

# COMMON TRANSACTION SLIP (For existing Unitholders only)

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	Employee Unique Identification No. (EUIN)	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 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.			
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"/> <b>Additional Purchase Request</b>		(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				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 <input type="checkbox"/> 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: <input type="checkbox"/> Bank Certificate - for DD <input type="checkbox"/> Third Party Declaration For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.											
<input type="checkbox"/> <b>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.</b>											

<input type="checkbox"/> <b>Switch Request</b>		(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)		

<b>BEFORE YOU REDEEM</b>	Have you invested long enough ?	
	<ul style="list-style-type: none"> <li>Longer investment time period may allow your money the <b>Benefit of Compounding</b>.</li> <li>We recommend you check your investment horizon against your financial goals and not to get swayed by short term market movements.</li> <li>Have you been invested long enough to avoid any short term capital gain tax and exit load charges ?</li> </ul>	
	<b>Consult your financial advisor for the appropriate investment horizon!</b>	
	<input type="checkbox"/> <b>Redemption Request</b>	
	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.
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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
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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](http://www.iciciprumpf.com) under the downloads section, and submit the same at the Point of Service of any KYC Registration Agency.

Folio No. ....	<input type="checkbox"/> Purchase	<input type="checkbox"/> Redeem	<input type="checkbox"/> Switch	Date: .....
Scheme .....	Amount Rs. ....		or Units .....	
From Scheme (in case of switch) .....	To Scheme .....			