

App. No.

Time Stamp

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Distributor/RIA Code	Sub-Distributor ARN	EUIIN	Branch Code	Relationship Manager's Name
<b>ARN-93178</b>	Sub-Distributor Code	<b>E096358</b>		Mobile +91-
			E-mail	

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

<b>Transaction Charges</b> SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-	<b>Investor's Declaration where EUIIN is not furnished</b> I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.
If this is the first time, you are investing in any mutual fund, please tick here <input type="checkbox"/>	<input checked="" type="checkbox"/> Sole/1st Applicant <input checked="" type="checkbox"/> 2nd Applicant <input checked="" type="checkbox"/> 3rd Applicant

**1. EXISTING UNIT HOLDER'S INFORMATION** (If you hold a Folio with L&T Mutual Fund, please furnish the below information and move to Investment & Payment Information section.)
Name of Sole/1st Unit Holder  Mr.  Ms.  M/s \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Folio No. \_\_\_\_\_  
PAN/PEKRN# \_\_\_\_\_ KIN^ \_\_\_\_\_ Date of Birth^ | D | D | M | M | Y | Y | Y | Y |
**2. NEW APPLICANT(S) PERSONAL INFORMATION****Sole /1st Applicant**
Name  Mr.  Ms.  M/s \_\_\_\_\_ F i r s t \_\_\_\_\_ M i d d l e \_\_\_\_\_ L a s t \_\_\_\_\_  
PAN/PEKRN# \_\_\_\_\_ KIN^ \_\_\_\_\_ Date of Birth^ | D | D | M | M | Y | Y | Y | Y | (Mandatory if first applicant is a minor)
**Guardian (For Minor Investments) / Contact Person (For Non-Individuals)**
Name  Mr.  Ms. \_\_\_\_\_ F i r s t \_\_\_\_\_ M i d d l e \_\_\_\_\_ L a s t \_\_\_\_\_  
PAN/PEKRN# \_\_\_\_\_ KIN^ \_\_\_\_\_ Date of Birth^ | D | D | M | M | Y | Y | Y | Y |
Relationship with Minor Applicant  Natural Guardian  Court Appointment GuardianProof of Date of Birth  Birth Certificate Copy  Passport Copy  Aadhaar Card Copy  Others \_\_\_\_\_ (please specify)Proof of Relationship of Guardian  Birth Certificate Copy  Passport Copy  Court Appointment Order  Others \_\_\_\_\_ (please specify)

Mobile No. +91- \_\_\_\_\_ E-mail Id\* \_\_\_\_\_

\*Investors providing e-mail id will receive Account Statements, Annual Report & other communication over e-mail. If you however wish to receive this communication in your registered postal address, please tick here 

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. #PEKRN required for Micro investments upto Rs. 50,000 in a year.

^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

**ADDRESS** (Address as per KRA records will overwrite this address if you are KYC compliant)

<b>Correspondence Address</b> _____ _____ City/Town _____ Pin _____ State _____ Country _____	<b>Overseas Residence Address (Mandatory for NRIs/PIOs)</b> _____ _____ City/Town _____ Pin _____ State _____ Country _____
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Tel (R) (ISD) (STD) \_\_\_\_\_ Tel (O) (ISD) (STD) \_\_\_\_\_ Fax (ISD) (STD) \_\_\_\_\_

**Tax status of Sole/First Applicant** (Please ✓)

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Resident Indian Individual           | <input type="checkbox"/> Company/Body Corporate               | <input type="checkbox"/> Defence Establishment                                 | <input type="checkbox"/> Bank        |
| <input type="checkbox"/> Non Resident Indian Individual (NRI) | <input type="checkbox"/> Financial Institutions               | <input type="checkbox"/> Hindu Undivided Family (HUF)                          | <input type="checkbox"/> Society     |
| <input type="checkbox"/> Person of Indian Origin (PIO)        | <input type="checkbox"/> Limited Liability Partnership (LLP)  | <input type="checkbox"/> Non Govt. Organization (NGO)                          | <input type="checkbox"/> Mutual Fund |
| <input type="checkbox"/> Foreign Portfolio Investor (FPI)     | <input type="checkbox"/> Partnership Firm                     | <input type="checkbox"/> Association of Persons (AOP)/Body of Individuals(BOI) | <input type="checkbox"/> Others      |
| <input type="checkbox"/> Foreign National Residing in India   | <input type="checkbox"/> Foreign Institutional Investor (FII) | <input type="checkbox"/> Trust   |                                      |

