SYSTEMATIC TRANSFER PLAN (STP) FORM (Please read the instructions on the overleaf before filling up the form)

ICICI PRUDENTIAL MUTUAL FUND

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIN)	SUB-BROKER CODE (As allotted by ARN holder)
132061		**E352389**	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

_____ _____ _____
Signature of Sole/First Holder   Signature of Second Holder   Signature of Third Holder

I/We hereby apply to the Trustee of ICICI Prudential Mutual Fund for the Systematic Transfer Plan (STP) Enrolment under the following scheme(s) and agree to abide by the terms and conditions of the Scheme(s)/Plan(s).

☐ Registration	☐ Cancellation	Application No.	Folio No.

Scheme, Plan (Regular or Direct), Option & Sub-Option (From which you wish to transfer amount):		Scheme, Plan (Regular or Direct), Option & Sub-Option (To which you wish to transfer amount)	

Instalment Amount Rs (Minimum of Rs.1,000)		Frequency	☐ Daily	☐ Weekly (every monday)	☐ Monthly	☐ Quarterly

No. of Instalments (Minimum of 6 Instalments)		STP Dates (Select only in case of Monthly frequency)	☐ 7th	☐ 10th	☐ 15th	☐ 25th
			☐ Last day of the month			

Note: In case of Daily STP the minimum instalment amount is Rs.250 and in mutiples of Rs.50 thereof.

YOUR CONFIRMATION/DECLARATION

I/We have read and understood the contents of the Scheme Information Document(s)/Key Infromation Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We hereby declare that I am/we are not US Person(s). 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.

SIGNATURE(S)	Sole/First Applicant	
	Second Applicant	
	Third Applicant	

Folio No. .... Application No. .... Name of the applicant: ....

Scheme, Plan & Option (From).. Amount Rs. .... or Units ....

Scheme Plan & Option (To)... Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly Instalment Rs. _____ No. of Instalments _____