



KYC IN PERSON VERIFICATION (IPV) FORM

PLEASE AFFIX YOUR PHOTOGRAPH HERE

SOLE/FIRST APPLICANT/ GUARDIAN

Mr. Ms. M/s	FIRST	MIDDLE	LAST
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PAN/PEKRN

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KYC Id No.*

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Date of Birth

D	D	M	M	Y	Y	Y	Y
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* 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.

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Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature / Thump Impression of Applicant

SECTION FOR IN PERSON VERIFICATION

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

Institution Details

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

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Emp. Name:

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Code:

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Emp. Code:

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Employee Branch:

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Emp. Designation:

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Employee Signature

Institution Stamp