

**COMMON TRANSACTION FORM INCLUDING OTM FACILITY (For existing Unitholders only)**



BROKER CODE (ARN CODE)/ ARN-64917 ARN CODE#	SUB-BROKER ARN CODE	EUIN (For existing Unitholders) E434563	SUB-BROKER CODE (As allotted by ARN holder)
#By mentioning RIA/PMRN 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. 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. Declaration for "execution-only" transaction (only where EUIN box is left blank) 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 Holder	Signature of Second Holder	Signature of Third Holder
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FOLIO NO. (Mandatory): \_\_\_\_\_ TAX STATUS: \_\_\_\_\_ MODE OF HOLDING: \_\_\_\_\_

1st Holder (Mandatory)	Name of Unitholder(s)	PAN*	KYC Status*
2nd Holder			
3rd Holder			

\* PAN & KYC are mandatory for all applicants including NRIs. Date of Birth (1st Holder) (Mandatory for ICICI Prudential Retirement Fund) - (Refer Instruction No. 1 on page 2) 

D	D	M	M	Y	Y	Y	Y
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**Additional Purchase Request** (Cheque/DD to be drawn in favour of "Name of the Scheme"). In case you do not mention Plan and/or Option units will be allotted under default option as per respective scheme information documents.

Scheme Name \_\_\_\_\_ PLAN: \_\_\_\_\_ OPTION: \_\_\_\_\_

**Payment Mode** (Please tick any one only):  OTM (One Time Bank Mandate)  Cheque  DD  Fund Transfer  RTGS / NEFT

Cheque/DD/Instrument No. \_\_\_\_\_ Payment Date/Instrument Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount (Rs.) : \_\_\_\_\_

Bank Name \*\*: \_\_\_\_\_ Branch: \_\_\_\_\_ City: \_\_\_\_\_

Bank A/c No. \*\*: \_\_\_\_\_ \*\* Please refer to instruction no.2 Account Type  Savings  Current  NRO  NRE  FCNR  Others \_\_\_\_\_ (Please specify)

I/We hereby confirm having initiated the Transfer / RTGS for transfer of INR \_\_\_\_\_ from our account no. \_\_\_\_\_ with \_\_\_\_\_ (Bank) to your account no. \_\_\_\_\_ with \_\_\_\_\_ (Bank).

Documents attached to avoid Third Party Payment Rejection where applicable:  Bank Certificate - for DD  Third Party Declaration In case, the additional purchase amount is ₹10,000 or above and distributor has opted to receive transaction charges, ₹100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.

**Switch Request** (Please refer to the SID of the scheme you are switching from and to)

I wish to switch: Rs. \_\_\_\_\_ or \_\_\_\_\_ Units

From (Scheme)	Plan:	To (Scheme)	Plan:
(Option)		(Option)	

<b>BEFORE YOU REDEEM</b>	Have you invested long enough ?	<input type="checkbox"/> <b>Redemption Request</b>	
	<ul style="list-style-type: none"> <li>Longer investment time period may allow your money the <b>Benefit of Compounding</b>.</li> <li>We recommend you check your investment horizon against your financial goals and not to get swayed by short term market movements.</li> <li>Have you been invested long enough to avoid any short term capital gain tax and exit load charges ?</li> </ul> <p><b>Consult your financial advisor for the appropriate investment horizon!</b></p>		
	Please Redeem		Rs. _____ or _____ Units
	Scheme		
	Plan		
	Option		

If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the redemption proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered for the folio.

Bank Name	Bank A/c No.
_____	_____

**Contact details of First/Sole applicant**

Mobile Number \_\_\_\_\_ and/or Land Line Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

As per the press release dated April 11, 2017 issued by Ministry of Finance, the AMC has blocked/frozen the folios opened between 1st July 2014 to 31st August 2015 where FATCA self certification is not provided. The AMC shall not process any transaction which is initiated by the Investor in such folio(s) unless FATCA self-certification is provided by the Investor and due diligence is completed by the AMC.

**YOUR CONFIRMATION/DECLARATION:** I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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 hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. I/we declare that the email address provided in the form belongs to me/us or to spouse, dependent children or dependent parents (applicable to individual investors only).

