

Know Your Client (KYC) Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

Application Type* ☐ New
☐ Update

KYC Number*

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

South Gujarat ARN: 54854

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country <input type="text"/>	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized		

Photo



Signature/
Thumb Impression

2. Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

 Country of Birth*

 Country Code

 as per ISO 3166

Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988
State/UT*

 Country*

 Country Code

 as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Name* Prefix

 First Name

 Middle Name

 Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number

 Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

 Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

 Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Supplementary CKYC Form

Know Your Client (KYC) Application Form

For Individuals Only

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

(To be additionally filled by customers using old KYC form)

KYC Type: ☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors



South Gujarat ARN: 54854

1. Identity Details (Please refer instruction A at the end)

PAN	<input type="text"/>	Please enclose a duly attested copy of your PAN Card			
Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name	
Maiden Name (If any*)					
Mother Name*					
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian			
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	

2. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address

Line 1*

Line 2

Line 3

City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name*

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

4. Remarks (If any)

<input type="text"/>
<input type="text"/>

5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant



KYC Details Change form (For Individuals Only)



Place for
Intermediary Logo

Application No. :
South Gujarat ARN: 54854

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

A Name of Applicant (Mandatory as per original KYC records)

Title ☐ Mr. ☐ Ms. ☐ Other (Please specify) _____ Aadhaar Number, if any: _____ PAN _____

Name _____

Date of Birth | d | d | / | m | m | / | y | y | y | y |

Please Provide the new KYC details which should be updated in your KYC records.

B. Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name _____

2. Current Marital status ☐ Single ☐ Married

3. Current Nationality ☐ Indian ☐ Other (Please specify) _____

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).
Name _____

2. New Status Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN _____ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)
☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others _____ (Please see guideline 'D' overleaf)

D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village _____ State _____ Country _____ Pin Code _____

2. Contact Details

Tel. (Off.) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____

Mobile (ISD) (STD) _____ Fax (ISD) (STD) _____

E-Mail Id. _____

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify) _____
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village _____ State _____ Country _____ Pin Code _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify) _____
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

6. Any other information: _____

SIGNATURE OF APPLICANT

Old signature as per original KYC
Wherever Applicable

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: _____

Date: | d | d | m | m | y | y | y | y |

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code _____

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received
Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name
Designation
Name of the Organization
Signature
Date

Seal/Stamp of the intermediary should contain

Staff Name
Designation
Name of the Organization
Signature
Date



FATCA-CRS Declaration & Supplementary Information

Declaration Form for Individuals

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

NAME: _____

PAN

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or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth _____	Country of Birth _____	
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address [for KYC address] <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ⇒ Yes ☐ No ☐

If 'No' proceed for the signature of declaration

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.

Sr. No.	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)
1.				⇒ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				⇒ 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: _____

Declaration:

I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/tax authorities.

Place: _____

Date: _____

Signature: _____

FORM FOR UPDATION OF AADHAAR (INDIVIDUAL)

(Please fill in all column in BLOCK CAPITAL LETTERS.)

South Gujarat ARN: 54854



To

ICICI Prudential Mutual Fund

Name:

AADHAAR No.

 KYC Id No. (KIN)

(Refer Instruction No. 5)

Enclosed: ☐ Self attested copy of Aadhaar Card (Refer Instruction No. 4) OR ☐ Letter issued by UIDAI containing proof of 'Applied for Aadhaar enrolment'

PAN/PEKRN

Consent & Signature

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and Prevention of Money Laundering Act (PMLA).

I hereby provide my consent for sharing/disclosing of my Aadhaar number(s) 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 folios.

I have read, understood and agree to abide by the guidelines.

SIGNATURE

Place:

Date:

D	D	M	M	Y	Y	Y	Y
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Instructions & Guidelines

1. This form should be submitted separately for each PAN/PEKRN.
2. Not applicable for NRIs, Non-Individuals, HUFs.
3. The 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/regulations. 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 applicable laws/rules/regulations.
4. While providing Aadhaar card copy, please indicate the purpose as "Provided for linking in MF folios" sign on the copy with date.
5. Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).
6. Updation will be done at a folio level and credentials like Name updated in the Folio will be authenticated for aadhaar seeding. In case of mismatch, request is liable to be rejected.
7. If the Power of Attorney (POA) holder is an Institution, then the details including Aadhaar is to be filled of the individuals forming part of the Authorized Signatory List of the POA Holder (Annexure 1) provided that the POA holder has discretionary authority to sign / submit transactions on behalf of the client.
8. Please ensure that the requisite details and documents have been provided. All forms should be submitted only at the designated Investor Service Center of ICICI Prudential Mutual Fund.
9. Investors are advised to retain the acknowledgement slip signed/stamped by the collection Centre where they submit the form.
10. Submission of this form does not warranty linking of Aadhaar Number in your Folios. It is subject to authentication with UIDAI database & other required validations. Please ensure your mobile number is updated in your Aadhaar database.

Acknowledgement of Form for Updation of AADHAAR and e-KYC (To be filled in by the investor)

Received, subject to verification Form for Updation of AADHAAR and e-KYC

from Mr/ Mrs/ Ms : _____

PAN No : _____



Received ICICI Prudential MF Branch/
Registrar's Stamp with Date & Signature

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@icicpruamc.com **WEBSITE** www.icicpruamc.com

Annexure 1

If POA Holder is an Institution, details of all Individuals forming part of Authorized Signatory List (ASL) of the POA Holder (Refer Instruction No.7)

Sr. No.	Name	PAN	Aadhaar No. (Refer Instruction No. 4)	Signature ***

I 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 Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.
I hereby provide my consent for sharing/disclosing of my Aadhaar number(s) 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 folios.
I have read, understood and agree to abide by the guidelines as on the reverse of this form.