

INVESTMENT APPLICATION FORM FOR INDIVIDUALS ONLY



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 Code	Sub-Distributor Code	Branch Code	Relationship Manager's Details	
ARN-0906	ARN-		Name	EUIN
			Mobile No. +91- _____	E031087
			E-mail ID	

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	Investor's Declaration where EUIN is not furnished
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/-	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/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 type="checkbox"/> Sole/1st Applicant <input type="checkbox"/> 2nd Applicant <input 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.

Folio No. _____ PAN of Sole/1st Unit Holder _____

Name of Sole/1st Unit Holder F i r s t M i d d l e L a s t

2. NEW APPLICANT(S) PERSONAL INFORMATION

A) 1ST APPLICANT

Name F i r s t M i d d l e L a s t

Mobile No. +91- _____ E-mail Id* _____ Date of Birth D D M M Y Y Y Y

(Mandatory if first applicant is a minor)

*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

PAN _____ Aadhaar Card No. _____

Tax Status (✓)	Occupation (✓)	Gross Annual Income (Rs.) (✓)
<input type="checkbox"/> Resident Indian Individual <input type="checkbox"/> Non-Resident Indian Individual (NRI) <input type="checkbox"/> Person of Indian Origin (PIO) <input type="checkbox"/> Foreign Portfolio Investor (FPI) <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> <= 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 to 1 Crore <input type="checkbox"/> > 1 Crore Net Worth of 1st Applicant as on D D M M Y Y Y Y Rs. _____

Country of Birth (✓)	If you are a politically exposed person or related to a politically exposed person please (✓).	Country of Tax Residence (✓)
<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> I am a politically exposed person. <input type="checkbox"/> I am related to a politically exposed person.	<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) Tax ID _____

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

Correspondence Address	Overseas Address (Mandatory for NRIs/PIOs)
City/Town _____ Pin _____ State _____ Country _____ Tel (R) (ISD) (STD) _____ Tel (O) (ISD) (STD) _____	City/Town _____ Pin _____ State _____ Country _____ Tel (R) (ISD) (STD) _____ Tel (O) (ISD) (STD) _____

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from _____ an application for _____ App. No. _____

investment in Scheme L&T _____ Option _____

Investment Type (✓) Lumpsum 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 & Date

BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)

Account Number Account Type Savings Current NRE NRO FCNR Others

Bank Name

Branch City

IFSC MICR

If you are not making the investment from this above mentioned bank account, please attach cancelled cheque leaf of the other account

Additional Information for Investments through Attorney

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

PAN of POA Holder for 1st Applicant Aadhaar Card No. of POA Holder for 1st Applicant

(POA Holder needs to comply with applicable KYC requirements)

GUARDIAN INFORMATION (For Minor Investments)

If the Sole/1st Applicant is a minor (i.e. below 18 years of age as on the date of this application, please provide below details) :

Guardian's Name

PAN of Guardian Aadhar Card No. of Guardian

(Mandatory to comply with applicable KYC requirements)

Guardian's Relationship with Applicant (✓)	Proof of Date of Birth of Applicant (✓)	Proof of Relationship of Guardian with Applicant (✓)
<input type="checkbox"/> Father	<input type="checkbox"/> Birth Certificate Copy	<input type="checkbox"/> Birth Certificate Copy
<input type="checkbox"/> Mother	<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Passport Copy
<input type="checkbox"/> Court Appointed Guardian	<input type="checkbox"/> Aadhaar Card Copy	<input type="checkbox"/> Court Appointment Order
	<input type="checkbox"/> Others <input type="text"/> (please specify)	<input type="checkbox"/> Others <input type="text"/> (please specify)

B) 2ND APPLICANT (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)

Name

Mobile No. +91- E-mail Id* Date of Birth

(Mandatory if first applicant is a minor)

PAN Aadhaar Card No.

