



# GROUP SYSTEMATIC INVESTMENT PLAN (GSIP) APPLICATION FORM

**Use this Form for GSIP investment. You also need to fill the Authorization Letter**  
Investor must read Key Scheme Features and Instructions before completing this form.  
All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

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

BROKER CODE (ARN CODE)/ <b>ARN 4464</b>	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique ID No. (EUIN) <b>E032737</b>
<b>#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.</b>			
<b>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.</b>			
SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT	

**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.

Existing Folio No. \_\_\_\_\_

**1. CORPORATE NAME** (Name of the Company through which investor is using GSIP facility)

Mr.	Ms.	M/s	FIRST	MIDDLE	LAST	
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**2. APPLICANT(S) DETAILS** (Please refer to the instruction) (Mandatory)

<b>Sole/First Applicant</b>	Mr. Ms. M/s	FIRST	MIDDLE	LAST		Date of Birth**	D	D	M	M	Y	Y	Y	Y
PAN/PEKRN*	KYC Id No.¥				Enclosed (Please ✓)* <input type="radio"/> KYC Acknowledgement Letter	AADHAAR No. [Refer Instruction No.II(b)(6)]								
<b>2<sup>ND</sup> APPLICANT</b> (Name should match with PAN Card)														
Mr. Ms. M/s	FIRST	MIDDLE	LAST		Date of Birth	D	D	M	M	Y	Y	Y	Y	
PAN/PEKRN*	KYC Id No.¥				<input type="radio"/> KYC Proof Attached (Mandatory)	AADHAAR No. [Refer Instruction No.II(b)(6)]								
<b>3<sup>RD</sup> APPLICANT</b> (Name should match with PAN Card)														
Mr. Ms. M/s	FIRST	MIDDLE	LAST		Date of Birth	D	D	M	M	Y	Y	Y	Y	
PAN/PEKRN*	KYC Id No.¥				<input type="radio"/> KYC Proof Attached (Mandatory)	AADHAAR No. [Refer Instruction No.II(b)(6)]								

If mandatory information left blank, the application is liable to be rejected. ¥ Individual client who has registered under Central KYC Records Registry (CRKYCR) has to fill the 14 digit KYC Identification Number (KIN).

**3. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT** (Please refer to the instruction)

**Mandatory information – If left blank the application is liable to be rejected.** (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.)  
For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

<b>MANDATORY</b>	Account Number		Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
	Name & Branch of Bank			
	Branch City	9 Digit MICR Code	11 Digit IFSC	
				Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.

**4. INVESTMENT DETAILS** (Please refer to the instruction)

For Plans &amp; Sub-options please see key features for scheme specific details

Scheme Name: **ICICI PRUDENTIAL** Plan: \_\_\_\_\_

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: <input type="radio"/> Growth/Cumulative <input type="radio"/> Dividend	SUB-OPTION: <input type="radio"/> Dividend Reinvestment <input type="radio"/> Dividend Payout
Dividend Frequency: _____	OR AEP- <input type="radio"/> Regular® OR <input type="radio"/> Appreciation AEP Frequency: _____

\*Cumulative – AEP Regular Option: Encashment of units is subject to declaration of dividend in the respective Scheme(s). Please refer to the Instruction.

<b>SIP Due Date : 7th of Every Month</b>	<b>SIP Installment Amount:</b> (Payment through GSIP only)	₹	AMOUNT
<b>SIP Period:</b> Start Month/Year	End Date	Or other please fill in alongside	
M M Y Y Y Y	<input type="radio"/> 12 / 2019 <input type="radio"/> 12 / 2021 <input type="radio"/> 12 / 2026 <input type="radio"/> 12 / 2099	M M Y Y Y Y	

<b>BANK DETAILS:</b>	<input type="checkbox"/> Same as above [Please tick (✓) if yes] <input type="checkbox"/> Different from above [Please tick (✓) if it is different from above and fill in the details below]	
Account Number	Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR	
Name & Branch of Bank		
Branch City	<b>Mandatory Enclosures</b> (Please tick (✓) if the first instalment is not through cheque) <input type="radio"/> Cheque Copy <input type="radio"/> Bank Statement <input type="radio"/> Banker's Attestation	

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Please read the respective instruction. Third Party Payment Declaration form is available in www.icicipruamc.com or ICICI Prudential Mutual Fund branch offices.

**5. POWER OF ATTORNEY (PoA) HOLDER DETAILS:**

Name of PoA Mr. Ms. M/s. (Should match with PAN Card) PAN (PoA Holder)  KYC Proof Attached (Mandatory)

**6. MODE OF HOLDING** [Please tick (✓)]  Single  Joint  Anyone or Survivor (Default)

**7. TAX STATUS** [Please tick (✓)]

Resident Individual  NRI  Foreign National  Others (Please specify) \_\_\_\_\_

**8. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT:**

<b>Correspondence Address (Please provide full address)*</b>				<b>Overseas Address (Mandatory for NRI / FII Applicants)</b>			
HOUSE / FLAT NO.				HOUSE / FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
CITY / TOWN		STATE		CITY / TOWN		STATE	
COUNTRY		PIN CODE		COUNTRY		PIN CODE	
Tel. <input type="text"/>		Office <input type="text"/>		Residence <input type="text"/>		Mobile <input type="text"/>	
Email <sup>£</sup> <input type="text"/>							

Please ✓ if you wish to receive Account statement / Annual Report/ Other statutory information via Post instead of Email

Please ✓ any of the frequencies to receive **Account Statement through e-mail** <sup>£</sup>:  Daily  Weekly  Monthly  Quarterly  Half Yearly  Annually

\* Mandatory information – If left blank the application is liable to be rejected. <sup>£</sup> Please refer to the instruction.

<sup>£</sup> For KYC requirements, please refer to the instruction.

**9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)**

Non-individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

First Applicant / Guardian	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
<b>Second Applicant</b>			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
<b>Third Applicant</b>			<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

First Applicant / Guardian	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
<b>Second Applicant</b>				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
<b>Third Applicant</b>				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: \_\_\_\_\_

<b>Address Type of Sole/1st Holder:</b>	<b>Address Type of 2nd Holder:</b>	<b>Address Type of 3rd Holder:</b>
<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.icicipruamc.com or at the Investor Service Centres (ISCs) of ICICI Prudential Mutual Fund.

**10. KYC DETAILS (Mandatory)**

**Occupation** [Please tick (✓)]

<b>Sole/First Applicant</b>	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
<b>Second Applicant</b>	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			
<b>Third Applicant</b>	<input type="radio"/> Private Sector Service	<input type="radio"/> Public Sector Service	<input type="radio"/> Government Service	<input type="radio"/> Business	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> Others (Please specify) _____			

**Gross Annual Income** [Please tick (✓)]

<b>Sole/First Applicant</b>	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)
<b>Second Applicant</b>	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____
<b>Third Applicant</b>	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹ _____

**Others** [Please tick (✓)]

<b>Sole/First Applicant</b>	<b>For Individuals</b> [Please tick (✓)]: <input type="radio"/> I am Politically Exposed Person (PEP) ^ <input type="radio"/> I am Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
	<b>For Non-Individuals</b> [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Please refer to the instruction):
	(i) Foreign Exchange / Money Changer Services – <input type="radio"/> YES <input type="radio"/> NO; (ii) Gaming / Gambling / Lottery / Casino Services – <input type="radio"/> YES <input type="radio"/> NO; (iii) Money Lending / Pawning – <input type="radio"/> YES <input type="radio"/> NO
<b>Second Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable
<b>Third Applicant</b>	<input type="radio"/> Politically Exposed Person (PEP) ^ <input type="radio"/> Related to Politically Exposed Person (RPEP) <input type="radio"/> Not applicable

**11. NOMINATION DETAILS** (Please refer to the instruction)

I/We hereby nominate the undermentioned nominee(s) to receive the amount to my/our credit in event of my/our death as follows:

Name and address of Nominee(s) <input type="checkbox"/> (Please tick if Nominee's address is same as 1st/Sole Applicant's address)	Applicant's Relationship with the Nominee	Date of Birth	Name and address of Guardian	Signature of Nominee/ Guardian, if nominee is a minor	Proportion (%) in which the units will be shared by each Nominee (Should aggregate to 100%)
		[To be furnished in case the Nominee is a minor (Mandatory)]			
Nominee 1					
Nominee 2					
Nominee 3					

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

To the Trustee, **ICICI Prudential Mutual Fund**, I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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 hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) 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/disclose of the 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 with my PAN. I/We further declare that this consent will remain valid until specifically withdrawn by me / us.

I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. 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).**

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

**GROUP SYSTEMATIC INVESTMENT PLAN (GSIP)****ACKNOWLEDGEMENT SLIP** (Please Retain this Slip)

To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information.

Application No.

EXISTING FOLIO NO.

Mr. / Ms

APPLICANT'S NAME

Scheme **ICICI PRUDENTIAL**

SCHEME NAME AND OPTION

₹

SIP INSTALLMENT AMOUNT

From Date

M

M

Y

Y

Y

Y

End Date\*\*

12 / 2019

12 / 2021

12 / 2026

12 / 2099

M

M

Y

Y

Y

Y

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

**Annexure 1**

**If POA Holder is an Institution, details of all Individuals forming part of Authorized Signatory List (ASL) of the POA Holder (Refer Instruction No.10)**

Sr. No.	Name	PAN	Aadhaar No.	Signature ***

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I 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 (iii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my 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 folios.

