



ICICI Prudential Consumption ETF

(An open-ended Index Exchange Traded Fund tracking Nifty India Consumption Index)

Application No.

New Fund Offer Opens on	October 18, 2021
New Fund Offer Closes on	October 25, 2021

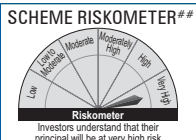
Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

This Product is suitable for investors who are seeking*:

- Long term wealth creation
- An Exchange Traded Fund that aims to provide returns that closely correspond to the returns provided by Nifty India Consumption Index, subject to tracking error.

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them

#It may be noted that scheme risk-o-meter specified above is based on the scheme characteristics. The same shall be updated in accordance with provisions of SEBI circular dated October 5, 2020 on Product labelling in mutual fund schemes on ongoing basis.



SCHEME BENCHMARK
NIFTY INDIA CONSUMPTION INDEX



BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
#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.			
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. X). – 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 APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction VIII]

- In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested.

1. EXISTING UNITHOLDERS INFORMATION – (If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to Step 4)

Mr. Ms. M/s	FIRST NAME	MIDDLE NAME	LAST NAME	Existing Folio No.
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2. APPLICANT(S) DETAILS (Please refer to Instruction No. II) (Name should be as per the PAN)

SOLE / 1 ST APPLICANT	Mr. Ms. M/s	FIRST	MIDDLE	LAST
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LEI Number (Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above. See Instruction No. XV.)

PAN/PEKRN*	KYC Id No. ¥	Enclosed (Please ✓)* <input type="radio"/> KYC Acknowledgement Letter	Date of Birth**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Mr. Ms.	FIRST	MIDDLE	LAST
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PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached (Mandatory)	Relationship with Minor applicant: <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 ND APPLICANT	Mr. Ms. M/s	FIRST	MIDDLE	LAST
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PAN/PEKRN*	KYC Id No. ¥	<input type="radio"/> KYC Proof Attached (Mandatory)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 RD APPLICANT	Mr. Ms. M/s	FIRST	MIDDLE	LAST
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PAN/PEKRN*	KYC Id No. ¥	<input type="radio"/> KYC Proof Attached (Mandatory)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If mandatory information left blank, the application is liable to be rejected. ¥ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

3. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. IV)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

MANDATORY	Account Number	<input type="text"/>	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR
	Name of Bank	<input type="text"/>		
	Branch Name	<input type="text"/>	Branch City	<input type="text"/>
	9 Digit MICR code	<input type="text"/>	11 Digit IFSC Code	<input type="text"/>
Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.				

4. PAYMENT DETAILS (ICICI Prudential Consumption ETF)

Amount Invested	Cheque/DD No.	Cheque/DD Date	Account Type (For NRI Investors)
Rs. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR

BANK DETAILS Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the bank details below]

Account Number	Account Type
<input type="text"/>	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR

BANK NAME, BRANCH & ADDRESS:

City
<input type="text"/>

The cheque/demand draft should be drawn in favour of "ICICI Prudential Consumption ETF" and crossed "Account Payee Only". The cheque/demand draft should be payable at the centre where the application is lodged. For third party investment, refer instruction no. XIII.

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

5. **MODE OF HOLDING** [Please tick (✓)] Single Joint Anyone or Survivor (Default)

6. **TAX STATUS** [Please tick (✓)]

- | | | | | | | |
|--|--|--|---|--|--|-------------------------------|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> NRI | <input type="checkbox"/> Partnership FIRM | <input type="checkbox"/> Government Body | <input type="checkbox"/> FPI Category I | <input type="checkbox"/> NPS Trust | <input type="checkbox"/> Bank |
| <input type="checkbox"/> On behalf of Minor | <input type="checkbox"/> Company | <input type="checkbox"/> AOP/BOI | <input type="checkbox"/> FPI Category II | <input type="checkbox"/> NON Profit Organization/Charities | | |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Public limited company | <input type="checkbox"/> FPI Category III | <input type="checkbox"/> Defence Establishment | |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Trust/Society/NGO | <input type="checkbox"/> Limited Partnership (LLP) | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Others (Please specify) _____ | | |

7. **DEMAT ACCOUNT DETAILS** (Mandatory - Please refer Instruction No. III)

NSDL: Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

8. **CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

Correspondence Address (Please provide full address)*

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.		HOUSE / FLAT NO.	
STREET ADDRESS		STREET ADDRESS	
CITY / TOWN	STATE	CITY / TOWN	STATE
COUNTRY	PIN CODE	COUNTRY	PIN CODE
Tel. <input type="text"/>	Office <input type="text"/>	Residence <input type="text"/>	Mobile <input type="text"/>

Email

Please tick if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.VI]

Please tick if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.VI]

Please tick any of the frequencies to receive **Account Statement through e-mail** Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected.

* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction III

** Mandatory in case the Sole/First applicant is minor.

§ For KYC requirements, please refer to the instruction No. VIII

9. **FATCA AND CRS DETAILS FOR INDIVIDUALS** (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder:

Residential Registered Office Business

Address Type of 2nd Holder:

Residential Registered Office Business

Address Type of 3rd Holder:

Residential Registered Office Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicpruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

10. **KYC DETAILS** (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Second Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
Third Applicant	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			

Gross Annual Income [Please tick (✓)]

Sole/First Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM YYYY (Not older than 1 year)

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

Others [Please tick (✓)]

For Individuals [Please tick (✓)]: I am Politically Exposed Person (PEP) ^ I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. V(i)):

(i) Foreign Exchange / Money Changer Services – YES NO; (ii) Gaming / Gambling / Lottery / Casino Services – YES NO; (iii) Money Lending / Pawning – YES NO

Second Applicant Politically Exposed Person (PEP) ^ Related to Politically Exposed Person (RPEP) Not applicable

Third Applicant Politically Exposed Person (PEP) ^ Related to Politically Exposed Person (RPEP) Not applicable

INVESTOR(S) DECLARATION & SIGNATURE(S)

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme, 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. I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme 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 confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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, Regulations 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 ICICI Prudential Asset Management Co. Ltd. (the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. 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 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).**

Information/documents given in/with this application form is true and complete in all respects and I/we agree to provide any additional information that may be required by the AMC/the Fund/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the Fund immediately upon change in any information furnished by me.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT



ICICI Prudential Consumption ETF

ACKNOWLEDGEMENT SLIP (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

Name of the Investor: _____

EXISTING FOLIO NO. /

ACKNOWLEDGEMENT

ICICI Prudential Consumption ETF

Payment Details
Amt. _____ Cheque/DD No. _____ dtd. _____
Bank & Branch _____

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US:
ICICI Prudential Asset Management Company Limited
Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India
TOLL FREE NUMBER: 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS)
EMAIL: enquiry@icicipruamc.com **WEBSITE:** www.icicipruamc.com

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