

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



ARN-3092 Broker Code	Sub-Broker Code	E075439 Unique Identification No. (EUIIN)
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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.

I/We hereby confirm that where the EUIIN space has been left blank by me/us, the transaction is an "execution-only" transaction.

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).

Application No.	Folio No.
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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)
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Installment Amount Rs (Minimum of Rs.1,000)	Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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No. of installments (Minimum of 6 installments)	STP Dates (Select only in case of Monthly or Quarterly frequency) <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
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Note: In case of Daily STP the minimum installment amount is Rs.250 and in multiples of Rs.50 thereof and minimum installment criteria shall not be applicable.

YOUR CONFIRMATION/DECLARATION I/We have read and understood the contents of the Scheme Information Document(s)/Key Information 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 <input checked="" type="checkbox"/>
		Second Applicant <input type="checkbox"/>
		Third Applicant <input type="checkbox"/>

Folio No. Application No. Name of the applicant:

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

Scheme & Option (To)..... Frequency: Daily Weekly Monthly Quarterly Installment Rs. No. of installments