BOOSTER Systematic Transfer Plan (STP) FORM

(Please read the instructions on the overleaf before filling up the form)

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIN)	SUB-BROKER CODE (As allotted by ARN holder)
ARN-169080		E334451	

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.

#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)

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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 Booster Systematic Transfer Plan 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 Name, Plan, Option & Sub-Option (From which you wish to transfer amount):		**Scheme Name, Plan, Option & Sub-Option** (To which you wish to transfer amount)	

Base Instalment Amount Rs (Minimum of Rs.1,000)		**Frequency**	☐ Weekly ☐ Monthly ☐ Quarterly

From Date	D	D	M	M	Y	Y	Y	Y

STP Date* (only in case of Monthly and Quarterly frequencies) D D

*In case the day/date chosen for STP falls on a Non-Business Day or on a date which is not available in a particular month, the STP will be processed on the immediate next Business Day.

 # STP Start Day (in case of weekly frequency) _____

No. of Instalments	For Quarterly - Minimum 4 Instalments For Monthly - Minimum 6 Instalments		OR	**To Date**	D	D	M	M	Y	Y	Y	Y

Under booster STP Default option will get registered till Dec 2099

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	
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 _____