

## Common Application Form



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 ARN	EUIN	Branch Code	Relationship Manager's Name	
ARN- 9992				Mobile +91-	
	Sub-Distributor Code				
				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. EXISTING UNIT HOLDER'S INFORMATION (If you hold a Folio with L&amp;T Mutual Fund, please furnish the below information and move to Investment &amp; 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)

Correspondence Address	Overseas Residence Address (Mandatory for NRIs/PIOs)
City/Town _____ Pin _____	City/Town _____ Pin _____
State _____ Country _____	State _____ Country _____

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 <span style="border-bottom: 1px solid black; display: inline-block; width: 350px; height: 1.2em; vertical-align: middle;"></span>	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Bank Name <span style="border-bottom: 1px solid black; display: inline-block; width: 95%; height: 1.2em; vertical-align: middle;"></span>	
Branch <span style="border-bottom: 1px solid black; display: inline-block; width: 45%; height: 1.2em; vertical-align: middle;"></span>	City <span style="border-bottom: 1px solid black; display: inline-block; width: 45%; height: 1.2em; vertical-align: middle;"></span>
IFSC <span style="border-bottom: 1px solid black; display: inline-block; width: 35%; height: 1.2em; vertical-align: middle;"></span>	MICR <span style="border-bottom: 1px solid black; display: inline-block; width: 35%; height: 1.2em; vertical-align: middle;"></span>
<b>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.</b>	

### 3. MODE OF HOLDING

(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 | t |

PAN/PEKRN# | | | | | KIN^ | | | | | Date of Birth^ | D | D | M | M | Y | Y | Y | Y |

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

**3rd Applicant**

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 |

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

<sup>^</sup> 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

POA Holder's Name		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	F	i	r	s	t								M	i	d	d	I	e						L	a	s	t				
POA for		<input type="checkbox"/> Sole / First Applicant	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> 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)**

**For Lumpsum & SIP Investment (Please issue cheque favouring scheme name)**

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

[illegible]

(Default plan / option / sup option will be applied incase of no information, ambiguity or discrepancy)

Net Amount (₹) \_\_\_\_\_

Account Type ☐ Saving ☐ Current ☐ NRE ☐ NRO ☐ FCNR

**Document attached to avoid Third Party Payment rejection, where applicable :** ☐ Banker's Certificate, for DD ☐ Third Party Declaration

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

[illegible]

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

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

Depository Participant ID	Beneficiary A/c No.
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Gross Annual Income (For Individuals and Non Individuals)	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" 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"/> (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" 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"/> (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" 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"/> (Not older than 1 year)

<b>Occupation Details</b> <b>(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

Others (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company <input type="checkbox"/> YES <input type="checkbox"/> NO		
	(If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)		
	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"/> <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"/> (in case Nominee is a minor)	State _____
Guardian Name (in case Nominee is a minor) _____	Country _____ Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> <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"/> (in case Nominee is a minor)	State _____
Guardian Name (in case Nominee is a minor) _____	Country _____ Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> <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"/> (in case Nominee is a minor)	State _____
Guardian Name (in case Nominee is a minor) _____	Country _____ Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Guardian (if nominee is minor (Mandatory)) _____	Signature of the Nominee _____

**10. 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.ltmf.com" www.ltmf.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.

Date:

\_\_\_\_\_  
Sole/First Applicant/Guardian

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant