

ICICI Prudential Energy Opportunities Fund

(An open ended equity scheme following the energy theme)

Application No. _____

Application Form for Resident Indians and NRIs/PIOs. 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.

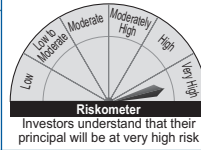
New Fund Offer Opens on	July 02, 2024
New Fund Offer Closes on	July 16, 2024

ICICI Prudential Energy Opportunities Fund (the Scheme) is suitable for investors who are seeking*:

- Long term wealth creation
- An equity scheme that predominantly invests in instruments of companies engaged in and/or expected to benefit from the growth in traditional & new energy sectors & allied business activities

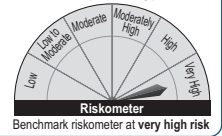
* Investors should consult their financial advisers if in doubt about whether the product is suitable for them

Scheme Riskometer



Benchmark of the Scheme as per AMFI Tier 1 benchmark (Nifty Energy TRI)

Benchmark Riskometer



#It may be noted that the scheme risk-o-meter specified above is based on the internal assessment of the scheme characteristics and may vary post NFO when the actual investments are made. The same shall be updated on ongoing basis in accordance with clause 17.4 of the Master Circular.

BROKER CODE (ARN CODE)/ RIA/PMRN CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIIN)
#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 EUIIN box is left blank) (Refer Instruction No. X). – I/We hereby confirm that the EUIIN 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	

Investor's name should be as per the PAN Card

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
Name <input type="text"/> Mr. Ms. M/s	FOLIO No. <input type="text"/>

2 APPLICANT(S) DETAILS [Please Refer to Instruction No. II (b)] (Applicant's name should be as per PAN)

SOLE / 1ST APPLICANT

Name: Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* Enclosed (Please ✓)^S KYC Acknowledgement Letter Date of Birth** D D M M Y Y Y Y

LEI Number (Legal Entity Identifier Number is for Transaction value of INR 50 crore and above. See Instruction No. XIX)

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

Name: Mr. Ms. FIRST MIDDLE LAST

PAN/PEKRN* KYC Proof Attached (Mandatory) Relationship with Minor applicant: Natural guardian Court appointed guardian Date of Birth (Mandatory) D D M M Y Y Y Y

KYC Id No.

2ND APPLICANT

Name: Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* Enclosed (Please ✓)^S KYC Acknowledgement Letter Date of Birth (Mandatory) D D M M Y Y Y Y

KYC Id No.

3RD APPLICANT

Name: Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* Enclosed (Please ✓)^S KYC Acknowledgement Letter Date of Birth (Mandatory) D D M M Y Y Y Y

KYC Id No.

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. V)

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. Core Banking account (CBS) is mandatory

MANDATORY

Account Number Account Type Savings Current NRO NRE FCNR

Name of Bank

Branch Name Branch City

9 Digit MICR code 11 Digit IFSC Code Enclosed (Please ✓): Bank Account Details Proof Provided.

4 YOUR INVESTMENT DETAILS OF ICICI PRUDENTIAL ENERGY OPPORTUNITIES FUND

PLAN ICICI Prudential Energy Opportunities Fund **OPTIONS** Growth option

[Please tick (✓)]: ICICI Prudential Energy Opportunities Fund - DIRECT [Please tick (✓)]: IDCW Payout IDCW Reinvestment

Target Scheme for IDCW Transfer: Any of the open ended schemes of ICICI Prudential Mutual Fund in which the IDCW declared to be transferred from the source scheme.

Target Scheme Name & Plan: ICICI Prudential _____

Option & Sub-option: _____

5 PAYMENT DETAILS

Amount Invested Rs. <input style="width:100%;" type="text"/>	Cheque No. <input style="width:100%;" type="text"/>	Cheque Date D D M M Y <input style="width:100%;" type="text"/>	Account Type (For NRI Investors) <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
BANK DETAILS <input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the bank details below]			
Account Number <input style="width:100%;" type="text"/>		Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	
BANK NAME, BRANCH & ADDRESS: <input style="width:100%;" type="text"/>			
City <input style="width:100%;" type="text"/>			

The cheque should be drawn in favour of "ICICI Prudential Energy Opportunities Fund" and crossed "Account Payee Only". The cheque should be payable at the centre where the application is lodged. For third party investment, refer instruction no. XIII (a).

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.

