



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-3852 | 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 | FRST | MIDDLE LAST |
| PAN | | | KYC is Mandatory Please (✓) <input type="radio"/> Proof Attached |
| Guardian (in case the First / Sole Applicant is a minor) | Mr. Ms. M/s | FRST | MIDDLE LAST |
| PAN | | | KYC is Mandatory Please (✓) <input type="radio"/> Proof Attached |
| Second Applicant | Mr. Ms. M/s | FRST | MIDDLE LAST |
| PAN | | | KYC is Mandatory Please (✓) <input type="radio"/> Proof Attached |
| Third Applicant | Mr. Ms. M/s | FRST | MIDDLE LAST |
| PAN | | | 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* (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"/> |

*Refer 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-3852 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