



Application Form

(Please read terms & conditions / instructions overleaf before filling up this form)



Form No. _____

KEY PARTNER / AGENT INFORMATION		FOR OFFICE USE ONLY
BROKER CODE ARN-97821	SUB-BROKER CODE	
Upfront commission shall be paid directly by the Investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.		
		Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I / We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) and the Statement of Additional Information and the terms & conditions overleaf. I / We hereby apply to the Trustee of ICICI Prudential Mutual Fund for enrolment under the Flex STP of the following Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective Scheme(s) / Plan(s) / Option(s). The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Please (✓) any one

☐ NEW REGISTRATION

☐ CANCELLATION

NAME OF THE APPLICANT			
First / Sole Applicant	Mr. Ms. M/s	FIRST	MIDDLE
PAN			
Guardian (in case the First / Sole Applicant is a minor)	Mr. Ms. M/s	FIRST	MIDDLE
PAN			
Second Applicant	Mr. Ms. M/s	FIRST	MIDDLE
PAN			
Third Applicant	Mr. Ms. M/s	FIRST	MIDDLE
PAN			

PARTICULARS	
1. Folio No. (for existing Unit holder) / Application No. (for new investor)	<input type="text"/>
2. From Scheme / Plan / Option	
3. To Scheme / Plan / Option	(ONLY GROWTH OPTION)
4. Amount and Frequency of Flex STP (Please ✓ any one)	<p>Minimum amount of Transfer per Installment: Rs. _____</p> <p><input type="radio"/> Weekly⁸ (Every Monday) <input type="radio"/> Monthly+ <input type="radio"/> Quarterly</p> <p>[Date of Transfer (Please ✓ any one)]</p> <p><input type="radio"/> 7th <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> Last business day of the month</p> <p>Enrolment Period*: From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

⁸Refer Instruction No. 8(a) * Refer Instruction No. 9 + Default Frequency / Date [Refer Instruction 9(f)]

SIGNATURE(S)	First/Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

Please note: Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date :	ICICI PRUDENTIAL MUTUAL FUND	ARN - 49710
	Regd. Office: 3rd Floor, Hallmark Business Plaza, St. Dyaneshwar Marg, Opp. Guru Nanak Hospital, Near Chetna Collage, Bandra East, Mumbai 400 050	Form No.
Folio No. (for existing Unit holder) / Application No. (for new investor)	<input type="text"/>	ISC Stamp & Signature
Received from Mr./Ms./M/s.	'Flex STP' application(s) for transfer of Units.	
From Scheme / Plan / Option		
To Scheme / Plan / Option		