6 MODE OF HOLDING

Single
 Joint
 Anyone or Survivor (Default)

7 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"/> FPI category III | <input type="checkbox"/> Mutual Funds |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Public limited company | <input type="checkbox"/> Mutual Funds FOF Schemes | <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) _____ | | |

8 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. III)

NSDL: Depository Participant (DP) ID (NSDL only) <input style="width:100%;" type="text"/>	Beneficiary Account Number (NSDL only) <input style="width:100%;" type="text"/>	CDSL: Depository Participant (DP) ID (CDSL only) <input style="width:100%;" type="text"/>
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9 CORRESPONDENCE DETAILS

OF SOLE/FIRST APPLICANT: Correspondence Address (Please provide full address)*	Overseas Address (Mandatory for NRI / FII Applicants) (Please refer to the instruction No. II (b) 2)
HOUSE / FLAT NO. <input style="width:100%;" type="text"/>	HOUSE / FLAT NO. <input style="width:100%;" type="text"/>
STREET ADDRESS <input style="width:100%;" type="text"/>	STREET ADDRESS <input style="width:100%;" type="text"/>
CITY / TOWN <input style="width:50%;" type="text"/> STATE <input style="width:50%;" type="text"/>	CITY / TOWN <input style="width:50%;" type="text"/> STATE <input style="width:50%;" type="text"/>
COUNTRY <input style="width:50%;" type="text"/> PIN CODE <input style="width:50%;" type="text"/>	COUNTRY <input style="width:50%;" type="text"/> PIN CODE <input style="width:50%;" type="text"/>
Tel. <input style="width:100%;" type="text"/> Office <input style="width:100%;" type="text"/> Residence <input style="width:100%;" type="text"/>	

First Unitholder:

Mobile <input style="width:100%;" type="text"/> Mobile No.* provided pertains to: [Please tick (✓)] <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	Email ^f <input style="width:100%;" type="text"/> Email ID* provided pertains to: [Please tick (✓)] <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA
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*if above any option is not ticked (✓) or selected then [Self] option is considered as a default.

2nd Unitholder: Mobile <input style="width:100%;" type="text"/> Email ^f <input style="width:100%;" type="text"/>	3rd Unitholder: Mobile <input style="width:100%;" type="text"/> Email ^f <input style="width:100%;" type="text"/>
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Please if you wish to receive Annual Report or Abridged Summary via Post - (Applicable only if email is not available) [Refer Instruction No.VI(a)]
 Please if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.VI(b)]
 Please any of the frequencies to receive **Account Statement through e-mail^f**: Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected.
^g For KYC requirements, please refer to the instruction Nos. II b(5) & VII
 * 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 II-b(3)
^f Please refer to instruction no. VI

10 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 style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<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	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	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: **Address Type of 2nd Holder:** **Address Type of 3rd Holder:**
 Residential Registered Office Business
 Residential Registered Office Business
 Residential Registered Office Business

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

11 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) _____			

11 KYC DETAILS (Mandatory, Contd.)

Occupation [Please tick (✓)]

Third Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer 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
 Net worth (Mandatory for Non-Individuals) ₹ _____ as on

D	D	M	M	Y	Y	Y	Y
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 (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 (✓)]

Sole/First Applicant **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. XVII):
 (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

12 NOMINATION DETAILS (Refer instruction IV)

NOMINEE (OPT-IN) Details or **OPT-OUT Declaration** is **Mandatory** to process the application. Please tick (✓) from below **Option A** or **Option B** as appropriate. (Refer instruction VII).

A) FOR NOMINATION OPT-IN: I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth [Mandatory]*	Name and address of Guardian (Mandatory if nominee is minor)	Signature of Nominee / Guardian*	Guardian's Relationship with Nominee [Mandatory]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%)
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			dd/mm/yyyy			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	

* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

B) FOR NOMINATION OPT-OUT: (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of First Unit holder
Signature of 2nd Unit holder
Signature of 3rd Unit holder

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. **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). I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. 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 Energy Opportunities Fund 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. _____

EXISTING FOLIO NO. _____ / _____

Name of the Investor: _____

ACKNOWLEDGEMENT	<input type="checkbox"/> ICICI Prudential Energy Opportunities Fund <input type="checkbox"/> ICICI Prudential Energy Opportunities Fund - DIRECT	OPTION [Please tick (✓)]:	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Transfer* (*Please fill in the Target Scheme details below)
	Target Scheme (Any of the open ended schemes of ICICI Prudential Mutual Fund in which the IDCW declared to be transferred): Scheme Name & Plan: ICICI Prudential _____ Option & Sub-Option: _____		

Amt. Rs. _____ Cheque/DD No. _____ dttd: _____ 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

For office use only
Time stamp, date and receiver's signature

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ICICI Prudential Energy Opportunities Fund
PAN BASED MANDATE CUM SIP REGISTRATION FORM (For investment through NACH)

NFO Period: July 02, 2024 to July 16, 2024



PAN BASED MANDATE

UMRN [grid], Sponsor Bank Code [grid], Utility Code [grid], Date [grid], I/We hereby authorize ICICI PRUDENTIAL ASSET MANAGEMENT COMPANY LIMITED to debit... Tick (✓) CREATE, MODIFY, CANCEL, Bank a/c number [grid], with Bank [grid], an amount of Rupees [grid], FREQUENCY: Mthly, Qtly, H-Yrly, Yrly, As & when presented, DEBIT TYPE: Fixed Amount, Maximum Amount, PAN No., Reference, I agree for the debit of mandate processing charges... PERIOD From [grid] To [grid]

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participants in NACH/SI/any other mode as may be preferred by the AMC from time to time.



