

SYSTEMATIC INVESTMENT PLAN (SIP) APPLICATION FORM

(Please read the instructions before investing)

Use this Form for SIP investment. If you wish to make payment through Auto Debit ECS / Standing Instruction you also need to fill separate Instruction Form for the same.



Broker Code

Sub-broker Code

Date & Time of Receipt

Serial Number

1 FOR EXISTING UNITHOLDERS

If you have an existing folio with PAN & KYC ID No. validation, please mention the folio number in the space provided and proceed to Step 5. Please note that the applicable details and mode of holding will be as per the existing folio.

Folio No.

Application No.

2 ABOUT YOU

Name of First Applicant

Mr. Ms. M/s.

Date:

Date of Birth (Mandatory)

Name of Guardian (in case of minor) / Contact Person (In case of non-individual investors)

Mr. Ms.

Status [Please tick (✓)]

Designation of the Contact Person (In case of non-individual investors)

- Resident Individual Bank/FI
 HUF AOP/Bol
 Company Club/Society
 Trust NRI/PIO*
 Partnership FII*
 Sole Proprietorship Minor
 Others (Please specify) _____

Mailing Address (Please provide full address)

*NRIs/FIIs/PIOs applications to be submitted **ONLY** at any of the designated ICICI Bank Collection Centres or at AMC branches.

City

PIN (Mandatory)

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

Mr. Ms.

Mode of holding [Please tick (✓)]

Single Joint

Name of Third Applicant

Mr. Ms.

Anyone or Survivor

(Default option: Anyone or Survivor)

Permanent Account Number (PAN) (PAN for all holders is mandatory if amount invested is Rs.50,000 or more)

Occupation [Please tick (✓)]

MANDATORY

1st Applicant

Guardian (In case of minor)

Professional Housewife

2nd Applicant

Business Service

3rd Applicant

Retired Student

Others (Please specify) _____

MANDATORY

KYC ID Numbers (It is mandatory to fill in the KYC ID nos. for all holders, if the investment is Rs.50,000 or more). In case of minor please provide guardian's KYC ID No.

1st Applicant

Power of Attorney, if applicable (1st Applicant)

2nd Applicant

Power of Attorney, if applicable (2nd Applicant)

3rd Applicant

Power of Attorney, if applicable (3rd Applicant)

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

Account Statement Quarterly Review & Annual Report Other statutory information

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

Application No.

Received from:

Address

Signature, Stamp & Date

Application for Units of Prudential ICICI _____ Option : _____

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.

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

MANDATORY

Bank Particulars (Name of the Bank)

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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

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IFSC Code (11 digit)

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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)

<p style="text-align: center;">NAME OF THE SCHEME (1)</p> <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%;"> </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> </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><td> </td> </tr> <tr> <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> </td><td> </td> </tr> </table> <p><small>(Please leave one box blank between words)</small></p>	P	R	U	D	E	N	T	I	A	L		I	C	I	C	I																																	<p>OPTIONS & SUB-OPTIONS <small>(See the Key Features for Scheme specific options & sub-options)</small> <small>(Please tick (✓) the appropriate boxes, only if it is applicable to the scheme/plan in which you wish to invest)</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Cumulative/Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> AEP-Regular* <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> AEP-Appreciation <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly </td> </tr> </table>	<input type="checkbox"/> Cumulative/Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> AEP-Regular* <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> AEP-Appreciation <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly
P	R	U	D	E	N	T	I	A	L		I	C	I	C	I																																				
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* Cumulative – AEP Regular Option : Encashment of Units is subject to declaration of dividend in the respective Scheme(s).

SIP Payment Details (You can choose one of the 3 payment options below. Please tick (✓) the appropriate box)

OPTION - I : CHEQUE – First Installment Details (to be filled in in case of SIP through cheque)

Cheque No.

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 Cheque Date

D	D	M	M	Y	Y
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 Amount Rs.

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Drawn on Bank

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 Branch

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Subsequent Installment Details (to be filled in in case of SIP through cheque)

Single Installment Amount Rs.

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 Number of Cheques

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 Cheque Number From

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 Cheque Number To

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cheque Dated 1st 7th 10th 15th 25th Start from

M	M	Y	Y	Y	Y
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 End to

M	M	Y	Y	Y	Y
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Drawn on Bank

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 Branch

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OPTION - II : AUTO DEBIT THROUGH ECS (You only need to tick this box & fill SIP Auto Debit Instruction Form on page 19)

OPTION - III : STANDING INSTRUCTION (You only need to tick this box & fill Standing Instruction Form on page 21)

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.

