Website: www.icicipruamc.com
Email: enquiry@icicipruamc.com
Toll free numbers: 1800 222 999 (BSNL/MTNL)
1800 200 6666 (Other Service Providers)

Unclaimed Request Form

Sole/First Unitholder	
Second Unitholder	
Third Unitholder	

I/We, the undersigned, hereby submit the requests to re-issue the dividend/redemption payment(s) for the below given details.

☐ Redemption   ☐ Dividend

Folio No.	Scheme Name	Transaction Date (DD/MM/YYYY)	Transaction Amount (₹)

Contact no._____ Email id: _____

The payment(s) to be re-issued with: ☐ Existing Bank details   ☐ New Bank details
(Please fill below table)

Bank account details		Any one of the Document submitted *(Please tick)*
Bank Name		☐ Cancelled original cheque
Bank Account No.		☐ Self-attested copy of bank account statement
Bank Branch		☐ Bank passbook with current entries not older than 3 months
IFSC code		☐ Bank letter, on the letterhead of the bank duly signed by branch manager/ authorized personnel stating the complete bank account details
MICR Code		

Communication Address:

For KYC Complied Folios/Investors, address change needs to be completed with KYC Registration Agency (KRA)

☐ No change in existing address   ☐ Updation of new address (Please fill below table)

New Address			Document to be submitted
Address*(Line 1)*			(i) Proof of new address.
Address*(Line 2)*			(ii) Proof of Identity: Only PAN card copy, if PAN is updated in the folio.
City		Pincode:	*In case where PAN is not updated, copy of PAN card or the other POI as may be prescribed.*
State			

I/We hereby declare and confirm that the information provided in this form is true and correct. I/We further agree and confirm that in the event there is any discrepancy between the information provided in this form and the supporting documents, the AMC/ Mutual Fund shall be entitled to reject the form. The AMC/ Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected. I/We confirm that we have not enchased/claimed the aforesaid payments earlier, I/we agree to indemnify and repay ICICI Prudential Mutual Fund, the AMC and Registrar in case of any duplicate payment.

I/We would request you to process the payments at the earliest.

Thanking you

Yours Sincerely

_____   _____   _____
Signature of 1st/Sole Unitholder   Signature of 2nd Unitholder   Signature of 3rd Unitholder