**Signature(s)**

\_\_\_\_\_ First Holder \_\_\_\_\_ Second Holder \_\_\_\_\_ Third Holder \_\_\_\_\_

(Please See Overleaf)

Folio No. \_\_\_\_\_  Purchase  Redeem  Switch Date: \_\_\_\_\_

Scheme \_\_\_\_\_ Amount Rs. \_\_\_\_\_ or Units \_\_\_\_\_

From Scheme (in case of switch) \_\_\_\_\_ To Scheme \_\_\_\_\_

## COMMON TRANSACTION FORM INCLUDING OTM FACILITY (Contd.)



### INSTRUCTIONS:

#### I. DATE OF BIRTH (DOB)

- a) Date of birth of the First Unit Holder is mandatory for subscribing to the units of the Scheme, alongwith a copy of proof of date of birth as detailed in point (d) evidencing date of birth of the First Unit holder.
- b) AMC reserves the right to process the application where only date of birth is provided in the application form or the date of birth is retrievable from other sources.
- c) Age shall be computed with reference to years completed on the date of allotment.
- d) Acceptable Documents for Proof of date of Birth: Self attested copy of PAN, Passport, Driving licence or any other documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicants name and date of birth issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members. AMC reserves right to reject or process the application or ask for additional documentation subject to internal verification.

#### II. ADDITIONAL PURCHASE THROUGH OTM FACILITY:

- 1) Investor can invest through OTM facility registered in the folio and does not have to provide any cheque or transfer details.
- 2) Bank details need to be provided if transaction is through OTM mode, if no bank details are mentioned or no OTM mandate is registered for the given bank details then default bank mandate under OTM facility will be considered to debit the purchase amount
- 3) For any transaction of Rs. 2 lakhs and above and/or transactions in Liquid and Money Market schemes or plans, units will be allotted based on funds realization (applicable NAV). The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.
- 4) Purchase transaction or any other subsequent transaction may be liable for rejection at banker's end, if the frequency for the registered OTM is other than "As and when presented" and/ or if the purchase amount is other than fixed amount or more than maximum amount registered in the mandate.
- 5) AMC reserves right to reject or process the application subject to internal verification.

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form', available on our website [www.iciciprnf.com](http://www.iciciprnf.com) under the downloads section, and submit the same at the Point of Service of any KYC Registration Agency.

## COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTION

For existing unitholders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section. Please read documentation requirements and terms & conditions overleaf. Please fill in the information below in English and in BLOCK Letters.

**IMPORTANT: Please strike off the unused section(s) to prevent any unauthorised use.**

DATE: 

D	D	M	M	Y	Y	Y	Y
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<b>A. UNIT HOLDER'S INFORMATION (Mandatory)</b>		ARN-64917 EUIN - E434563	
Folio No(s)	<input style="width: 100%;" type="text"/>		
Sole/1st Applicant	Mr. Ms. M/s	<input style="width: 100%;" type="text"/>	

<b>B. CHANGE OF BANK MANDATE (Please fill section A+B+I)</b>	
<b>MANDATORY TO ATTACH OLD AND NEW BANK ACCOUNT PROOF AS GIVEN IN THE INSTRUCTION NO.1</b>	
Account Number <input style="width: 400px;" type="text"/>	Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Name of Bank <input style="width: 800px;" type="text"/>	
Branch Name <input style="width: 350px;" type="text"/>	Branch City <input style="width: 200px;" type="text"/>
9 Digit MICR code <input style="width: 150px;" type="text"/>	11 Digit IFSC <input style="width: 150px;" type="text"/>

<b>C. PAN, DOB and KYC Updation (Please fill section A+C+I)</b>									
PAN of Sole/First Applicant/Guardian <input style="width: 150px;" type="text"/>	Date of Birth* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> <input type="checkbox"/> Enclosed KYC Acknowledgement Letter	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
PAN of Second Applicant <input style="width: 150px;" type="text"/>	Date of Birth* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> <input type="checkbox"/> Enclosed KYC Acknowledgement Letter	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
PAN of Third Applicant <input style="width: 150px;" type="text"/>	Date of Birth* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> <input type="checkbox"/> Enclosed KYC Acknowledgement Letter	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

<b>D. CHANGE OF ADDRESS For KYC Non-Compliant Folios (Please fill section A+D+I)</b>	
Address <input style="width: 800px;" type="text"/>	
State <input style="width: 150px;" type="text"/>	PIN <input style="width: 100px;" type="text"/>
City <input style="width: 200px;" type="text"/>	
Country <input style="width: 150px;" type="text"/>	
Enclosed (Please ✓): <input type="checkbox"/> Address Proof and Identity proof provided (Mandatory, please refer instruction no. 2)	<b>Note :</b> For Change Of Address in KYC compliant folios, please submit the appropriate KYC form with documentation to the designated intermediaries of the KRA.

