



SMART FEATURES FORM

STP / SWP / DTP / TRIGGER / LIQUITY

Application No.

Please read INSTRUCTIONS carefully. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE) ARN-53321	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique (As allotted by the FIIN) E054731	FOR OFFICIAL USE ONLY SERIAL NUMBER, DATE & TIME OF RECEIPT
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. X) 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 APPLICANT		SIGNATURE OF SECOND APPLICANT		SIGNATURE OF THIRD APPLICANT

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.

1 EXISTING UNITHOLDERS INFORMATION

If you have an existing folio no. with PAN & KYC validation please mention your name & folio No.

Name Mr. Ms. M/s FIRST MIDDLE LAST Folio No.

2 APPLICANT(S) DETAILS

(Please Refer to Instruction No. II (b))

Mandatory information - If left blank the application is liable to be rejected.

Sole/First Applicant	Mr. Ms. M/s	FIRST	MIDDLE	LAST	Date of Birth**	D	D	M	M	Y	Y	Y	Y
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter												
Name of **	Mr. Ms.	GUARDIAN IN CASE FIRST APPLICANT IS A MINOR OR CONTACT PERSON IN CASE OF NON-INDIVIDUAL APPLICANTS											
PAN*	Relationship with Minor applicant <input type="radio"/> Natural guardian <input type="radio"/> Court appointed guardian Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter												
2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST									
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter												
3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST									
PAN*	Enclosed (Please ✓) [§] <input type="radio"/> KYC Acknowledgement Letter												

3 SYSTEMATIC TRANSFER PLAN (STP) (Please refer to instruction No. XV)

Name of scheme: **ICICI PRUDENTIAL** (SCHEME FROM WHICH YOU WISH TO TRANSFER AMOUNT)

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, in which you plan to invest)

PLAN:	OPTION:	SUB-OPTION:
<input type="radio"/> Regular <input type="radio"/> Direct	Dividend Frequencies:	AEP Frequencies:

Name of scheme: **ICICI PRUDENTIAL** (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT)

Option & Sub option (Please ✓ the appropriate boxes or fill in the respective options/sub-options/facilities, in which you plan to invest)

PLAN:	OPTION:	SUB-OPTION:
<input type="radio"/> Regular <input type="radio"/> Direct	Dividend Frequencies:	AEP Frequencies:

Transfer Frequencies ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly STP Date (Monthly frequency only) ☐ 7th ☐ 10th ☐ 15th ☐ 25th ☐ Last day of Month

Installment Amount ₹ No. of Installments Note: In case of Daily STP the minimum installment amount is ₹ 250 & in multiples of ₹ 50 thereof and minimum installment criteria shall not be applicable. (Daily STP is available for specific source & target schemes, please refer to instruction XV)

4 SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please refer to instruction No. XVI)

Name of scheme: **ICICI PRUDENTIAL** (SCHEME FROM WHICH YOU WISH TO WITHDRAWAL AMOUNT)

PLAN:	OPTION:	SUB-OPTION:
<input type="radio"/> Regular <input type="radio"/> Direct	Dividend Frequencies:	

Withdrawal Amount ₹ Frequency ☐ Monthly ☐ Quarterly Start Date: M M / Y Y Y Y End Date: M M / Y Y Y Y

5 DIVIDEND TRANSFER (DTP) (Please refer to instruction No. XVII)

Name of Source scheme: **ICICI PRUDENTIAL** (SCHEME NAME & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT FOR DTP)

Name of Target scheme: **ICICI PRUDENTIAL** (SCHEME INTO WHICH YOU WISH TO TRANSFER DIVIDEND)

Option & Sub option (Please ✓ the appropriate boxes or fill in the options/sub-options, only if applicable to the scheme into which you wish to transfer dividend)

PLAN:	OPTION:	SUB-OPTION:
<input type="radio"/> Regular <input type="radio"/> Direct	Dividend Frequencies:	AEP Frequencies:

* Mandatory information - If left blank the application is liable to be rejected.

** Mandatory in case the Sole/First applicant is minor.

§ For KYC requirements, please refer to the instruction Nos. II b(5) & VII

Cumulative - AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to Instruction no. VII(g)

* Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor. For documents to be submitted on behalf of minor folio refer instruction II-b(2)

FOR ANY ASSISTANCE OR FURTHER INFORMATION PLEASE CONTACT US

ICICI Prudential Asset Management Company Limited

Central Service Office, 2nd Floor, Block B-2, Nirlon Knowledge Park, Western Express Highway, Goregaon (East), Mumbai - 400 063. India

SIGNATURE, STAMP & DATE

TOLL FREE NUMBER 1800 222 999 (MTNL/BSNL) 1800 200 6666 (OTHERS) EMAIL enquiry@icicipruamc.com WEBSITE www.icicipruamc.com

Note: All future communications in connection with this application should be addressed to the nearest ICICI Prudential Mutual Fund Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where application was lodged.