Are you a Non Profit Organization (NPO)  Yes  No**ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)

Received from \_\_\_\_\_ an application for investment in Scheme L&amp;T \_\_\_\_\_ Option \_\_\_\_\_ App. No. \_\_\_\_\_

Investment Type (✓)  Lumpsum  SIP  Micro SIP  Multi-Scheme SIP

Investment Cheque Details : Cheque No. \_\_\_\_\_ Rs. \_\_\_\_\_ Dated | D | D | M | M | Y | Y | Y | Y |

Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

For Office Use Only

Acknowledgement Stamp &amp; Date

**BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)**Account Number  Account Type  Savings  Current  NRE  NRO  FCNR  OthersBank Name Branch  City IFSC  MICR **If you are not making the investment from the above mentioned bank account, please attach an original cancelled cheque leaf of the above account with the name of the first holder printed.****3. MODE OF HOLDING**Please  Sole/1st Holder only  Any one or Survivor  Joint*(If the mode of operation is not specified above, for folios opened with more than one applicant, the mode of operation would be taken as "Any one or Survivor")***4. DETAILS OF OTHER APPLICANT(S) (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)****2nd Applicant**Name  Mr.  Ms.  F i r s t  M i d d l e  L a s tPAN/PEKRN#  KIN^  Date of Birth^  D | D | M | M | Y | Y | Y | YMobile No. +91-  E-mail Id\* **3rd Applicant**Name  Mr.  Ms.  F i r s t  M i d d l e  L a s tPAN/PEKRN#  KIN^  Date of Birth^  D | D | M | M | Y | Y | Y | YMobile No. +91-  E-mail Id\* **KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. #PEKRN required for Micro investments upto Rs. 50,000 in a year.****^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).****5. POWER OF ATTORNEY (PoA) HOLDER DETAILS**If your investment is being made by a Constituted Attorney on your behalf, please furnish the below details and enclose a **notarised copy** of the Power of Attorney for registering the same:POA Holder's Name  Mr.  Ms.  F i r s t  M i d d l e  L a s tPOA for  Sole / First Applicant  Second Applicant  Third Applicant E-mail Id PAN of POA Holder  KIN^  Date of Birth^  D | D | M | M | Y | Y | Y | Y**(POA Holder needs to comply with applicable KYC requirements).****^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).****6. INVESTMENT & PAYMENT INFORMATION (Please ensure that the cheque complies to the CTS 2010 standards)**Investment Type (✓)  Lumpsum  SIP  Micro SIP (Also fill & attach SIP Investment Form)  Multi-Scheme SIP (Please fill Multi-Scheme SIP Investment Form)**For Lumpsum & SIP Investment (Please issue cheque favouring scheme name)**Scheme Name  L&T Option (✓)  Growth\*  Dividend Reinvestment  Dividend PayoutDividend Frequency (✓ wherever applicable)  Daily  Weekly  Monthly\*  Quarterly  Annual^  Semi-Annual^Payment Mode :  Cheque / DD / Pay Order  Electronic Transfer  One Time Mandate (OTM) OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN) Debit Bank Name  Account No. *(Default plan / option / sup option will be applied incase of no information, ambiguity or discrepancy)*

