



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- 108058	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 PAN	Mr. Ms. M/s	FIRST	MIDDLE LAST
			KYC is Mandatory Please (✓) <input type="radio"/> Proof Attached
Guardian (in case the First / Sole Applicant is a minor) PAN	Mr. Ms. M/s	FIRST	MIDDLE LAST
			KYC is Mandatory Please (✓) <input type="radio"/> Proof Attached
Second Applicant PAN	Mr. Ms. M/s	FIRST	MIDDLE LAST
			KYC is Mandatory Please (✓) <input type="radio"/> Proof Attached
Third Applicant PAN	Mr. Ms. M/s	FIRST	MIDDLE LAST
			KYC is Mandatory Please (✓) <input type="radio"/> Proof Attached

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)	Minimum amount of Transfer per Installment: Rs. _____ <input type="radio"/> Weekly ^s (Every Monday) <input type="radio"/> Monthly+ <input type="radio"/> Quarterly [Date of Transfer (Please ✓ any one)] <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 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"/>

^sRefer 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 - 108058
	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"/>
Received from Mr./Ms./M/s.	'Flex STP' application(s) for transfer of Units.
From Scheme / Plan / Option	
To Scheme / Plan / Option	

ISC Stamp & Signature