KYC IN PERSON VERIFICATION (IPV) FORM

SOLE/FIRST APPLICANT/ GUARDIAN

Mr. Ms. M/s | FIRST | MIDDLE | LAST

PAN/PEKRN

KYC Id No.*

Date of Birth D D M M Y Y Y Y

* Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

APPLICANT'S 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 authorise ICICI Prudential Asset Management Company Limited/ICICI Prudential Mutual Fund/its Authorised Registrar and Transfer Agent to download/obtain my data from the database maintained by the authorised KYC registration entities, which are authorised to maintain such database by the Ministry of Finance and/or SEBI under relevant laws/regulations/notifications and to complete the KYC requirements under any other law/regulations on my behalf.

Date: D D M M Y Y Y Y **Place:**

Signature / Thump Impression of Applicant

SECTION FOR IN PERSON VERIFICATION

In Person Verification (IPV) Carried Out by AMC/Distributor

Date: D D M M Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Employee Signature

Institution Details

Name

Code

Employee Branch

Institution Stamp