

COMMON TRANSACTION SLIP (For existing Unitholders only)

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIIN)	SUB-BROKER CODE (As allotted by ARN holder)
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 EUIIN box is left blank) I/We hereby confirm that the EUIIN 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 inappropriateness, 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 Holder		Signature of Second Holder	
Signature of Third Holder			

FOLIO NO. (Mandatory):

TAX STATUS:

MODE OF HOLDING:

1st Holder (Mandatory)	Name of the Unitholder(s)		PAN*	KYC Status*
2nd Holder				
3rd Holder				

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

<input type="checkbox"/> 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	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR

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.

<input type="checkbox"/> 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 ?	<input type="checkbox"/> Redemption Request
	• Longer investment time period may allow your money the Benefit of Compounding .	Please Redeem _____
	• We recommend you check your investment horizon against your financial goals and not to get swayed by short term market movements.	Rs. _____ or _____ Units
	• Have you been invested long enough to avoid any short term capital gain tax and exit load charges ?	Scheme _____
	Consult your financial advisor for the appropriate investment horizon!	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.											
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Contact details of First/Sole applicant

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

YOUR CONFIRMATION/DECLARATION: I/We have read and understood the contents of the Scheme Information Document(s)/Key Information 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.

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.iciciprumpf.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