Instrument No. <input type="text"/>	Instrument Date <input type="text"/> D   D   M   M   Y   Y   Y   Y	Drawn On <input type="text"/> Bank Name
UTR No. <input type="text"/>		<input type="text"/> Bank Branch <input type="text"/> Bank City
Investment Amount (₹) <input type="text"/>		Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
DD Charges (if applicable ₹) <input type="text"/>		
Net Amount (₹) <input type="text"/>		

**\*Default option if not selected ^Available in select schemes only****Document attached to avoid Third Party Payment rejection, where applicable :**  Banker's Certificate, for DD  Third Party Declaration

Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday

**For Multi-Scheme SIP (Please issue cheque favouring L&T MF Multi-Scheme SIP)**

<b>Scheme 1</b> Dividend Frequency	L&T _____ _____	Option (✓) SIP Amount (₹)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
<b>Scheme 2</b> Dividend Frequency	L&T _____ _____	Option (✓) SIP Amount (₹)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
<b>Scheme 3</b> Dividend Frequency	L&T _____ _____	Option (✓) SIP Amount (₹)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment

Payment Mode : <input type="checkbox"/> Cheque / DD / Pay Order <input type="checkbox"/> Electronic Transfer Instrument No. _____ Instrument Date <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UTR No. _____ Investment Amount (₹) _____ DD Charges (if applicable ₹) _____ Net Amount (₹) _____	Drawn On _____ Bank Name _____ _____ Bank Branch _____ Bank City _____ Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
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*\*Default option if not selected   ^Available in select schemes only*

**7. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)**

If you wish to hold your investment in dematerialised mode please furnish the below details and **enclose a copy of the Client Master** that you may have received from your Depository Participant.

Depository (Please ✓ any one)    NSDL   **OR**    CDSL

Depository Participant Name \_\_\_\_\_

Depository Participant ID \_\_\_\_\_ Beneficiary A/c No. \_\_\_\_\_

**8. KYC DETAILS (Mandatory. If left blank the application is liable to be rejected)**

<b>Gross Annual Income (For Individuals and Non Individuals)</b>	For First Applicant/ Guardian	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ 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"/> (Not older than 1 year) (Mandatory for Non-Individuals)
	For Second Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ 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"/> (Not older than 1 year)
	For Third Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ 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"/> (Not older than 1 year)

<b>Occupation Details (For Individuals only)</b>	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____ Please specify _____
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____ Please specify _____
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____ Please specify _____

<b>Others (For Individuals only)</b>	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable

<b>Others (For Non-Individuals only)</b>	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If the Entity involved/providing any of the following services:	
	→ Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
	→ Foreign Exchange/ Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
	→ Money Lending/Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO

**9. INFORMATION REQUIRED FOR TAX REPORTING (Mandatory. If left blank the application is liable to be rejected)**

**FOR INDIVIDUALS:**

The below information is required for all applicant(s)/Guardian including Sole proprietor and POA Holder.

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant	POA Holder
I am a tax resident of India and not a resident of any other country	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If No, please mandatorily enclose the **FATCA & CRS Declaration for Individual Investors.**

**FOR NON-INDIVIDUALS:** Please mandatorily enclose the **FATCA, CRS & UBO Declaration for Non Individuals with all the sections filled.**

**10. NOMINATION DETAILS (Please note that where the sole/1st applicant is a minor, no nomination is allowed)**

(Please ✓)  I/We wish to Nominate  I/We do not wish to Nominate

I/We do hereby nominate the person(s) named below to receive the units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to Nominee(s), and signature(s) of the Nominee(s) acknowledging receipt thereof, will be noted as be a valid discharge by the AMC/Mutual Fund/Trustee. This instruction supercedes all previous nominations made by me/us in respect of the folio indicated above.

