

Request for Systematic Withdrawal Plan (Option 1)

Date: _____

Folio: _____

Amt Rs. _____

Scheme: _____

Option: _____

SWP Date

D	D
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Start Month/
Year

M	M	Y	Y	Y	Y
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End Date

M	M	Y	Y	Y	Y
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REQUEST FOR SYSTEMATIC WITHDRAWAL PLAN (OPTION 1)

☐ New Registration ☐ Cancellation

Date: _____

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

_____ Plan/Fund _____ option

Frequency [Tick (✓) any]: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

for Rs. _____

(Rupees _____ only)

SWP Date

D	D
---	---

Start Month/Year

M	M	Y	Y	Y	Y
---	---	---	---	---	---

End Date

M	M	Y	Y	Y	Y
---	---	---	---	---	---

Folio No. _____



(Name of the First Holder)

(Signature)

(Name of the Second Holder)

(Signature)

(Name of the Third Holder)

(Signature)