Occupation (✓)	Gross Annual Income (Rs.) (✓)
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist	<input type="checkbox"/> <= 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs
<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <input type="text"/> (please specify)	<input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs to 1 Crore <input type="checkbox"/> > 1 Crore
<input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Housewife	Net Worth of 2nd Applicant as on <input type="text"/>
	Rs. <input type="text"/>

Country of Birth (✓)	If you are a politically exposed person or related to a politically exposed person please (✓).	Country of Tax Residence (✓)
<input type="checkbox"/> India	<input type="checkbox"/> I am a politically exposed person.	<input type="checkbox"/> India
<input type="checkbox"/> U.S.A.	<input type="checkbox"/> I am related to a politically exposed person.	<input type="checkbox"/> U.S.A.
<input type="checkbox"/> Others <input type="text"/> (please specify)		<input type="checkbox"/> Others <input type="text"/> (please specify)
		Tax ID <input type="text"/>

Additional Information for Investments through Attorney

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

PAN of POA Holder for 2nd Applicant Aadhaar Card No. of POA Holder for 2nd Applicant

(POA Holder needs to comply with applicable KYC requirements)

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.

5. 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: NSDL **OR** CDSL Please (✓)

Depository Participant Name

Depository Participant (DP) ID

Beneficiary Account Number

6. INVESTMENT & PAYMENT INFORMATION

Investment Type (✓)

Lumpsum 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	Scheme Name		
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Investment Amount		Instrument/ UTR No.	Instrument dated	<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"/>
DD charges (if applicable)		Drawn on Bank		
Net Amount		Bank Branch	City	

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

Scheme 1	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Scheme 2	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Scheme 3	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Investment Amount		Instrument/ UTR No.	Instrument dated	<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"/>
DD charges(if applicable)		Drawn on Bank		
Net Amount		Bank Branch	City	

^ Default option if not selected * Available in select schemes only (Cheque should conform to CTS 2010 standards)

7. 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 above Scheme of L&T Mutual Fund including the sections on "Who cannot invest" 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 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 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 regulatory authority in India. I/We hereby authorise L&T Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/ L&T Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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 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 www.lntmf.com) with respect to my/our dealings with L&T Mutual Fund/its Investment Manager through various channels.

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.

Date:

Sole/FirstApplicant/Guardian

Second Applicant

Third Applicant

INVESTMENT APPLICATION FORM FOR NON-INDIVIDUALS ONLY



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 Code	Sub-Distributor Code	Branch Code	Relationship Manager's Details	
ARN-0906	ARN-		Name	EUIN
			Mobile No. +91-	E031087
			E-mail ID	

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	Investor's Declaration where EUIN is not furnished
<p>SEBI (Mutual Funds) 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/-.</p> <p>If this is the first time, you are investing in any mutual fund, please tick here <input type="checkbox"/></p>	<p>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/employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.</p> <p>Applicant's Signature _____</p>

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

Folio No. PAN of Unit Holder

Name of Unit Holder

2. NEW APPLICANT'S INFORMATION

Name of the Applicant

PAN of the Applicant

Name of Contact Person

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

Tax Status (✓)				
<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Hindu Undivided Family (HUF)	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Foreign Institutional Investor (FII)	<input type="checkbox"/> Non-Govt. Organisation(NGO)	<input type="checkbox"/> Bank	<input type="checkbox"/> Others (please specify)
<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Association of Persons (AOP)/Body of Individuals (BOI)	<input type="checkbox"/> Society	

Gross Annual Income (Rs.) (✓)	Is the Entity involved/ providing any of the following services :
<input type="checkbox"/> <= 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 to 1 Crore <input type="checkbox"/> > 1 Crore	→ 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
Net Worth (Mandatory) Rs. <input type="text"/> <small>Networth should not be older than one year</small> as on <input type="text"/>	

If you are a U.S. Person, please tick (✓) if you qualify under any of the below heads of classification under Foreign Account Tax Compliance Act (FATCA) and associated regulations (Refer Note Y)

