

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

Bank Particulars (Name of the Bank)

MANDATORY	
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Branch Address

	City	
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Account Number

Account Type

Current Savings NRO NRE

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

9 Digit MICR code

IFSC Code (11 digit)

Please quote 9 Digit Code No. of your Bank and Branch corresponding to Bank Account details. (This number appears on every leaf of your cheque book after your cheque number). Please attach a blank "cancelled" Cheque or a clear photocopy of a cheque issued by your bank verifying of the Code No. The AMC reserves the right to make dividend payments through ECS where MICR code is available.

5 INVESTMENT DETAILS (Refer Instruction No.IV)

If you wish to use STP/SWP facility please tick the relevant box and fill in the STP/SWP Application Form on page 27

STP SWP

NAME OF THE SCHEME (1)	OPTIONS & SUB-OPTIONS (See the Key Features for Scheme specific options & sub-options) (Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest)																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">P</td><td style="width: 10%;">R</td><td style="width: 10%;">U</td><td style="width: 10%;">D</td><td style="width: 10%;">E</td><td style="width: 10%;">N</td><td style="width: 10%;">T</td><td style="width: 10%;">I</td><td style="width: 10%;">A</td><td style="width: 10%;">L</td><td style="width: 10%;">I</td><td style="width: 10%;">C</td><td style="width: 10%;">I</td><td style="width: 10%;">C</td><td style="width: 10%;">I</td> </tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>(Please leave one box blank between words)</p>	P	R	U	D	E	N	T	I	A	L	I	C	I	C	I																															<input type="checkbox"/> Cumulative/Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> AEP-Regular* <input type="checkbox"/> AEP-Appreciation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly
P	R	U	D	E	N	T	I	A	L	I	C	I	C	I																																

Amount Paid (A)

DD Charges (B) (To be filled in, only if the Fund bears the DD Charges) \$

Amount Invested (C) = (A) + (B)
(To be filled in if the column (B) is applicable to the Scheme/Plan)

Rs. <input style="width: 80%;" type="text"/>	Rs. <input style="width: 80%;" type="text"/>	Rs. <input style="width: 80%;" type="text"/>
Bank Name & Branch		
Cheque/DD No.	Cheque/DD Date	Account Type (For NRI Investors)
<input style="width: 80%;" type="text"/>	D D M M Y Y	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR

* Cumulative – AEP Regular Option : Encashment of Units is subject to declaration of dividend in the respective Scheme(s). \$ Read the Instruction Number VI(d).

6 NOMINATION DETAILS (Optional)

I/We hereby nominate the undermentioned 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.

Name of the Nominee	Date of Birth (if nominee is minor)
Mr. Ms. M/s. <input style="width: 80%;" type="text"/>	D D M M Y Y Y Y

Address of Nominee (Please provide full address)

	PIN Code
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Name of the Guardian (If nominee is minor)

Relationship with minor

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Address of Guardian

Signature of Guardian

	PIN Code
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7 YOUR CONFIRMATION

The Trustee, Prudential ICICI Mutual Fund

DD MM YYYY

I/We have read and understood the Offer Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the Prudential Mutual Fund and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions, investment objectives, investment pattern, fundamental objectives and risk factors applicable to the Plans and/or Options under the Scheme(s). I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We agree to abide by the terms, conditions, rules, regulations 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 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, Regulation, Rule, Notification, Directions 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 Prudential ICICI Asset Management Co. Ltd., Investment Manager to the Scheme, has full right to refund the excess to me/us to bring my/our investment below 25%.

SIGNATURE(S)

First Applicant

Second Applicant

Third Applicant



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

Investment Plan	Cheque/DD No.	Dated	Amount (Rs.)	Drawn on (Name of Bank & Branch)

Note: All future communications in connection with this application should be addressed to the nearest Prudential ICICI 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.