COMMON TRANSACTION SLIP (For existing Unitholders only)

BROKER CODE (ARN CODE)/

Folio No.

Scheme

SUB-BROKER ARN CODE

Employee Unique

SUB-BROKER CODE



MUTUAL FUND

#By mentioning RIA 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.

I/We hereby confirm t employee/relationship manager/sales person	hat the EUIN manager/sale:	box has s person	been int	tentionall bove dis	y left bla tributor o	ank by me or notwith	standing t	the advice	of in-approp						rTA	RAKKI	KAREIN!	_
Signature of Sole/First Holder				Signature of Second Holder					Signature of Third Holder									
FOLIO NO. (Mandatory):					TAX STATUS:					MODE OF HOLDING:				_				
1st Holder (Mandatory) 2nd Holder 3rd Holder				5)	PAN*			KY				ADHA	HAAR No.					
* PAN & KYC are mandatory for all applicants including NRIs.																		
Additional Purchase Request Scheme Name Cheque, Db. to be drawn in layour of Name of the Scheme . In case you do not mention Plan and/or Option units with be allotted under default option as per respective scheme information documents. PLAN: OPTION:																		
Crieque / DD No. Name				Orawn or					DD charges, if any									
Cheque / DD Date	D D I	M	Y	Y			ures (Rs.)					Rs. (in figu						
Bank A/c No.								Acco	unt Type	Savings Others		Current] NRO <i>(Plea</i>	☐ NF se specify)	RE	FCNR	
We hereby confirm having initiated the Transfer / RTGS for transfer of INR from our account no with									- 1									
(Bank) to your account no. with (Bank) Documents attached to avoid Third Party Payment Rejection where applicable: In case, the additional purchase amount is ₹10,000 or above and distributor has opted to																		
Bank Certificate - for DD ☐ Third Party Declaration For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.																		
Switch Req	uest (Ple	ease refer	to the SI	D of the s	cheme y	ou are swi	itching fron	n and to)		switch: Rs.					or		Unit	3
From (Scheme)							Plan:		To (Scheme							Pla	n:	
(Option)									(Option)									
Have you invested long enough? Redemption Request																		
 Longer investment time period may allow your money the Ben Compounding. 				etit of	Please Redeem	Rs.				or			Units	1				
Compounding. • We recommend you check your investment horizon against your financing goals and not to get swayed by short term market movements.					inancial	Scheme									1			
Compounding. • We recommend you check your investment horizon against your financia goals and not to get swayed by short term market movements. • Have you been invested long enough to avoid any short term capital gain to you have and out to get swayed by short term market movements.						tal gain	Plan									1		
tax and exit load charges ? Consult your financial advisor for the appropriate investment horizon! Option																		
Consult your financial advisor for the appropriate investment horizon! 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.									d									
Bank Name Bank A/c No.																		
						Conta	act de	tails of	First/S	ole app	icant							
Mobile Number								and/o	Land Lir	ie Numbei								
E-mail Address																		
As per the press releas				,	, .									3				
rovided. 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 he purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/ regulations and provision of the said data is mandatory as per applicable laws/ rules/ agulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with								es/										
pplicable laws/rules/regulations. YOUR CONFIRMATION/DECLARATION: I/We have read and understood the contents of the Scheme Information Document(s)/Key Infromation Memorandum(s) & Statement of								f										
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 hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s)									r									
including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. I/We have read, understood and agree to abide by the guidelines. 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								
n case there is a	ny change	in yo			na <u>tion</u>	plea <u>se</u>	up <u>date</u>	the <u>sam</u>			cribed	'KYC <u>Ch</u> a	inge Rec				our websi	te
www.iciciprumf.co	n under the	downlo	oads se	ection, a	and sub	mit the	same at	the Point	of Service		Registr	ation Age	ncy.					

Purchase

Redeem

Amount Rs.

