

SYSTEMATIC TRANSFER PLAN (STP) FORM

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



BROKER CODE (ARN CODE) RIA/PMRN CODE#	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIN)	SUB-BROKER CODE (As allotted by ARN holder)
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#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 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).

<input type="checkbox"/> Registration <input type="checkbox"/> Cancellation	Application No.	Folio No.
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Name of the Unit Holder:

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)
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Instalment Amount Rs	Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly# <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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No. of Instalments	STP Date* (only in case of Monthly and Quarterly frequencies)	<input type="text" value="D"/> <input type="text" value="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.
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# STP Day (in case of weekly frequency)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
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From Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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To Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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Note: In case of Daily STP the minimum instalment amount is Rs.250 and in multiples of Re.1 thereof.

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	

Acknowledgement Systematic Transfer Plan (STP) FORM



Folio No. Application No. Name of the Applicant

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

Scheme (s) Plan & Option (To) : Frequency: Daily Weekly Fortnightly Monthly Quarterly

No. of Instalments