ICICI PRUDENTIAL MUTUAL FUND
TARAKKI KAREIN!

Nomination Form for Distributor
(For Individuals / Sole Proprietors Only)

Distributor Details

Name:	
ARN Code:	

To

ICICI Prudential Asset Management Company Limited,
2nd Floor, B-2, Nilrlon Knowledge Park,
Western Express Highway,
Goregaon East, Mumbai 400 063.

Dear Sir / Madam,

I _____ do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death.

1. Nominee's Name

2. Relationship with Nominee

3. Nominee's Date of Birth D D M M Y Y Y Y

4. Guardian's Name (If nominee is minor)

5. Nominee's/Guardian's (if nominee is minor) Address & Contact Details

City | PIN | State

Email ID | Mobile*

Signature of Nominee/Guardian	

I/We agree and accept that: (a) All payments and settlements made to nominee(s) and signature of nominee(s) acknowledging will constitute a full & valid discharge of the liability of the AMC/Mutual Fund/Trustees. (b) This nomination will stand cancelled in the event of the nominee(s) pre-deceasing me/us. (c) I/We have read the AMC's instructions on nomination as regulated by regulatory and I/we hereby confirm to adhere to such rules or amendments there to as may be made from time to time. (d) The nomination will be registered only when it is complete in all respects to the satisfaction of the AMC. (e) The AMC will not entertain any claim other than that of a registered nominee(s),unless so directed by any competent court. (f) This instruction supercedes all previous nominations made by me/us in respect of the broker code indicated above.

Place: _____

Date: _____

Signature of Distributor	

ACKNOWLEDGEMENT

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Received from Mr/Ms/M/s : _____

Registration of Nominee in ARN: _____.

Time Stamp and
Signature of Receiving Officer