<input type="checkbox"/> Specified US Person	<input type="checkbox"/> Active Non-Financial Foreign Entity	<input type="checkbox"/> Exempt Beneficial Owner
<input type="checkbox"/> Other Partner Jurisdiction Financial Institution	<input type="checkbox"/> FATCA Partner Financial Institution	<input type="checkbox"/> Passive Non-Financial Foreign Entity
<input type="checkbox"/> Deemed Compliant Foreign Financial Institution	<input type="checkbox"/> Participating Foreign Financial Institution	

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Received from _____ an application for _____ App. No. _____

investment in Scheme L & T _____ Option _____

Investment Type (✓) Lumpsum SIP Multi-Scheme SIP

Investment Cheque Details : Cheque No. _____ Rs. _____ Dated

Drawn on Bank _____ Branch _____ City _____

For Office Use Only

Acknowledgement Stamp & Date

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company YES NO

Ultimate Beneficiary Owner Details (✓)
 (Not applicable if you are a company / Body Corporate and your answer above is 'Yes').

I/We are the Ultimate Beneficiary Owner(s) of this investment^

I/We are not the Ultimate Beneficiary Owner(s) of this investment (Please submit the declaration for 'Ultimate Beneficial Ownership' along with this form)

^Will be taken as default where the applicant/investor is assumed to be the beneficial owner

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

City/Town _____ State _____ Pin _____

Country _____ Tel (O) _____ (ISD) (STD) _____ Tel (F) _____ (ISD) (STD) _____

4. BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)

Account Number _____ Account Type Current Others _____ (please specify)

Bank Name _____

Branch _____ City _____

IFSC _____ MICR _____

If you are not making the investment from this above mentioned bank account, please attach cancelled cheque leaf of the other account

5. 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 Client Master** that you may have received from your Depository Participant

Depository: NSDL OR CDSL Please (✓)

Depository Participant Name _____

Depository Participant (DP) ID _____

Beneficiary Account Number _____

6. INVESTMENT & PAYMENT INFORMATION

Investment Type (✓)

Lumpsum 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	Scheme Name	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment	
Investment Amount		Instrument/ UTR No.	Instrument dated D D M M Y Y Y Y
DD charges (if applicable)		Drawn on Bank	
Net Amount		Bank Branch	City

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.

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

Scheme 1	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency	
Scheme 2	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency	
Scheme 3	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency	
Investment Amount		Instrument/ UTR No.	Instrument dated	<input type="text" value="D D M M Y Y Y Y"/>
DD charges(if applicable)		Drawn on Bank		
Net Amount		Bank Branch	City	

[^] Default option if not selected * Available in select schemes only **(Cheque should conform to CTS 2010 standards)**

7. DECLARATION & SIGNATURES

We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the above Scheme of L&T Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. We hereby declare that We are authorised to make this investment and that the amount invested in the Scheme 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 regulatory authority in India. We hereby authorise L&T Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/L&T Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. The ARN holder has disclosed to 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 us. We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. We declare that the information given in this application form is correct, complete and truly stated.

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

APPLICABLE FOR NON-ADVISORY TRANSACTIONS ONLY:

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), We are 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 FIIs/FPIs INVESTING ON REPATRIATION BASIS ONLY:** We confirm that we have remitted funds from abroad through approved banking channels or from funds in our FCNR Account. 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 FCNR Account.

Applicant's Signature _____

Date:

SIP Investment Form

(Registration-cum-Mandate Form for Auto-debit and ECS)



Time Stamp

Distributor/Broker Code ARN- (ARN-0906 (copy here))	Sub-Broker ARN Sub-Broker Code	Relationship Manager's Name Mobile EUIN	Branch Code
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If Employee Unique Identification Number (EUIIN) details are not provided, the investor(s) agrees that: I/We hereby 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 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/s (To be signed by all applicants) (see note 7)

(Sole/First Applicant)

(Second Applicant)

(Third Applicant)

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.

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

PERSONAL DETAILS (see note 1)

First Unit Holder | First Name | Middle Name | Last Name | Folio No.

