

MULTIPLE SYSTEMATIC TRANSFER PLAN (STP) FORM

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



BROKER CODE (ARN CODE)/RIA CODE#	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	EMPLOYEE UNIQUE IDENTIFICATION NO. (EUIN)
#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 transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

_____ 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, Option & Sub-Option
 (From which you wish to transfer amount): _____

Scheme Name, Plan, Option & Sub-Option (To which you wish to transfer amount):	1) ICICI Prudential _____ Amount _____
	2) ICICI Prudential _____ Amount _____
	3) ICICI Prudential _____ Amount _____

No. of Instalments _____	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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STP Date* (only in case of Monthly and Quarterly frequencies) *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 Day (in case of weekly frequency) Monday Tuesday Wednesday Thursday Friday

From Date

To Date

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 Multiple Systematic Transfer Plan (STP) FORM



Folio No. Application No. Frequency: Daily Weekly Fortnightly Monthly Quarterly

Scheme, Plan & Option (From)..... Amount Rs. No. of Instalments

Scheme (s) Plan & Option (To) : 1 2 3