Name and Address of 1 <sup>st</sup> Nominee	
Name _____	Address _____
Allocation % _____	City _____
Date of Birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (in case Nominee is a minor)	State _____
Guardian Name (in case Nominee is a minor) _____	Country _____ Pin Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Signature of Guardian (if nominee is minor (Mandatory) ✍ _____	Signature of the Nominee ✍ _____
Name and Address of 2 <sup>nd</sup> Nominee	
Name _____	Address _____
Allocation % _____	City _____
Date of Birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (in case Nominee is a minor)	State _____
Guardian Name (in case Nominee is a minor) _____	Country _____ Pin Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Signature of Guardian (if nominee is minor (Mandatory) ✍ _____	Signature of the Nominee ✍ _____
Name and Address of 3 <sup>rd</sup> Nominee	
Name _____	Address _____
Allocation % _____	City _____
Date of Birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (in case Nominee is a minor)	State _____
Guardian Name (in case Nominee is a minor) _____	Country _____ Pin Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Signature of Guardian (if nominee is minor (Mandatory) ✍ _____	Signature of the Nominee ✍ _____

**11. DECLARATION & SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the aforesaid Scheme(s) of L&T Mutual Fund including the sections on "Who cannot invest", "Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS)" ("Reporting Guidelines") and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any authority in India. I/We hereby authorise L&T Mutual Fund ("the Fund"), its Investment Manager ("LTIM") and its agents to disclose details of my investment to my bank(s)/ Fund's bank(s) and/or Distributor/Broker/Investment Adviser/any governmental or regulatory authority. 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(s) is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

I/We accept and agree to abide by the terms and conditions (as mentioned on HYPERLINK "http://www.lntmf.com" www.lntmf.com) with respect to my/our dealings with L&T Mutual Fund/its Investment Manager through various channels.

In case there is any change in the information (especially pertaining to Reporting Guidelines) already provided to LTIM / Fund, I/We agree that I/We shall inform the same to LTIM/Fund within 30 days of the change. I/We authorize updation of the records (including pertaining to the Reporting Guidelines) basis the information / documents received by LTIM/Fund/Registrar and Transfer Agent ("RTA") from other SEBI Registered Intermediaries. I/We authorize LTIM/Fund/RTA, to share the information provided by me / us with other SEBI Registered Intermediaries to facilitate single submission / updation. I / We authorize LTIM/ Fund/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from the my/our account or close or suspend my/our account(s) under intimation me/us."

**APPLICABLE FOR NON-ADVISORY TRANSACTIONS ONLY:**

I/We, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI Circular No. CIR/IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same. On such transaction(s), I am not being charged any kind of transaction fee(s) by the AMFI registered distributor. On this transaction, the distributor would be compensated by the Mutual Fund House/Asset Management Company concerned in lines with the commission rate(s)disclosed by the distributor.

**\*APPLICABLE FOR NRIs/PIOs/FIIs/FPIs INVESTING ON REPATRIATION BASIS ONLY:** I/We confirm that I am/we are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

**APPLICABLE FOR INVESTMENT THROUGH RIA (REGISTERED INVESTMENT ADVISER) :**

I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan to the above mentioned SEBI Registered Investment Adviser.

Date:

✍ Sole/First Applicant/Guardian

✍ Second Applicant

✍ Third Applicant

# Systematic Investment Plan (SIP) / Micro SIP Form



Please refer to the General Instructions & Checklist for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name
<b>ARN-93178</b>	Sub-Distributor Code	<b>E096358</b>		Mobile +91- _____
				E-mail _____

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

### Transaction Charges

SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-

### Investor's Declaration where EUIN is not furnished

I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

If this is the first time, you are investing in any mutual fund, please tick here

Sole/1st Applicant     2nd Applicant     3rd Applicant

## 1. APPLICANT INFORMATION (Mandatory. If left blank, the application is liable to be rejected)

Name of Sole/1st Unit Holder: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Folio No. \_\_\_\_\_

PAN/PEKRN\*\* \_\_\_\_\_ KIN^ \_\_\_\_\_ Date of Birth^ [D][D][M][M][Y][Y][Y][Y]

KIN^ \_\_\_\_\_ First Unit Holder \_\_\_\_\_ Second Unit Holder \_\_\_\_\_ Third Unit Holder \_\_\_\_\_