Switch



FATCA-CRS Declaration & Supplementary Information

<u>Declaration Form for Individuals</u>

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

DAN			PAN Exempt KYC Ref No. (PEKRN)					
PAN		Or	PAN Exempt NYC Rei No. (PENNY)					
Place of Birth			Country of Birth					
Nationality:	Indian U	I.S. Others	Tax Residence Address [for KYC address] Residential Registered Office Business					
(Please specify) _			nesideritiai negistered Of	lice business				
			y other country outside India? ⇒	Yes No				
If 'No' proceed	for the signature of	<u>declaration</u>						
		(other than India) in which Resident in the respective	you are a Resident for tax purpose i.e. countries.	where you are a Citizen/				
Sr. Country of Tax Residency Tax Identification Numl				If TIN is not available please				
lo.		Functional Equivaler	nt (TIN or other please specify)	tick (✓) the reason A, B or C (as defined below)				
1.				⇒ Reason A B C				
2.				⇒ Reason A B C				
Reason A ⇒	The country where	the Account Holder is liable	e to pay tax does not issue Tax Identific	ation Numbers to its resdents.				
	No TIN required (Se TIN to be collected)		e authorities of the respective country o	f tax residence do not require to				
Reason B ⇒	The to be conceted,							
	Others, please state	the reason thereof:						
	Others, please state	the reason thereof:						
	Others, please state	the reason thereof:						
	Others, please state	the reason thereof:						
Reason C ⇒	Others, please state	the reason thereof:		·				
Reason C ⇒ eclaration: nereby confirm th	at the information p	rovided hereinabove is true	e, correct and complete to the best of n					
Reason C ⇒ eclaration: nereby confirm the condition of t	at the information p e and responsible fo ons below and hereb	rovided hereinabove is true or the information submitte y accept the same. I also u	e, correct and complete to the best of n d above. I also confirm that I have read ndertake to keep you informed in wiritin	and understood the FATCA & Cl g about any changes/modificati				
Reason C ⇒ eclaration: hereby confirm the hall be solely liable the solely liable the above inform	at the information p e and responsible fo ons below and hereb nation in future withi	rovided hereinabove is true or the information submitte y accept the same. I also u	e, correct and complete to the best of n d above. I also confirm that I have read ndertake to keep you informed in wiritin g effective and also undertake to provid	and understood the FATCA & CI g about any changes/modification				
Reason C eclaration: hereby confirm the labove informs and Conditions the above informs amay be required.	at the information p e and responsible fo ons below and hereb nation in future withi	rovided hereinabove is true or the information submitte y accept the same. I also u n 30 days of the same bein r by domestic or overseas	e, correct and complete to the best of n d above. I also confirm that I have read ndertake to keep you informed in wiritin g effective and also undertake to provid	and understood the FATCA & CF g about any changes/modification				
eclaration: nereby confirm the nall be solely liable rms and Condition the above informs may be required ace:	at the information p e and responsible fo ons below and hereb nation in future withi I any intermediary o	rovided hereinabove is true or the information submitte y accept the same. I also u n 30 days of the same bein r by domestic or overseas	e, correct and complete to the best of n d above. I also confirm that I have read ndertake to keep you informed in wiritin g effective and also undertake to provid	and understood the FATCA & CF g about any changes/modification				
eclaration: nereby confirm the nall be solely liable rms and Condition the above informs may be required ace:	at the information p e and responsible fo ons below and hereb nation in future withi I any intermediary o	rovided hereinabove is true or the information submitte y accept the same. I also u n 30 days of the same bein r by domestic or overseas	e, correct and complete to the best of n d above. I also confirm that I have read ndertake to keep you informed in wiritin g effective and also undertake to provid regulators/tax authorities.	and understood the FATCA & CF g about any changes/modificati le any other additional information				
Reason C ⇒ Reclaration: hereby confirm the hereby confirm the herms and Condition the above informs may be required lace:	at the information p e and responsible fo ons below and hereb nation in future withi I any intermediary o	rovided hereinabove is true or the information submitte y accept the same. I also u n 30 days of the same bein r by domestic or overseas	e, correct and complete to the best of n d above. I also confirm that I have read ndertake to keep you informed in wiritin g effective and also undertake to provid	and understood the FATCA & CF g about any changes/modification le any other additional information				

FATCA-CRS Terms & Conditions

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities I appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert Fl's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documents required for Cure of FATCA/CRS Indicia					
U.S. place of birth:	1. Self-certification that the account holder is neither a citizen of United States of America nor its resident for tax purposes;					
	2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND					
	3. Any one of the following documents:					
	Certified copy of certificate of Loss of Nationality					
	or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;					
	or Reason the customer did not obtain U.S. citizenship at birth					
Residence/mailing address in a country other than India:	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and					
	2. Documentary evidence (refer list below)					
Telephone number in a	If no Indian telephone number Is provided					
country other than India:	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and					
	2. Documentary evidence (refer list below)					
	If Indian telephone number is provided along with a foreign country telephone number					
	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR					
	2. Documentary evidence (refer list below)					

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- 1. Certificate of residence issued by an authorized government body*
- 2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

*Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

AMC contact address & call center details	Blank space for office use only
ICICI Prudential Asset Management Company Limited 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai 400 063. Call: MTNL/BSNL - 1800 222 999; Others - 1800 200 6666, Website: www.icicipruamc.com, Email: enquiry@icicipruamc.com	