PAN | First Unit Holder | Second Unit Holder | Third Unit Holder

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

INVESTMENT DETAILS (see note 2)

New SIP Registration SIP Renewal Change in Bank Details (for an existing SIP)

Scheme

Option Growth^ Bonus (available in select schemes only) Dividend Payout Dividend Reinvestment ^ Default option if not selected

Dividend Frequency

First instalment details

Mode of Payment (Please) Cheque Demand Draft Pay Order Instrument No. _____ Date | D | D | M | M | Y | Y | Y | Y |

Drawn on _____ Bank _____ Branch _____

NRI Investor, please specify account type NRE NRO FCNR Others Please specify _____

Reason for your SIP Children's Education Children's Marriage House Car Retirement

YOUR SIGNATURE/S (To be signed by all joint holders) (see note 3)

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 direct debit/participation in ECS. 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.

Date | D | D | M | M | Y | Y | Y | Y |

(Sole/First Unit Holder)

(Second Unit Holder)

(Third Unit Holder)

AUTO-DEBIT AUTHORISATION (see note 4)

The Manager, I/We authorize L&T Mutual Fund and their authorised service providers to debit my account via ECS/Direct Debit/Standing Instructions.

Name of Bank

Branch _____ City _____

Bank Account Number _____ Account Type (Please) Savings Current Cash Credit NRE NR

Scheme _____ Option _____

SIP Auto-debit Date (Please) 1st 5th 10th^ 15th 25th All five dates SIP Instalment Amount Rs. _____

Frequency (Please) Monthly^ Quarterly SIP Auto-debit Period Till I instruct discontinuation^ [OR] From | M | M | Y | Y | Y | Y | To | M | M | Y | Y | Y | Y |

MICR Code _____ (9-digit number next to your cheque no.) ^ Default option if not selected.

I/We hereby declare that the information provided by me/us is accurate. If the transaction is delayed or not carried through courtesy incomplete or incorrect information, I/We would not hold L&T Mutual Fund or its authorised service providers responsible. Mandate verification charges, if any, may be charged to my/four account.

Name(s) & Signature(s) of Bank Account Holder(s) as in Bank Records

Name of Sole/1st Bank Account Holder

Name of 2nd Bank Account Holder

Name of 3rd Bank Account Holder

X X Signature of Sole/1st Bank Account Holder

X X Signature of 2nd Bank Account Holder

X X Signature of 3rd Bank Account Holder

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

Attestation by the Banker

(Mandatory, if your First SIP Instalment is through a Demand Draft/Pay Order)

I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.

Date | D | D | M | M | Y | Y | Y | Y |

Signature and Stamp of the Authorised Official from Bank

Bank Stamp & Date

FOR OFFICE USE

Recorded on | D | D | M | M | Y | Y | Y | Y | Recorded by _____ Credit A/c. No. _____

We confirm that we have taken the above ECS/Auto-debit instructions on our records.

Stamp of Bank Branch Manager

Signature

Name

Multi-Scheme SIP Investment Form



Time Stamp

Distributor/Broker Code ARN ARN-0906 (p here)	Sub-Broker ARN Sub-Broker Code	Relationship Manager's Name Mobile EUIN	Branch Code
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If Employee Unique Identification Number (EUIN) details are not provided, the investor(s) agrees that: 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/s (To be signed by all applicants) (see note 7)

X (Sole/First Applicant)

X (Second Applicant)

X (Third Applicant)

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.

