ICICI Prudential Contra Fund

(An open ended equity scheme following contrarian investment strategy)

Application Form for Resident Indians and NRIs/PIOs. Investor must read Key Information Memorandum and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

Application No.

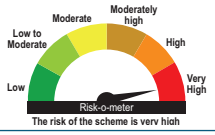
NFO Opens on	September 28, 2026
NFO Closes on	October 12, 2026

ICICI Prudential Contra Fund (the Scheme) is suitable for investors who are seeking*:

- Long term wealth creation
- An open ended equity scheme following contrarian investment strategy

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

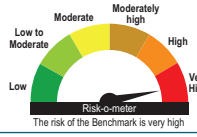
Scheme Riskometer



The risk of the scheme is very high

Benchmark :
– As per AMFI Tier I Benchmark –
(Nifty 500 TRI)

Benchmark Riskometer



The risk of the Benchmark is very high

It may be noted that the scheme risk-o-meter specified above is based on the internal assessment of the scheme characteristics and may vary post NFO when the actual investments are made. The same shall be updated on ongoing basis in accordance with paragraph 6.16 of the SEBI Master Circular on Mutual Funds dated March 20, 2026 (the Master Circular).

ARN-345364	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	E-657680

#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of ICICI Prudential Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. X). – I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

Investor's name should be as per the PAN Card

1 EXISTING UNITHOLDERS INFORMATION

If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to Step 4

Name Mr. Ms. M/s FIRST MIDDLE LAST **FOLIO No.** /

2 APPLICANT(S) DETAILS [Please Refer to Instruction No. II (b)] (Applicant's name should be as per PAN)

SOLE / 1ST APPLICANT Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* Enclosed (Please ✓)§* ◯ KYC Acknowledgement Letter KYC Id No.¥ Date of Birth** D D M M Y Y Y Y

LEI Number **(Legal Entity Identifier Number is for Transaction value of INR 50 crore and above.** See Instruction No. **XVIII)**

NAME OF GUARDIAN (in case First/Sole applicant is minor)/CONTACT PERSON-DESIGNATION/PoA HOLDER (in case of Non-Individual Investors)

Mr. Ms. FIRST MIDDLE LAST

PAN/PEKRN* ☐ KYC Proof Attached (Mandatory) | Relationship with Minor applicant: ◯ Natural guardian ◯ Court appointed guardian KYC Id No.¥ Date of Birth (Mandatory) D D M M Y Y Y Y

2ND APPLICANT

Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* Enclosed (Please ✓)§* ◯ KYC Acknowledgement Letter KYC Id No.¥ Date of Birth (Mandatory) D D M M Y Y Y Y

3RD APPLICANT

Mr. Ms. M/s FIRST MIDDLE LAST

PAN/PEKRN* Enclosed (Please ✓)§* ◯ KYC Acknowledgement Letter KYC Id No.¥ Date of Birth (Mandatory) D D M M Y Y Y Y

If mandatory information left blank, the application is liable to be rejected. ¥Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

3 BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. V)

Mandatory information – If left blank the application is liable to be rejected. **(Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)**
For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. Core Banking account (CBS) is mandatory

MANDATORY

Account Number **Account Type** ◯ Savings ◯ Current ◯ NRO ◯ NRE ◯ FCNR

Name of Bank

Branch Name **Branch City**

9 Digit MICR code **11 Digit IFSC Code** Enclosed *(Please ✓)*: ☐ **Bank Account Details Proof Provided.**

4 YOUR INVESTMENT DETAILS OF ICICI PRUDENTIAL CONTRA FUND

PLAN *[Please tick (✓)]:*

☐ **ICICI Prudential Contra Fund - Regular Plan**
☐ **ICICI Prudential Contra Fund - Direct Plan**

OPTIONS *[Please tick (✓)]:*

☐ **Growth option**
☐ **IDCW Payout** ☐ **IDCW Reinvestment**

Target Scheme for IDCW Transfer: Any of the open ended schemes of ICICI Prudential Mutual Fund in which the IDCW declared to be transferred from the source scheme.

Target Scheme Name & Plan: ICICI Prudential _____

Option & Sub-option: _____

5 PAYMENT DETAILS (ICICI Prudential Contra Fund)

The cheque should be drawn in favour of **"ICICI Prudential Contra Fund"** and crossed **"Account Payee Only"**. The cheque should be payable at the centre where the application is lodged. For third party investment, refer instruction no. XIV.

