## **Contact Details Updation Form**



• Website: www.icicipruamc.com • Email: enquiry@icicipruamc.com

| Toll free numbers: | 1800 222 999 (BSNL/N | MTNL). 1800 200 6666 | (Other Service Providers) |  |
|--------------------|----------------------|----------------------|---------------------------|--|

| Folio Level Updation   | PAN Level Updation   |                       |   |  |  |
|--|--|-----------------------|---|--|--|
| Folio No   |  |                       |   |  |  |
| FIRST HOLDER DETA  | ILS  |                       |   |  |  |
| First Holder PAN   | <del></del>  | CKYC No.              | (KIN)   |  |  |
| First Holder Name:   |  |                       |   |  |  |
| Mobile No.:  | Specified  | Mobile Number belon့  | gs to: [Please tick (✔)* one]                     |  |  |
| Self Spouse  | Guardian (for Minor investment)  | pendent Children      | Dependent Parents                                 |  |  |
| Dependent Siblings   | PMS Custodian POA  |                       |   |  |  |
| E-mail Address:  | Specified  | E-mail Address belor  | ngs to: [Please tick (✔)* one]                    |  |  |
| Self Spouse  |  | pendent Children      | Dependent Parents                                 |  |  |
| Dependent Siblings   | PMS Custodian POA  |                       |   |  |  |
| FIRST JOINT HOLDER   | R DETAILS  |                       |   |  |  |
| Joint Holder 1 PAN   |  | CKYC No.              | (KIN)   |  |  |
| Joint Holder 1 Name:   |  |                       |   |  |  |
| Mobile No.:  | Specified  | Mobile Number belong  | gs to: [Please tick (✔)* one]                     |  |  |
| Self Spouse  |  | pendent Children      | Dependent Parents                                 |  |  |
| Dependent Siblings   | PMS Custodian POA  |                       |   |  |  |
|  |  |                       | ngs to: [Please tick (✔)* one]                    |  |  |
| Self Spouse  |  | pendent Children      | Dependent Parents                                 |  |  |
| Dependent Siblings   | PMS Custodian POA  |                       |   |  |  |
| SECOND JOINT HOLI  | DER DETAILS  |                       |   |  |  |
| Joint Holder 2 PAN   |  | CKYC No.              | (KIN)   |  |  |
| Joint Holder 2 Name:   |  |                       |   |  |  |
|  |  |                       | gs to: [Please tick (✔)* one]                     |  |  |
| Self Spouse  Dependent Siblings  | Guardian (for Minor investment)  PMS  Custodian  POA                         | pendent Children      | Dependent Parents                                 |  |  |
|  |  |                       | and to [Diames tink / //* and]                    |  |  |
| E-mail Address:Self Spouse   |  | pendent Children      | ngs to: [Please tick (🗸)* one]  Dependent Parents |  |  |
| Dependent Siblings   | PMS Custodian POA  | Jendent Children      | Dependent Farents                                 |  |  |
|  |  |                       |   |  |  |
|  | xed (✓) or selected then [Self] option is considered a                       | s a default.          |   |  |  |
|  | ATURE(S) & DECLARATION  Iddress and Mobile number provided in the form below | ongs to me/us or to s | pouse, dependent children, Dependent Siblings,    |  |  |
| dependent parents, Dependent Children, Guardian, Custodian, POA (applicable to individual investors only).   |  |                       |   |  |  |
|  | Names & Signo  | tures                 |   |  |  |
|  |  |                       |   |  |  |
| 400 1 11 1   |  |                       | Constitution                                      |  |  |
| 1st/Sole Hold  |  |                       | Second Joint Holder                               |  |  |
| Note: The AMC reserves the right to accept the request, subject to additional verifications such as production of additional documents and In Person Verification. |  |                       |   |  |  |
| ACKNOWLEDGEMENT  | Contact Datails Undation Form  |                       |   |  |  |
| ACKNOWLEDGEMENT  | - Contact Details Updation Form  |                       |   |  |  |
| Folio No   | /  |                       |   |  |  |
| Name of 1st Unitholder   |  |                       | SIGN & STAMP                                      |  |  |
|  |  |                       |   |  |  |