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

PERSONAL DETAILS (see note 1)

First Unit Holder | F | i | r | s | t | u | n | i | t | h | o | l | d | e | r | M | i | d | d | l | e | n | a | m | e | L | a | s | t | u | n | i | t | h | o | l | d | e | r | F | o | l | i | o | N | o .
PAN | F | i | r | s | t | U | n | i | t | H | o | l | d | e | r | S | e | c | o | n | d | U | n | i | t | H | o | l | d | e | r | T | h | i | r | d | U | n | i | t | H | o | l | d | e | r

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

INVESTMENT DETAILS (see note 2)

Scheme 1	Option (✓) <input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus (available in select schemes only)
Scheme 1 Investment Amount Rs.	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Scheme 2	Dividend Frequency
Scheme 2 Investment Amount Rs.	Option (✓) <input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus (available in select schemes only)
Scheme 3	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Scheme 3 Investment Amount Rs.	Dividend Frequency
*Total SIP Instalment Amount Rs.	Option (✓) <input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus (available in select schemes only)
	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
	Dividend Frequency

First instalment details (Please issue cheque favouring L&T MF Multi-Scheme SIP)

*First Instalment Amount Rs.

*Initial cheque amount should be equal to total SIP Investment amount

Mode of Payment (Please ✓) Cheque Demand Draft Pay Order Instrument No. Date | D | D | M | M | Y | Y | Y | Y | Y | Y | Y | Y |

Drawn on Bank Branch
NRI Investor, please specify account type (✓) NRE NRO FCNR Others Please specify [^] Default option if not selected

Reason for your SIP Children's Education Children's Marriage House Car Retirement

YOUR SIGNATURE/S (To be signed by all joint holders) (see note 3)

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 direct debit/participation in ECS. 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.

Date | D | D | M | M | Y | Y | Y | Y | Y | Y | Y | Y |

X (Sole/First Unit Holder)

X (Second Unit Holder)

X (Third Unit Holder)

AUTO-DEBIT AUTHORISATION (see note 4)

The Manager, I/We authorize L&T Mutual Fund and their authorised service providers to debit my account via ECS/Direct Debit/Standing Instructions.

Name of Bank Branch City

Bank Account Number Account Type (Please ✓) Savings Current Cash Credit NRE NRO
SIP Auto-debit Date (Please ✓) 1st 5th 10th[^] 15th 25th Total SIP Instalment Amount Rs.

Frequency (Please ✓) Monthly SIP Auto-debit Period From | M | M | Y | Y | Y | Y | Y | Y | To* | M | M | Y | Y | Y | Y | Y | Y |

MICR Code (9-digit number next to your cheque no.) *Maximum Period of 20 years

I/We hereby declare that the information provided by me/us is accurate. If the transaction is delayed or not carried through courtesy incomplete or incorrect information, I/We would not hold L&T Mutual Fund or its authorised service providers responsible. Mandate verification charges, if any, may be charged to my/our account.

Name(s) & Signature(s) of Bank Account Holder(s) as in Bank Records

Name of Sole/1st Bank Account Holder

Name of 2nd Bank Account Holder

Name of 3rd Bank Account Holder

X X Signature of Sole/1st Bank Account Holder

X X Signature of 2nd Bank Account Holder

X X Signature of 3rd Bank Account Holder

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

Date | D | D | M | M | Y | Y | Y | Y | Y | Y | Y | Y |

Attestation by the Banker

(Mandatory, if your First SIP Instalment is through a Demand Draft/Pay Order)

I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.

Signature and Stamp of the Authorised Official from Bank

Bank Stamp & Date

FOR OFFICE USE

Recorded on | D | D | M | M | Y | Y | Y | Y | Y | Y | Y | Y | Recorded by Credit A/c. No.

We confirm that we have taken the above ECS/Auto-debit instructions on our records.

Stamp of Bank Branch Manager

Signature

Name

Bankers Certificate

(In case of Demand Draft/Pay Order/Any Other pre-funded instrument)



To whomsoever it may concern:

I/We hereby confirm the following details regarding the instrument issued by us:

INSTRUMENT DETAILS

Mode of Payment Demand Draft Pay Order

Instrument Number

Date

Instrument Amount (in Rs.)

In Favour of/Favouring

DETAILS OF BANK ACCOUNT DEBITED FOR ISSUING THE INSTRUMENT

Bank Account Number Account Type (Please ✓)
 Savings Current

Sr. No.	Bank Account Holder Name	PAN
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>

If the issuing bank branch is outside India:

I/We further declare that I/we are registered as a Bank/branch as mentioned below:

Under the Regulator Name of Regulator

In the Country Country Name

Registration No. Registration Number

I/We confirm having carried out necessary Customer due diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws in our country.