<b>E. CONSOLIDATION OF FOLIOS (Please fill section A+E+I)</b>										
<p><b>Note:</b></p> <ol style="list-style-type: none"> <li>Consolidation can take place only if a. Names of unit holders, b. Address of unit holders, c. Mode of holding, d. Order of unit holders, e. Tax status and Nominee details are identical in all the mentioned folios.</li> <li>I/We agree that the mode of holding, bank mandate, address and nomination details in the Target Folio will be applicable and will prevail after consolidation even if they were different details in source folios.</li> <li>Bank particulars in the target folio has been retained for your redemption/dividend proceeds.</li> </ol>	<p>Target Folio (MANDATORY): <input style="width: 150px;" type="text"/></p> <p>Source Folio: I/We wish to consolidate all my/our investments under specified folios into one folio. Folios to be consolidated:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 150px; height: 20px;"><input type="text"/></td><td style="width: 150px; height: 20px;"><input type="text"/></td><td style="width: 150px; height: 20px;"><input type="text"/></td></tr> <tr><td style="width: 150px; height: 20px;"><input type="text"/></td><td style="width: 150px; height: 20px;"><input type="text"/></td><td style="width: 150px; height: 20px;"><input type="text"/></td></tr> <tr><td style="width: 150px; height: 20px;"><input type="text"/></td><td style="width: 150px; height: 20px;"><input type="text"/></td><td style="width: 150px; height: 20px;"><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>F. CHANGE OF DIVIDEND OPTION (Please fill section A+F+I)</b>	
SCHEME NAME	OPTIONS
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> PAYOUT TO REINVESTMENT <input type="checkbox"/> REINVESTMENT TO PAYOUT
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> PAYOUT TO REINVESTMENT <input type="checkbox"/> REINVESTMENT TO PAYOUT
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> PAYOUT TO REINVESTMENT <input type="checkbox"/> REINVESTMENT TO PAYOUT

<b>G. CHANGE IN MODE OF HOLDING from Joint to Anyone or survivor or vice-versa (Please fill section A+G+I)</b>	
All unit holders should sign the form irrespective of mode of holding in the folio	Please tick (✓): <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor

<b>H. REGISTRATION/CHANGE/MODIFICATION/CANCELLATION OF NOMINATION (Please fill section A+H+I)</b>	
<input type="checkbox"/> REGISTRATION <input type="checkbox"/> CHANGE/MODIFICATION <input type="checkbox"/> CANCELLATION	(Note: In case of varied requests viz. registration/change/cancellation, please fill-in separate Nomination form)
I/We* do hereby nominate the person(s) more particularly described hereunder/and*/cancel the nomination made by me/us on the day of in respect of the Units under Folio No. (*strike out which is not applicable). All joint holders should sign, even in case of Anyone or Survivor.	
Continue Page No. 2	

**H. REGISTRATION/CHANGE/MODIFICATION/CANCELLATION OF NOMINATION (Please fill section A+H+I)**

Folio No.	Name of Nominee(s) ^	Address of Nominee(s)	Percentage of Nominee(s)

^ In case the Nominee is a minor, below information to be filled in Madatorily:

<b>Name of Guardian</b>		<b>Date of Birth*</b>	D	D	M	M	Y	Y	Y	Y
<b>Address of Guardian</b>		(*Date of Birth proof is mandatory)								
		<b>Signature of Guardian</b>								

**Note:** I/We agree and accept that: (a) All payments and settlements made to nominee(s) and signature of nominee(s) acknowledging will constitute a full & valid discharge of the liability of the AMC/Mutual Fund/Trustees. (b) This nomination will stand cancelled in the event of the nominee(s) pre-deceasing me/us. In case of multiple nominations, if any of the nominee(s) is/are deceased, the said nominee(s) share will be distributed equally amongst the surviving nominees or in such proportion as may be communicated by me/us. (c) I/We have read the AMC's instructions on nomination in the KIM/Offer Document and I/We hereby confirm to adhere to such rules or amendments thereto as may be made from time to time. (d) The nomination will be registered only when it is complete in all respects to the satisfaction of the AMC. (e) The AMC will not entertain any claim other than that of a registered nominee(s), unless so directed by any competent court. (f) This instruction supercedes all previous nominations made by me/us in respect of the folio(s) indicated above.