ICICI Prudential Energy Opportunities Fund
SIP Registration-cum-Mandate Form for SIP

Application No.

New Fund Offer Opens on: July 02, 2024 | New Fund Offer Closes on: July 16, 2024

Investor must read Key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK/BLUE INK and BLOCK LETTERS. BROKER CODE (ARN CODE)/RIA CODE#, SUB-BROKER ARN CODE, SUB-BROKER CODE (As allotted by ARN holder), Employee Unique Identification No. (EUIIN), #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. Declaration for "execution-only" transaction... SIGNATURE OF SOLE / FIRST APPLICANT, SIGNATURE OF SECOND APPLICANT, SIGNATURE OF THIRD APPLICANT

The Trustee, ICICI Prudential Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment. FOLIO NO. Sole/1st Applicant: [grid]

Registration via Existing OTM (Please mention UMRN if multiple OTMs exist in folio) [Tick to avail (✓)]

Scheme Name: ICICI Prudential Energy Opportunities Fund | Plan: OPTION: SUB-OPTION:

Please refer instructions and Key Information Memorandum(s)/SIDs available on ICICI Prudential Mutual Fund website for options, sub-options and other facilities available under each scheme of the Fund.

Each SIP Amount: Rs. [grid] In words: [grid] SIP Frequency: Daily (Only business days), Weekly***, Fortnightly**, Monthly, Quarterly* (Default is Monthly) SIP Date: [grid], SIP Start Month/Year [grid], SIP End Month/Year [grid], SIP Installments^ [grid]

*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. **Fortnightly is available on 1st and 16th of each month, as applicable.***Investors can choose anyday of the week from Monday to Friday to register under weekly frequency #In case the choosen date is a non-business day, the transaction would be processed on the next business day. ^Number of installments have to be mentioned only in case of Daily/Weekly/Fortnightly frequencies. [Refer T&C no.12(f)]

EXISTING OTM / FIRST INSTALLMENT BANK DETAILS: Cheque No. [grid] Cheque Amount Rs. [grid] A/c No. [grid] Bank Name: [grid]

(Please see overleaf)



ACKNOWLEDGEMENT SLIP (To be filled in by the investor)
ICICI Prudential Energy Opportunities Fund

Folio No./ Application No.

Name of the Investor: [grid] Scheme Name: [grid] Plan & Option: [grid] SIP Amount Rs. [grid] SIP Frequency: [grid] SIP Tenure: [grid]

Acknowledgement Stamp

Mandatory fields in OTM form as per NPCI: • Mandate Date is Mandatory • Transaction type to be selected • Only one Account type to be selected • Bank account number and Bank name • Please mention IFSC Code (11 Alpha numeric Characters) / MICR Code (9 Numeric) • Maximum amount to be mentioned (should be same in figures and words) • valid PAN • OTM start date & end date • Name & Signature(s) as per bank records • Mandate Date and the Validity of the mandate should be mentioned in DD/MM/YYYY format • Mandate start (From) date should be after Mandate (Application) date. • Maximum duration of this mandate is 40 Years.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold ICICI Prudential Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of ICICI Prudential Mutual Fund (Mutual Fund) to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/ verification of the transaction due to any reason, I/we shall not hold AMC, Mutual Fund, its sponsors, representatives, service providers, participant banks responsible in this regard. 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. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. 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).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

INSTRUCTIONS FOR EXISTING OTM AND PAN BASED MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the PAN in the respective folio(s).
- 2) If more than one bank accounts are registered for OTM facility, investor is requested to mention the bank account number and bank name from where amount is to be debited. If the same is not mentioned or no OTM mandate is registered for the given bank details, AMC reserves the right to initiate the debit through any of the valid OTM's registered or reject the request.
- 3) The units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 4) Registration request or any other subsequent transaction may be liable for rejection, if the frequency for the registered OTM is other than "As and when presented" and/ or if the transaction 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.
- 6) PAN based mandate will be mapped to all the folios wherever investor is the Sole/First holder subject to completion of mandate registration with the banker.
- 7) PAN based mandate will not be applicable, if bank details provided is for Minor's Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- 9) Mandate start (From) date should be after Mandate (Application) date.

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 19)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

YOUR CONFIRMATION/DECLARATION: 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 as described in the Instruction No.IV(d) of the common application form. 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. 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.

Signature(s) as per ICICI Prudential Mutual Fund Records (Mandatory)

Sole/First Holder	2nd Holder	3rd Holder