Mode of Payment ◯ Cheque ◯ Funds Transfer ◯ NEFT ◯ RTGS

Investment Amount ₹ | **Cheque Number** | Date D D M M Y Y Y Y

BANK DETAILS : ☐ Same as above *[Please tick (✓) if yes]* ☐ Different from above *[Please tick (✓) if it is different from above and fill in the details below]*

A/c Number | **Account Type** ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR

Name & Branch of Bank | **Branch City**

Mandatory Enclosures *(Please tick (✓) if the first instalment is not through cheque)* ◯ Cheque Copy ◯ Bank Statement ◯ Banker's Attestation _____

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

6 MODE OF HOLDING

◯ Single ◯ Joint ◯ Anyone or Survivor *(Default)*

7 TAX STATUS [Please tick (✓)]

☐ Resident Individual	☐ NRI	☐ Partnership FIRM	☐ Government Body	☐ FPI category I	☐ NPS Trust	☐ Bank
☐ On behalf of Minor	☐ Company	☐ AOP/BOI	☐ FPI category II	☐ NON Profit Organization/Charities	☐ FPI category III	☐ Mutual Funds
☐ HUF	☐ Body Corporate	☐ Private Limited Company	☐ Public limited company	☐ Mutual Funds FOF Schemes	☐ Defence Establishment	
☐ Financial Institution	☐ Trust/Society/NGO	☐ Limited Partnership (LLP)	☐ Sole Proprietorship	☐ Others (Please specify) _____		

8 DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. III)

NSDL: Depository Participant (DP) ID (NSDL only) | **Beneficiary Account Number** (NSDL only)

CDSL: Depository Participant (DP) ID (CDSL only)

9 CORRESPONDENCE DETAILS

Sole/First Applicant:
Correspondence Address (Please provide full address)*

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN | STATE
COUNTRY | PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)
(Please refer to the instruction No. II (b) 3)

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN | STATE
COUNTRY | PIN CODE

Tel. Office | Residence

First Unitholder: Mobile | Email£

Mobile No.* provided pertains to: *[Please tick (✓)]* : ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA
Email ID* provided pertains to: *[Please tick (✓)]* : ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA
(* if any of above option is not *ticked (✓)* then **[Self]** option is considered as a default.)

Second Unitholder: Mobile | Email£

Mobile No. provided pertains to: *[Please tick (✓)]* : ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA
Email ID provided pertains to: *[Please tick (✓)]* : ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Third Unitholder: Mobile | Email£

Mobile No. provided pertains to: *[Please tick (✓)]* : ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA
Email ID provided pertains to: *[Please tick (✓)]* : ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

☐ Please tick (✓) if you wish to receive Account statement / any other applicable statutory information via Post instead of Email

Please (✓) any of the frequencies to receive **Account Statement through e-mail**£ : ◯ Daily ◯ Weekly ◯ Monthly ◯ Quarterly ◯ Half Yearly ◯ Annually

* Mandatory information – If left blank the application is liable to be rejected.
** Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement Fund. § For KYC requirements, please refer to the instruction Nos. II b & VIII

Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(4)
£ Please refer to instruction no. VII

10 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)
The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			◯ Indian ◯ U.S. ◯ Others *(Please specify)* _____
Second Applicant			◯ Indian ◯ U.S. ◯ Others *(Please specify)* _____
Third Applicant			◯ Indian ◯ U.S. ◯ Others *(Please specify)* _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ◯ Yes ◯ No [Please tick (✓)]
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.

	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)
First Applicant / Guardian				Reason : A ☐ B ☐ C ☐
Second Applicant				Reason : A ☐ B ☐ C ☐
Third Applicant				Reason : A ☐ B ☐ C ☐

❑ 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: _____

Address Type of Sole/1st Holder: ◯ Residential ◯ Registered Office ◯ Business

Address Type of 2nd Holder: ◯ Residential ◯ Registered Office ◯ Business

Address Type of 3rd Holder: ◯ Residential ◯ Registered Office ◯ Business

Annexure I and **Annexure II** are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

11 KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	◯ Private Sector Service ◯ Housewife	◯ Public Sector Service ◯ Student	◯ Government Service ◯ Forex Dealer	◯ Business ◯ Others (Please specify)_____	◯ Professional	◯ Agriculturist	◯ Retired
Second Applicant	◯ Private Sector Service ◯ Housewife	◯ Public Sector Service ◯ Student	◯ Government Service ◯ Forex Dealer	◯ Business ◯ Others (Please specify)_____	◯ Professional	◯ Agriculturist	◯ Retired

11 KYC DETAILS (Mandatory, *Contd.*)

Occupation [Please tick (✓)]

Third Applicant	○ Private Sector Service	○ Public Sector Service	○ Government Service	○ Business	○ Professional	○ Agriculturist	○ Retired
	○ Housewife	○ Student	○ Forex Dealer	○ Others (Please specify)_____			

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore Net worth (Mandatory for Non-Individuals) ₹ _____ as on D D M M Y Y Y Y (Not older than 1 year)
Second Applicant	○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore **OR** Net worth ₹ _____
Third Applicant	○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore **OR** Net worth ₹ _____

PEP status [Please tick (✓)]

Sole/First Applicant	**For Individuals** [Please tick (✓)]: ○ I am Politically Exposed Person (PEP)^ ○ I am Related to Politically Exposed Person (RPEP) ○ Not applicable **For Non-Individuals** [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVIII): (i) Foreign Exchange / Money Changer Services – ○ YES ○ NO; (ii) Gaming /Gambling /Lottery/Casino Services – ○ YES ○ NO; (iii) Money Lending / Pawning – ○ YES ○ NO
Second Applicant	○ Politically Exposed Person (PEP)^ ○ Related to Politically Exposed Person (RPEP) ○ Not applicable
Third Applicant	○ Politically Exposed Person (PEP)^ ○ Related to Politically Exposed Person (RPEP) ○ Not applicable

* (Also applicable for the authorised signatories/ Promoters /Karta /Trustee /Whole time Directors)

PEP are defined as individuals who have been entrusted with prominent public functions by a foreign country, including the Heads of States or Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations and important political party official are considered as PEP. Family members or close relatives of such individuals are considered as RPEP.