**I. INVESTOR(S) DECLARATION & SIGNATURE(S)**

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under 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. 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 hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment. I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected." 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).**

<b>SIGNATURE OF SOLE / FIRST APPLICANT</b>	<b>SIGNATURE OF SECOND APPLICANT</b>	<b>SIGNATURE OF THIRD APPLICANT</b>

**INSTRUCTIONS****1. Change of Bank details**

**For existing unit holders – Individual / HUF / Sole Proprietor**

**DOCUMENT REQUIRED FOR BOTH OLD/EXISTING AND NEW BANK MANDATE :** Any One Document to be submitted for the respective mandate. All documents should have the First Unit Holder's Name, Account Number, Account type, IFSC, MICR, Bank address details.

**New Bank Mandate :**

- Original cancelled cheque
- Bank passbook (with current entries not older than 3 months)
- Self-attested Bank account statement issued by the concerned bank (not older than 3 months) OR, Bank letter, on letterhead of the bank duly signed by branch manager/authorized personnel stating the investor's bank details.

**AND**

**Old/Existing Bank Mandate :**

- Original cancelled cheque
- Bank passbook (with current entries not older than 3 months)

In case of non-availability of old bank proof, **In-Person verification (IPV) is mandatory.**

**For IPV -** Original with self attested copies of PAN Card as per the applicable Mode of Holding/ Photo Identity Proof for PAN Exempt Investors like Passport, Voter ID, Ration Card, Driving License

**For existing unit holders – other than Individual / HUF / Sole Proprietor**

**Any one of below document is required to be submitted for old and new bank account:**

- Original cancelled cheque with First unit holder's name and bank account number pre-printed on the face of the cheque
- Self-attested Bank account statement issued by the concerned bank (not older than 3 months)
- Bank passbook (with current entries not older than 3 months)
- Bank letter, on letterhead of the bank duly signed by branch manager/authorized personnel stating the investor's bank account number, account type, bank branch, MICR and IFSC code of the bank branch (not older than 3 months)

**Note :**

- In case of photocopies of above documents are submitted, unit holder must procure original for verification at any of the AMC branches or official point of acceptance of transactions.
- The name printed on the documents should be same as per the folio.
- The AMC reserves the right to accept the request, subject to additional verifications, production of additional documents or In Person Verification of unit holder.
- For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned and the Client Master List (CML) is also submitted.

**2. Change of Address: (i) Proof of Identity and (ii) Proof of new Address are Mandatory**

- Proof of Identity and Proof of new Address should be attested by bank/notary/AMC designated person and also self-attested by the investor)
- It is advisable for KYC non-compliant investors to complete the KYC formalities by submitting the KYC forms with the required documentation as prescribed by the guidelines.
- For Change of address in KYC compliant folios, please submit the appropriate KYC form with documentation to the designated intermediaries of the KRA.

**3. Nomination:**

- The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. All unit holders should sign the form irrespective of mode of holding in the folio.
- A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- Nomination in respect of the units stands rescinded upon the transfer of units.
- Transfer of units in favour of a Nominee shall be valid discharge by the Asset Management Company against the legal heir.
- The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.
- On cancellation of the nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of the Nominee."
- If the sum of the percentage entered in the nomination is less than 100% then this application will be rejected.
- If the nomination percentage is not mentioned, equal weightage would be given to each nominee.

**4. In case there is any changes in your KYC information, please update the same by using the prescribed 'KYC Change Request Form' available on our website [www.icicirpufm.com](http://www.icicirpufm.com) under download section, and submit the same at the point of service of any KYC Registration Agency.****5. Alterations in the form, if any should be countersigned.****6. Date of Birth updation:** please provide self-attested PAN, Driving Licence, Passport and birth certificate.