Date of Birth^ (1st Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth^ (2nd Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth^ (3rd Unit Holder) [D][D][M][M][Y][Y][Y][Y]

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. \*\*PEKRN required for Micro investments upto Rs. 50,000 in a year.  
 ^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

Mobile No. +91- \_\_\_\_\_ E-mail ID \_\_\_\_\_

## 2. SIP & INVESTMENT DETAILS (Mandatory. If left blank, the application is liable to be rejected)

New SIP Registration     SIP Renewal     Update new OTM debit mandate for already registered SIP (If selected, move to Section 4)

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN) \_\_\_\_\_

Debit Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_

OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)

Scheme Name L&T \_\_\_\_\_

Option (✓)  Growth\*     Dividend Payout     Dividend Reinvestment

Dividend Frequency \_\_\_\_\_

**First Instalment Details:**

Instrument No. \_\_\_\_\_ Instrument Date [D][D][M][M][Y][Y][Y][Y]

Account Type (✓)  Savings     Current     NRE     NRO     Others

Drawn On \_\_\_\_\_ Bank Name \_\_\_\_\_ Bank Branch \_\_\_\_\_ Bank City \_\_\_\_\_

SIP Amount ₹ \_\_\_\_\_ (Minimum 500 for Equity schemes & 1000 for Non Equity schemes)

SIP Debit Date (✓)  1st     5th     10th\*     15th     20th     25th     All six dates

SIP Frequency (✓)  Monthly\*     Quarterly

SIP Period From [M][M][Y][Y][Y][Y] To [M][M][Y][Y][Y][Y]

Until Cancelled    OR

(Note: Minimum gap of 30 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered.)

Reason for your SIP (✓)  Children's education     Children's marriage     House     Car     Retirement

SIP Top Up (Optional) - Available only for investments effected through Auto Debit.

Top Up Amount ₹ \_\_\_\_\_ Amount in multiples of ₹ 500 only    Top Up Frequency  Half Yearly     Yearly\*

Top Up to continue till SIP amount reaches^ ₹ \_\_\_\_\_ OR    Top Up to continue till # [D][D][M][M][Y][Y][Y][Y] (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. \*Default option if not selected

## 3. DECLARATION & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of L&T Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in ECS/Ach/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold L&T Mutual Fund, their Investment Manager - L&T Investment Management Limited, or any of their appointed service providers or representatives responsible. I/We will also inform L&T Investment Management Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE/S AS PER L&T MUTUAL FUND (To be signed as per Mode of Holding)

Sole/First Applicant/Guardian     Second Applicant     Third Applicant

## 4. OTM DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

L&T Mutual Fund    UMRN \_\_\_\_\_ Office use only \_\_\_\_\_ Date [D][D][M][M][Y][Y][Y][Y]

Tick (✓)  CREATE    Sponsor Bank Code CITI000PIGW    Utility Code CITI00002000000037

MODIFY    I/We hereby authorize L&T Mutual Fund    to debit (✓)  SB     CA     CC     SB-NRE     SB-NRO     Other

CANCEL

Bank A/c No. \_\_\_\_\_

With Bank \_\_\_\_\_ Bank Name \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rs \_\_\_\_\_ Amount in words \_\_\_\_\_ ₹ \_\_\_\_\_

Frequency  Monthly     Quarterly     Half Yearly     As & when presented    Debit Type  Fixed Amount     Maximum Amount

Scheme \_\_\_\_\_ All schemes of L&T Mutual Fund    Email Id \_\_\_\_\_

Folio No. \_\_\_\_\_ Mobile No. +91- \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period From [D][D][M][M][Y][Y][Y][Y] To [3][1][1][2][2][0][9][9] or  Until Cancelled

Signature of First Account Holder \_\_\_\_\_ Signature of Second Account Holder \_\_\_\_\_ Signature of Third Account Holder \_\_\_\_\_

1. Name as per Bank Records    2. Name as per Bank Records    3. Name as per Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the debit.