

# 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)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)
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Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – 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
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**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY** [Refer Instruction XII]

In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested. 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.	/
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**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 ✓) <sup>5</sup> <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 Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter												
													<input type="radio"/> Court appointed guardian

2nd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST								
PAN*	Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter											

3rd Applicant	Mr. Ms.	FIRST	MIDDLE	LAST								
PAN*	Enclosed (Please ✓) <sup>5</sup> <input type="radio"/> KYC Acknowledgement Letter											

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

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

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

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Scheme: ICICI PRUDENTIAL (SCHEME INTO WHICH YOU WISH TO TRANSFER AMOUNT) **PLAN:**

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

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

Transfer Frequencies  Daily  Weekly  Monthly  Quarterly **STP Date (Monthly frequency only)**  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup>  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. (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)

Scheme **ICICI PRUDENTIAL** (SCHEME & PLAN FROM WHICH YOU WISH TO WITHDRAW AMOUNT)

OPTION:	SUB-OPTION:
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)

**Source scheme** **ICICI PRUDENTIAL** (SCHEME, PLAN & DIVIDEND FREQUENCY FROM WHICH YOU WISH TO OPT **PLAN:**P)

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

**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)

OPTION:	SUB-OPTION:
Dividend Frequencies:	AEP Frequencies:

\* Mandatory information – If left blank the application is liable to be rejected. # 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)

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

<sup>5</sup> 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)

**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

**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.

Application No. \_\_\_\_\_

SIGNATURE, STAMP & DATE

**6 ENTRY TRIGGER REGISTRATION / CANCELLATION (Please refer to instruction No. XVIII)**

Please  New Registration  Update existing registration  Cancellation (Of any trigger set-up registered earlier)

**Amount / Units to be triggered From** (Please  Source Scheme)

- ICICI Prudential Savings Fund  ICICI Prudential Flexible Income Plan  ICICI Prudential Income Plan  ICICI Prudential Short Term Plan  
 ICICI Prudential Liquid Plan  ICICI Prudential Long Term Plan  ICICI Prudential Ultra Short Term Plan

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

**Amount / Units to be triggered To** (Please  Target Scheme)

- ICICI Prudential Dynamic Plan  ICICI Prudential Focused Bluechip Equity Fund  ICICI Prudential Index Fund  
 ICICI Prudential Balanced Fund  ICICI Prudential Top 100 Fund  ICICI Prudential Multicap Fund  
 ICICI Prudential Select Large Cap Fund  ICICI Prudential Value Discovery Fund  ICICI Prudential Balanced Advantage Fund

Plan	OPTION: <input type="checkbox"/> Growth/Cumulative <input type="checkbox"/> Dividend	SUB-OPTION: <input type="checkbox"/> Dividend Reinvestment OR <input type="checkbox"/> Dividend Payout
	Dividend Frequencies: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Dividend Others	

TOTAL AMOUNT TO BE REGISTERED	TRIGGER LEVEL	TRIGGER AMOUNT
AMOUNT IN FIGURES	% drop in NAV (Please <input checked="" type="checkbox"/> ) or BSE Sensex Value	% of Total Registered Amount to be Transferred
Rupees	<input type="checkbox"/> 5% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
AMOUNT IN WORDS	<input type="checkbox"/> 10% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 15% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	<input type="checkbox"/> 20% or IN MULTIPLES OF 100 POINTS	MINIMUM 10% AND IN MULTIPLE OF 5%
	(Please refer instruction XVIII(1))	100 % of Total Registered Amount

**7 LIQUITY FACILITY (Please refer to instruction No. XIX)**

**SOURCE SCHEMES & OPTIONS** (Appreciation / Dividend amount to be transferred from - Please  any one of the Scheme / Options)

**ICICI PRUDENTIAL FLEXIBLE INCOME PLAN** PLAN: \_\_\_\_\_  
 Growth OR Dividend Option -  Payout  Reinvestment  Daily  Weekly  Fortnightly  Monthly  Quarterly  Dividend Others

**ICICI PRUDENTIAL LIQUID PLAN** PLAN: \_\_\_\_\_  
 Growth OR Dividend Option -  Payout  Reinvestment  Daily  Weekly  Monthly  Quarterly  Half Yearly  Yearly  Dividend Others

**ICICI PRUDENTIAL SAVINGS PLAN** PLAN: \_\_\_\_\_  
 Growth OR Dividend Option -  Payout  Reinvestment  Daily  Weekly  Fortnightly  Monthly  Quarterly  Dividend Others

**TARGET SCHEMES & OPTIONS** PLAN: \_\_\_\_\_  
 (Appreciation / Dividend amount to be transferred from - Please  any one of the Schemes - **only Growth Option available**)  
 ICICI Prudential Focused Bluechip Equity Fund  ICICI Prudential Dynamic Plan  ICICI Prudential Infrastructure Fund  
 ICICI Prudential Multicap Fund  ICICI Prudential Value Discovery Fund  ICICI Prudential Midcap Fund  
 ICICI Prudential Top 100 Fund  ICICI Prudential Export and Other Services Fund

**8 INVESTOR(S) DECLARATION & SIGNATURE(S)**

The Trustee, **ICICI Prudential Mutual Fund**, I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme(s). I/We apply for the units of the Fund and agree to abide by the terms, conditions, rules and regulations of the scheme and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Scheme(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the plan, then ICICI Prudential Asset Management Co. Ltd.(the 'AMC'), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. 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 interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. **If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).**

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

**ACKNOWLEDGEMENT SLIP** (Please Retain this Slip)  
 To be filled by investor. Subject to realization of cheque & furnishing of mandatory information / documents.



Name of the Investor: \_\_\_\_\_

Scheme	ICICI PRUDENTIAL	Scheme and Option	Rs.	UNITS
<input type="checkbox"/> Entry Trigger <input type="checkbox"/> STP <input type="checkbox"/> SWP <input type="checkbox"/> DTP <input type="checkbox"/> Liquity		EXISTING FOLIO NO. /		
SOURCE / FROM SCHEME	TARGET / TO SCHEME	FREQUENCY & NO. OF INSTALLMENTS		