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D	D	M	M	Y	Y	Y	Y
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 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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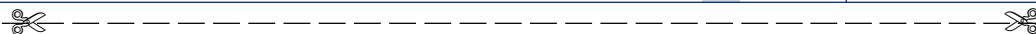
7 YOUR CONFIRMATION

The Trustee, Prudential ICICI Mutual Fund

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%.

DD	MM	YYYY
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SIGNATURE(S)	First Applicant	
	Second Applicant	
	Third Applicant	



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

First Installment Cheque No.

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 Cheque Dated

D	D	M	M	Y	Y
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 Rs.

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Drawn on Bank, Branch & City

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Subsequent Installment Cheque Nos.

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Cheque Number From		Cheque Number To	
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 Rs.

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Drawn on Bank, Branch & City

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Payment through Auto Debit ECS Bank Standing Instruction

Systematic Investment Plan (SIP) Auto Debit Instruction Form

Before filling this Instruction Form please ensure you have filled in the SIP Application Form ticking ECS Authorisation in SIP payment details (Section 6)



Making your money work as hard as you do

Broker Code

Sub-Broker Code

Date & Time of Receipts

First Investment with a Current Date Cheque

Application to be submitted at least 30 days before the commencement of SIP

- New Application
 Cancellation
 Change in Bank Account*
 [* Please provide a cancelled cheque]

I/We hereby apply to the Trustee of Prudential ICICI Mutual Fund for the Systematic Investment Plan (SIP) Enrolment under the following scheme and agree to abide by the terms and conditions of the plan.

APPLICANT AND SIP DETAILS

Sole / First Applicant's Name

Application No. Folio No.

Scheme

Plan

Option & Sub Option

Each SIP Amount (Rs.)

First SIP Transaction via Cheque No. (Note : Cheque should be drawn on bank, details provided below)

SIP Date 1st 7th 10th 15th 25th

SIP Period From MM YYYY To MM YYYY

Cheque Details		
Cheque No.	Date	Amount

We hereby, authorise Prudential ICICI Mutual Fund and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT (Mandatory)

Bank Account Holders Name

Bank Name

Branch Name

Account Number Account Type Savings Current Cash Credit

9 Digit MICR Code (Please enter the 9 digit number that appears in your cheque next to the cheque number)

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Prudential ICICI Mutual Fund, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Signatures as in Bank Records

1st Holder

2nd Holder

3rd Holder

Authorisation of the Bank Account Holder

This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in Prudential ICICI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed.

Account Number

Signatures as in Bank Records

1st Holder

2nd Holder

3rd Holder

Acknowledgement Slip (Auto Debit) - Prudential ICICI Mutual Fund

Name of the Applicant _____ Application/Folio No. _____

Each SIP Amount (Rs.) _____

Scheme _____ Plan _____ Option & Sub-option _____

D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
SIP Period - From								SIP Period - To							

Signature, Date & Stamp



Application Form - TimesofMoney Ltd.

Name of First Applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Gender: Male Female

Date of Birth: | | | | | | | | | | | | (dd/mm/yyyy)

Mailing Address of Customer (First Applicant): | | | | | | | | | | | | | | | | | | | | | |

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City: | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | |

Pin Code: | | | | | | | | | | Mobile Phone Number: | | | | | | | | | | | | | | | |

Phone Details: Please mention STD Code

(R): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (O): | | | | | | | | | | | | | | | | | | | | | |

E-mail ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PAN No: | | | | | | | | | | | | | | | |

Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE _____
residing in India at _____ (hereinafter
referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be
deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered
with the login ID _____
on the web site www.timesofmoney.com, hereinafter referred to as the Website") and enrolled for
service(s) offered by TimesofMoney Limited, a company incorporated under the Companies Act 1956
with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001
(hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context
thereof, be deemed to mean and include its successors in title and assigns) and has/have read,
understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the
Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and
severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or
agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney") for me/us, in
my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of
the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.

AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/We _____

have hereunto set my/our hand[s] at _____ this _____ day of _____ of 20____.

SIGNED, SEALED AND DELIVERED
By the within names

X _____

X _____

Date: ____/____/____ (dd/mm/yyyy)