As per the prevailing regulatory requirements, it is necessary to obtain approval of senior management of the AMC for establishing business relationship with PEPs and their close relatives/ accounts of family members. In case the applicant or its UBO is a PEP or RPEP, the application shall be processed subject to approval of the senior management of the AMC, which may take upto 2 business days.

12. NOMINATION

NOMINEE (OPT-IN) Details or **OPT-OUT Declaration** is **Mandatory** for all single folios. Please choose from below **Option A** or **Option B** as appropriate. **(Refer instruction IV).**

OPTION - A) FOR NOMINATION OPT-IN: **I/WE HEREBY NOMINATE THE UNDERMENTIONED NOMINEE(S) TO RECEIVE THE AMOUNT TO MY/OUR CREDIT IN EVENT OF MY/OUR DEATH AS FOLLOWS:**

	Nomination Details			
	Nomination can be made upto three nominees in the account.	**Details of 1st Nominee**	**Details of 2nd Nominee**	**Details of 3rd Nominee**
	Mandatory information			
1	**Name of the nominee(s)**	Mr./Ms.	Mr./Ms.	Mr./Ms.
2	**Relationship with the Applicant (select one)**	O **Spouse** O **Father** O **Mother** O **Daughter** O **Son** O **Others (please specify)** _____	O **Spouse** O **Father** O **Mother** O **Daughter** O **Son** O **Others (please specify)** _____	O **Spouse** O **Father** O **Mother** O **Daughter** O **Son** O **Others (please specify)** _____
3	**Date of Birth** (Mandatory in case Nominee is Minor)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
	Optional details			
4	**Share of each Nominee#** (equal share if % is not specified)	%	%	%
5	**Mobile of nominee(s)/ Guardian in case of Minor**** (Please note that the MF RTA will be able to reach out to your nominee if you provide the contact details)			
6	**Email ID of nominee(s)/ Guardian in case of Minor**** (Please note that the MF RTA will be able to reach out to your nominee if you provide the contact details)			
7	**Specify Personal Identifier Document (Nominee/ Guardian** (in case of Minor)) Identification details** [Please tick any one of the following and provide ID Number and no copies required].	☐ **PAN** _____ ☐ **Aadhaar**(last 4 digits) xxxx xxxx _____ ☐ **Passport**(for NRIs/OCIs/PIOs) _____ ☐ **Driving License** _____	☐ **PAN** _____ ☐ **Aadhaar**(last 4 digits) xxxx xxxx _____ ☐ **Passport** (for NRIs/OCIs/PIOs) _____ ☐ **Driving License** _____	☐ **PAN** _____ ☐ **Aadhaar**(last 4 digits) xxxx xxxx _____ ☐ **Passport**(for NRIs/OCIs/PIOs) _____ ☐ **Driving License** _____

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

◯ **Name of nominee(s)** ◯ **Nomination: Yes / No** (Default)

OPTION - B) FOR NOMINATION OPT-OUT: ☐ **(Please tick (✓) if the unit holder does not wish to nominate anyone)**

I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time.

I understand that ; ————

(i) the nomination helps to quickly identify the person of transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the account/folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and Protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

Signature of First Unit holder
Signature of 2nd Unit holder
Signature of 3rd Unit holder

13. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XIX).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ Yes ☐ No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

INVESTOR(S) DECLARATION & SIGNATURE(S)

^The Trustee, **ICICI Prudential Mutual Fund,** I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules,1962. I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd.(the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **I/we declare that the email address provided in the form belongs to me/us or to spouse, dependent children or dependent parents (applicable to individual investors only). I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same.** *If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).* Information/documents given in/with this application form is true and complete in all respects and I/we agree to provide any additional information that may be required by the AMC/the Fund/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the Fund immediately upon change in any information furnished by me.

SIGNATURE(S)			
	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

^Witness details are required, for the account holder affixes thumb impression, instead of signature

Witnesses for the Sole / First Holder (Mr./Ms.):

Witness 1 Name & Address:	Witness 1 Signature:
Witness 2 Name & Address:	Witness 2 Signature:

Witness for the Second Holder (Mr./Ms.):

Witness 1 Name & Address:	Witness 1 Signature:
Witness 2 Name & Address:	Witness 2 Signature:

Witness for the Third Holder (Mr./Ms.):

Witness 1 Name & Address:	Witness 1 Signature:
Witness 2 Name & Address:	Witness 2 Signature: