

ARN-36863

Request for Systematic Withdrawal Plan

Date: _____

Folio: _____

Amt Rs. _____

Scheme: _____

Option: _____

REQUEST FOR SYSTEMATIC WITHDRAWAL PLAN

Initial	Date	Time
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Date: _____

I/We wish to opt for the Systematic Withdrawal Plan from the **ICICI Prudential** _____
_____ **Plan/Fund** _____ **option**

for Rs. _____ per month/quarter.

(Rupees _____ only)

Folio No.	
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PAN / GIR No.	
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(Name of the First Holder)

(Signature)

(Name of the Second Holder)

(Signature)

(Name of the Third Holder)

(Signature)



Please fill in complete details wherever applicable:

Date: _____

Date: _____

Change of Address

Folio No.

Name of the First Unitholder _____

Name of the Second Unitholder _____

Name of the Third Unitholder _____

Change of Address

Change of Bank details

Existing / Change of Bank Details

Signature of the First Unitholder _____

Signature of the Second Unitholder _____

Signature of the Third Unitholder _____