I have read, understood and agree to abide by the guidelines as on the reverse of this form.

**Annexure 2****Details of All Directors/Company Secretary/Authorized Officials & All Individuals forming part of Authorized Signatory List (ASL)**

Sr. No.	Name	PAN	Aadhaar No.	Signature ***

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I 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 (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I 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 have read, understood and agree to abide by the guidelines as on the reverse of this form.

## Authorization Letter

(Original copy for ICICI Prudential Mutual Fund)

To

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Employer's Name & Address

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Dear Sir(s)

**Sub: Group Systematic Investment Plan in ICICI Prudential Mutual Fund**

I wish to participate in the Group Systematic Investment Plan offered by ICICI Prudential Mutual Fund to the employees of our company. In this connection, I authorize you to deduct an investment aggregate sum of Rs.\_\_\_\_\_ from my monthly salary and remit the same to ICICI Prudential Mutual Fund by way of a consolidated cheque (of all the employees' deductions participating in these schemes) favouring the schemes listed below.

I also enclose an application form along with SIP form duly filled in and signed for investment in the schemes listed below.

Name of the Scheme	
Amount (in Rupees)	
Tenure (in months)	

I also undertake that I shall be bound by the terms and conditions governing the scheme as laid down in the Scheme Information Document of ICICI Prudential Mutual Fund. In consideration of ICICI Prudential Mutual Fund offering me this facility and in case of any dispute with my employer, I shall at all times and from time to time save, defend and keep harmless and indemnify ICICI Prudential Mutual Fund, its successors and assigns and the directors and officers thereof and their respective heirs, executors and administrators and each of their estates and effects from and against all actions, causes, suits, proceedings, accounts, claims and demands, including claims and demands in respect of any prospective or retrospective tax liability, whatsoever, or on account of the carrying out of the requested changes/transfers/actions as stated above and against all damages, costs, charges, expenses, sums of money incurred in respect thereof or otherwise in relation to the aforesaid reasons.

I authorize you to recredit the proceeds of deduction from my salary, in case of any non-allotment of units for any technical reasons.

I remain liable to:

1. Inform any change in Bank Mandate directly to ICICI Prudential Mutual Fund Service Centre.
2. Provide all other financial and non-financial transaction directly to the nearest ICICI Prudential Mutual Fund Investor Service Centres. Corporate will not be involved in the same.
3. Provide written request to both (Corporate / ICICI Prudential Mutual Fund) stating my intention to discontinue my investments in future date.

Thanking you.

Yours faithfully,

(Name of the employee with signature)

# Authorization Letter

(Duplicate copy for Corporate)

To

\_\_\_\_\_  
\_\_\_\_\_  
Employer's Name & Address  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir(s)

**Sub: Group Systematic Investment Plan in ICICI Prudential Mutual Fund**

I wish to participate in the Group Systematic Investment Plan offered by ICICI Prudential Mutual Fund to the employees of our company. In this connection, I authorize you to deduct an investment aggregate sum of Rs.\_\_\_\_\_ from my monthly salary and remit the same to ICICI Prudential Mutual Fund by way of a consolidated cheque (of all the employees' deductions participating in these schemes) favouring the schemes listed below.

I also enclose an application form along with SIP form duly filled in and signed for investment in the schemes listed below.

Name of the Scheme	
Amount (in Rupees)	
Tenure (in months)	

I also undertake that I shall be bound by the terms and conditions governing the scheme as laid down in the Scheme Information Document of ICICI Prudential Mutual Fund. In consideration of ICICI Prudential Mutual Fund offering me this facility and in case of any dispute with my employer, I shall at all times and from time to time save, defend and keep harmless and indemnify ICICI Prudential Mutual Fund, its successors and assigns and the directors and officers thereof and their respective heirs, executors and administrators and each of their estates and effects from and against all actions, causes, suits, proceedings, accounts, claims and demands, including claims and demands in respect of any prospective or retrospective tax liability, whatsoever, or on account of the carrying out of the requested changes/transfers/actions as stated above and against all damages, costs, charges, expenses, sums of money incurred in respect thereof or otherwise in relation to the aforesaid reasons.

I authorize you to recredit the proceeds of deduction from my salary, in case of any non-allotment of units for any technical reasons.

I remain liable to:

1. Inform any change in Bank Mandate directly to ICICI Prudential Mutual Fund Service Centre.
2. Provide all other financial and non-financial transaction directly to the nearest ICICI Prudential Mutual Fund Investor Service Centres. Corporate will not be involved in the same.
3. Provide written request to both (Corporate / ICICI Prudential Mutual Fund) stating my intention to discontinue my investments in future date.

Thanking you.

Yours faithfully,

(Name of the employee with signature)