BRANCH MANAGER/DECLARANT(S)

Signature

Name

Address

City Postal Code

State Country

Bank & Branch Seal (mandatory)

Important Note: The bankers certificate format given above is recommendatory in nature. Any existing Bank Letters/Certificates/Declarations, which conform to the spirit of the requirements, containing the above details can also be accepted.

call 1800 2000 400 or 1800 4190 200

email investor.line@lntmf.co.in

www.lntmf.com

Our lines are open from 9.00 am to 6.00 pm, Monday to Friday

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

CL00634

DECLARATION FOR 'ULTIMATE BENEFICIAL OWNERSHIP' [UBO]
(Mandatory for Non-Individual Applicants/Investors)



THIS DECLARATION IS NOT REQUIRED TO BE PROVIDED IN CASE THE INVESTOR OR THE OWNER OF THE CONTROLLING INTEREST IS A COMPANY LISTED ON ANY STOCK EXCHANGE, OR IS A MAJORITY - OWNED SUBSIDIARY OF SUCH A COMPANY.

A. APPLICANT DETAILS

Applicant Name

--

PAN

--

Category (Please tick (✓) relevant box)

Unlisted Company Partnership Firm Unincorporated association/Body of individuals Trust Others _____ (please specify)

B. DETAILS OF ULTIMATE BENEFICIAL OWNERS (Please refer Instructions 1)

Sr. No.	Name of Beneficial Owners	Nationality	Address	Identity proof (Please enclose self-attested proof)*	Country of tax residence and tax identification number (Please refer instruction 2)	Ownership (%)
1				PAN : _____ Other ID proof (if PAN not available): _____ (Please specify)	Country of Tax residence: _____ Tax Identification Number: _____	
2				PAN : _____ Other ID proof (if PAN not available): _____ (Please specify)	Country of Tax residence: _____ Tax Identification Number: _____	
3				PAN : _____ Other ID proof (if PAN not available): _____ (Please specify)	Country of Tax residence: _____ Tax Identification Number: _____	
4				PAN : _____ Other ID proof (if PAN not available): _____ (Please specify)	Country of Tax residence: _____ Tax Identification Number: _____	
5				PAN : _____ Other ID proof (if PAN not available): _____ (Please specify)	Country of Tax residence: _____ Tax Identification Number: _____	
6				PAN : _____ Other ID proof (if PAN not available): _____ (Please specify)	Country of Tax residence: _____ Tax Identification Number: _____	

I/We hereby acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Place: _____

Date:

--	--	--	--	--	--	--	--	--	--

Authorised Signatories

[with Company/Trust/Firm/Body Corporate seal]

Third Party Payment Declaration Form



Third Party Payment Declaration Form should be completed in English and in BLOCK LETTERS only.
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.
-----------------	-----------	-------------------

1. BENEFICIAL INVESTOR INFORMATION (refer instruction no. 2a)

Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FII <input type="checkbox"/> Client	<input type="checkbox"/> Employee(s)
-----------------------------------	--------------------------------	---	--------------------------------------

Folio No. (For existing investor) _____ Application No. _____

NAME OF FIRST/SOLE APPLICANT (Applicable only if Beneficial Investor is minor, FII/Client. Refer Instruction No. 2b)

F i r s t n a m e	M i d d l e n a m e	L a s t n a m e
-------------------	---------------------	-----------------

2. THIRD PARTY INFORMATION (refer instruction no. 3)

NAME OF THIRD PARTY (PERSON MAKING THE PAYMENT)

F i r s t n a m e	M i d d l e n a m e	L a s t n a m e
-------------------	---------------------	-----------------

Nationality _____ PAN* _____ Enclosed copy of (Please ✓)
 PAN Proof* KYC Compliance Proof*

