COMMON TRANSACTION SLIP (For existing Unitholders only)

BROKER CODE (ARN CODE)/ ARN: 64917#	SUB-BROKER ARN CODE	Euin or Unique Identification No. (EUIN) E-029678	SUB-BROKER CODE (As allotted by ARN holder)

#By mentioning RIA 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.

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.

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 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.

ICICI PRUDENTIAL MUTUAL FUND
TARAKKI KAREIN!

Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder

FOLIO NO. *(Mandatory)*: TAX STATUS: MODE OF HOLDING:

1st Holder *(Mandatory)*	Name of Unitholder(s)	PAN*	KYC Status*	AADHAAR No.
2nd Holder				
3rd Holder				

* PAN & KYC are mandatory for all applicants including NRIs.

☐ Additional Purchase Request

*(Cheque/DD to be drawn in favour of **"Name of the Scheme"**). In case you do not mention Plan and/or Option units will be allotted under default option as per respective scheme information documents.*

Scheme Name		PLAN:	OPTION:
Cheque / DD No.		Drawn on Bank Name & Branch	
Cheque / DD Date	D D M M Y Y Y Y	Amount of cheque/ DD in figures (Rs.)	DD charges, if any Rs. (in figures)
Bank A/c No.		Account Type	☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others *(Please specify)*

We hereby confirm having initiated the Transfer / RTGS for transfer of INR _____ from our account no. _____ with _____ (Bank) to your account no._____ with _____ (Bank).

Documents attached to avoid Third Party Payment Rejection where applicable:
☐ **Bank Certificate - for DD** ☐ **Third Party Declaration**
For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.

In case, the additional purchase amount is ₹10,000 or above and distributor has opted to receive transaction charges, ₹100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

☐ Switch Request

(Please refer to the SID of the scheme you are switching from and to)

I wish to switch: Rs. or Units

From (Scheme)		Plan:	To (Scheme)		Plan:
(Option)			(Option)		

BEFORE YOU REDEEM

Have you invested long enough ?
- Longer investment time period may allow your money the **Benefit of Compounding**.
- We recommend you check your investment horizon against your financial goals and not to get swayed by short term market movements.
- Have you been invested long enough to avoid any short term capital gain tax and exit load charges ?

Consult your financial advisor for the appropriate investment horizon!

☐ Redemption Request

Please Redeem	Rs. or Units
Scheme	
Plan	
Option	

If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the redemption proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered for the folio.

Bank Name		Bank A/c No.	

Contact details of First/Sole applicant

Mobile Number		**and/or Land Line Number**	
E-mail Address			

As per the press release dated April 11, 2017 issued by Ministry of Finance, the AMC has blocked/freezed the folios opened between 1st July 2014 to 31st August 2015 where FATCA self certification is not provided. The AMC shall not process any transaction which is initiated by the Investor in such folio(s) unless FATCA self-certification is provided by the Investor and due diligence is completed by the AMC.

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/ regulations and provision of the said data is mandatory as per applicable laws/ rules/ regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

YOUR CONFIRMATION/DECLARATION: I/We have read and understood the contents of the Scheme Information Document(s)/Key Infromation 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. 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. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.
I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. I/We have read, understood and agree to abide by the guidelines.

Signature(s)

First Holder	Second Holder	Third Holder

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form', available on our website www.iciciprumf.com under the downloads section, and submit the same at the Point of Service of any KYC Registration Agency.

Folio No. ..... ☐ Purchase ☐ Redeem ☐ Switch Date: .....

Scheme ..... Amount Rs. ..... or Units .....

From Scheme (in case of switch) ..... To Scheme .....