| <input type="checkbox"/> Company | <input type="checkbox"/> Club/Society |
| <input type="checkbox"/> Trust | <input type="checkbox"/> NRI/FII/PIO |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Minor |
| <input type="checkbox"/> Sole Proprietorship | |
| <input type="checkbox"/> Others (Please specify) _____ | |

Designation of the Contact Person (In case of Institutional Investors)

Mailing Address (Please provide full address)

City PIN
 State Country

Communication

Tel. (Res.) Tel. (Off.) Mob

E-Mail

Overseas Address (in case of NRIs/FIIs)

City PIN
 State Country

Name of Second Applicant Resident Individual Non-Resident Individual (Please tick (✓) the relevant box)

Mr. Ms.

Mode of holding (Please tick (✓))

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Anyone or Survivor |
| <input type="checkbox"/> Joint | |

Name of Third Applicant Resident Individual Non-Resident Individual (Please tick (✓) the relevant box)

Mr. Ms.

Occupation (Please tick (✓))

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Professional | <input type="checkbox"/> Housewife |
| <input type="checkbox"/> Business | <input type="checkbox"/> Service |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Others (Please specify) _____ | |

Permanent Account Number (PAN) (Please refer to instruction no.II(b)(4))

1st Applicant <input style="width: 300px;" type="text"/>	Guardian (In case of minor) <input style="width: 100px;" type="text"/>
2nd Applicant <input style="width: 300px;" type="text"/>	
3rd Applicant <input style="width: 300px;" type="text"/>	

If you have already provided & validated PAN with an existing folio, please mention the Folio No.

Folio No. /

3 BANK ACCOUNT DETAILS OF FIRST APPLICANT (Refer instruction No.III)

Bank Particulars (Name of the Bank)

Branch Address

Account Number

Account Type

- Current Savings NRO NRE

If "Mandatory Details" are not provided, your application is liable to be rejected.

4 E-MAIL COMMUNICATION – We wish to receive the following via e-mail instead of physical document:

Account Statement Quarterly Review & Annual Report Communication on Change of Address, Bank, etc.

Prudential ICICI AMC Ltd. - ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Application No.

Received from:

Application for Units of Prudential ICICI

Option :

Signature, Stamp & Date