* PAN and KYC proof is mandatory for all applicants, irrespective of the amount of investment. Please attach a copy of PAN Card and KYC. (Please refer Instructions Nos. 6 and 8)

NAME OF CONTACT PERSON & DESIGNATION (in case of Non-Individual Third Party)

First Name	Middle Name	Last Name
------------	-------------	-----------

Designation _____

MAILING ADDRESS (P.O. Box Address may not be sufficient)

City/Town _____ State _____ Pin _____

CONTACT DETAILS

Tel. (O) (ISD/STD) _____ Tel. (R) (ISD/STD) _____ Mobile _____
 Fax _____ Email ID _____

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please tick (✓) as applicable]

Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FII <input type="checkbox"/> Client	<input type="checkbox"/> Employee(s)								
Relationship of Third Party with the Beneficial Investor	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Related Person	Custodian SEBI Registration No. of Custodian _____ Registration Valid Till <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Employer
D	D	M	M	Y	Y	Y	Y				
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment is made on behalf of FII/Client and the source of this payment is from funds provided to us by FII/Client.	I/We declare that the payment is made on behalf of employee(s), as per the list enclosed herewith, under Systematic Investment Plan or lump sum/one time subscription through Payroll Deductions.								

3. THIRD PARTY PAYMENT DETAILS (refer instruction no. 4)

Mode of Payment (Please tick ✓)	Mandatory Enclosure(s)*
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook/statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque <input type="checkbox"/>	Procured against registered pay-in account: Any one of the following (please tick ✓) <input type="checkbox"/> Letter from Bank Manager with details of account holder's name, bank account number and PAN as per bank records (if available) or <input type="checkbox"/> Debit instruction from the bank, mentioning the bank account details and name of the Third Party, or <input type="checkbox"/> A copy of the passbook/bank statement evidencing the debit for issuance of a Demand Draft/Pay Order. Procured against cash (For investments below ₹ 50,000/- only): A banker's certificate for issuance of a Demand Draft/Pay Order against cash stating the name of the Third Party, bank account number and PAN as per bank record (if available)
RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

* L&T Mutual Fund/L&T Investment Management Limited ("LTIML") reserves the right to seek information and/or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

Amount#	in figures (v)	in words								
Cheque/DD/PO/UTR No.	Cheque/DD/PO/RTGS Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

Pay-in Bank A/c No. _____

Name of the Bank _____

Branch _____ Bank City _____

Account Type (Please ✓) Savings Current NRE NRO FCNR Others _____ (please specify)

including Demand Draft charges, if any.

4. DECLARATION & SIGNATURE (refer instruction no. 5)

THIRD PARTY DECLARATION

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which L&T Mutual Fund is entitled to verify directly or indirectly. I/We agree to furnish such further information as L&T Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, L&T Mutual Fund is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject/not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

I/We hereby declare that the amount invested in the Scheme 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 regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that L&T Mutual Fund may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the Beneficial Investor(s) as detailed in the Application Form.

Applicable to NRIs only :

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account.

Please (✓) Yes No

If yes, (✓) Repatriation basis
 Non-repatriation basis

Signature of the Third Party

[D I D I M I M I Y I Y I Y I Y]

BENEFICIAL INVESTOR(S) DECLARATION & SIGNATURE/S

I/We certify that the information declared herein by the Third Party is true and correct.

I/We acknowledge that L&T Mutual Fund reserves the right in its sole discretion to reject/not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the Beneficial Investor(s) detailed in the Application Form. L&T Mutual Fund will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of L&T Mutual Fund.

Applicable to Guardian receiving funds on behalf of Minor only:

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme on behalf of the minor.

*Sole/First Applicant/Guardian

Second Applicant

Third Applicant

* Authorised signatory on behalf of employee(s), as per the list enclosed.

