

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



ARN-34347 <small>BROKER CODE (ARN CODE)</small>	 <small>SUB-BROKER ARN CODE</small>	E097255 <small>Employee Unique Identification No. (EUIIN)</small>	 <small>SUB-BROKER CODE (As allotted by ARN holder)</small>
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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.

Declaration for "execution-only" transaction (only where EUIIN box is left blank)

I/We hereby confirm that the EUIIN 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
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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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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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Instalment Amount Rs (Minimum of Rs.1,000)	Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly (every monday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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No. of Instalments (Minimum of 6 Instalments)	STP Dates (Select only in case of Monthly frequency) <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> Last day of the month
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From Date	To Date
D D M M Y Y Y Y	D D M M Y Y Y Y

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

SYSTEMATIC TRANSFER PLAN (STP) FORM - Instructions

- The minimum amount that can be transferred from source scheme to target scheme is Rs.1,000 and in multiples of Re.1/- under Weekly, Monthly and Quarterly frequencies and a minimum amount that can be transferred is Rs.250 and in multiples of Rs.50/- under Daily frequency.
- Daily, Weekly, Monthly and Quarterly Frequencies will be available under STP facility for all the plans/options/sub-options of the designated source and target schemes of ICICI Prudential Mutual Fund as mentioned below.
- For load structure under the scheme(s), please refer to the respective Scheme Information Document (SID)/Key Information Memorandum (KIM) or "Key Scheme Features" mentioned in the Common Application Form and Addenda of the Scheme(s).
- The request for STP should be received on or before the last business day of the week preceding the week in which the effective transaction date falls.
- All requests for registering or discontinuing Systematic Transfer Plans shall be subject to an advance notice of 7 (seven) working days.

Source Schemes (Eligible Schemes from which you can Transfer):
All the open-ended schemes of ICICI Prudential Mutual Fund except ICICI Prudential Long Tem Equity Fund (Tax Saving)

Target Schemes (Eligible Schemes into which you can Transfer):
All the open-ended schemes of ICICI Prudential Mutual Fund where subscription is allowed.

<p>YOUR CONFIRMATION/DECLARATION</p> <p>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.</p>	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, Plan & Option (From)..... Amount Rs. or Units

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