[D I D I M I M I Y I Y I Y I Y]

THIRD PARTY PAYMENT RULES

1. In accordance with AMFI best practice guidelines Circular No. 16/2010-11, pertaining to "risk mitigation process against Third Party instruments and other payment modes for mutual fund subscriptions", mutual funds/asset management companies shall ensure that Third-Party payments are not used for mutual fund subscriptions.
- 2a. The following words and expressions shall have the meaning specified herein:
 - (a) "Beneficial Investor" is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
 - (b) "Third Party" means any person making payment towards subscription of Units in the name of the Beneficial Investor.
 - (c) "Third Party payment" is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/investor mentioned in the application form.

In case of payments from joint bank account, the first holder of the mutual fund folio has to be one of the joint holders of the bank account from which the payment is made.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
- 2b. L&T Mutual Fund will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/declarations:
 - (i) Payment by Parents/Grand-Parents/Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- for each regular Purchase or per SIP installment.
 - (ii) Payment by Employer on behalf of employee(s) under Systematic Investment Plan (SIP) or lump sum/one-time subscription, through Payroll deductions.
 - (iii) Custodian on behalf of an Foreign Institutional Investor (FII) or a Client

* 'Related Person' means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
- 2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected/not processed/refunded.
 - (i) KYC Acknowledgement letter (as issued by CDSL Ventures Limited) of the Beneficial Investor and the person making the payment i.e. Third Party.
 - (ii) Declaration Form containing the details of the bank account from which the payment is made and the relationship with the investor(s). The declaration has to be given by the person making the payment i.e., third party. The said form shall be available at Investor Service Centres of the Fund or can be downloaded from our website www.Intmf.com.
- 2d. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of L&T Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of L&T Mutual Fund for any further information or updates on the same.



**Know Your Client (KYC)
Application Form (For Non-Individuals Only)**

Application No. :



www.camskra.com

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. Identity Details (please see guidelines overleaf)

1. **Name of Applicant** (Please write complete name as per Certificate of Incorporation/Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2a. **Date of Incorporation**

 2b. **Place of Incorporation** _____

3. **Registration No. (e.g. CIN)**

Date of commencement of business

4. **Status** Private Ltd. Co. Public Ltd. Co. Body Corporate Partnership Trust / Charities / NGOs
Please tick (✓) FI FII HUF AOP Bank Government Body Non-Government Organisation
 Defence Establishment Body of Individuals Society LLP Others Please specify

5. **Permanent Account Number (PAN) (MANDATORY)**

 Please enclose a duly attested copy of your PAN Card.

COLOUR
PHOTOGRAPH

Please affix
recent Passport
size photograph of
Authorised Signatory.
Signatory to also sign
across the Photograph.

B. Address Details (please see guidelines overleaf)

1. **Address for Correspondence**

City / Town / Village _____ Pin Code _____
State _____ Country _____

2. **Contact Details**

Tel. (Off.)	(ISD)	(STD)	Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)	Fax	(ISD)	(STD)
E-Mail Id.					

3. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) Please specify *Not more than 3 Months old.

4. **Registered Office Address (If different from above) / Overseas Address-Mandatory for FIIs**

City / Town / Village _____ Pin Code _____
State _____ Country _____

5. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Bank Account Statement Registered Lease / Sale Agreement of Office Premises
 Any other proof of address document (as listed overleaf) Please specify *Not more than 3 Months old.

C. Other Details (please see guidelines overleaf)

1. **Name, PAN, DIN/UID, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors**
(Please use the Annexure to fill in the details)

DECLARATION

We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. We hereby declare that we are not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications direction issued by governmental or statutory authority from time to time. We hereby authorise sharing of the information furnished on this form with all SEBI registered KYC Registration Agencies/SEBI Registered Intermediaries

**NAME &
SIGNATURE(S)
OF
AUTHORISED
PERSON(S)**

Place : _____ Date : _____

FOR OFFICE USE ONLY

AMC/Intermediaryname OR code _____

(Originals Verified) Self Certified Document copies received
 (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Emp.No./ARN. No
Name of the Organization
Signature
Date
Documents Attestation

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____

PAN of the Applicant

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		

Name & Signature of the Authorised Signatory(ies)

Date / /