

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 ARN	Branch Code	Relationship Manager's Name		EUIN
ARN 102683					E 024075
	Sub-Distributor Code		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. 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		

*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.	
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Tax Status (✓) <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)	Occupation (✓) <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	Gross Annual Income (Rs.) (✓) <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.
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Country of Birth (✓) <input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify)	If you are a politically exposed person or related to a politically exposed person please (✓). <input type="checkbox"/> I am a politically exposed person. <input type="checkbox"/> I am related to a politically exposed person.	Country of Tax Residence (✓) <input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) Tax ID
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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	<input type="text"/>	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	<input type="text"/>		
Branch	<input type="text"/>	City	<input type="text"/>
IFSC	<input type="text"/>	MICR	<input type="text"/>

If you are not making the investment from the above mentioned bank account, please attach an original 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	<input type="text"/>
PAN of POA Holder for 1st Applicant	<input type="text"/>
Aadhaar Card No. of POA Holder for 1st Applicant	<input type="text"/>

(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	<input type="text"/>
PAN of Guardian	<input type="text"/>
Aadhar Card No. of Guardian	<input type="text"/>

(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	<input type="text"/>
Mobile No. +91-	<input type="text"/>
E-mail Id*	<input type="text"/>
Date of Birth	<input type="text"/>
(Mandatory if first applicant is a minor)	
PAN	<input type="text"/>
Aadhaar Card No.	<input type="text"/>

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	<input type="text"/>
PAN of POA Holder for 2nd Applicant	<input type="text"/>
Aadhaar Card No. of POA Holder for 2nd Applicant	<input type="text"/>

(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.

C) 3RD APPLICANT (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)

[illegible]

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 <u>(please specify)</u>	<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 3rd Applicant as on D D M M Y Y Y Y

Rs. _____

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

[illegible]

(POA Holder needs to comply with applicable KYC requirements)

3. MODE OF OPERATION (✓)

☐ **Sole/1st Holder only** ☐ **Either 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 "JOINT")

4. NOMINATION DETAILS

Please (✓) I/We ☐ Wish to appoint a Single nominee (Please fill the details below) ☐ DO NOT wish to appoint a nominee for my investments

☐ Wish to appoint Multiple nominees (Please fill separate nomination form)

I/We, (First Applicant) _____ (Second Applicant)* _____ and
(Third Applicant)* _____ do hereby nominate the following persons(s) more particularly described hereunder

and*/cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. _____ (*strike out which is not applicable)

Name of the Nominee	In case nominee is a minor, please fill : Date of Birth		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	Name of the Guardian		
City/Town		City/Town	
State	Pin	State	Pin
Country		Country	
Signature of the Nominee		Signature of the Guardian	

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 (Please ensure that the cheque complies to the CTS 2010 standards)

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

^ Default option if not selected

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

Systematic Investment Plan (SIP) Form



Please refer to the General Instructions & Checklist provided overleaf 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	
ARN- ARN 102683	Sub-Distributor Code			Mobile +91-	
				E-mail	E 024075

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.

Investor's declaration where EUIN is not furnished. 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 the 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.

X (Sole/First Applicant/Guardian)

X (Second Applicant)

X (Third Applicant)

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

Name of Sole/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.

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 bank details for SIP Debits (If selected, move to Section 4)

Scheme Name L&T

Option (✓) ☐ Growth* ☐ Dividend Payout ☐ Dividend Reinvestment

Dividend Frequency (wherever applicable) ☐ Monthly* ☐ Quarterly ☐ Annual^

First Instalment Details:

Instrument No.

Instrument Date D D M M Y Y Y Y

Account Type (✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ Others

Drawn On

SIP Amount

₹
(Minimum 500 for Equity schemes & 1000 for Non Equity schemes)

SIP Debit Date (✓)

☐ 1st ☐ 5th ☐ 10th* ☐ 15th ☐ 25th
☐ All five dates

SIP Frequency (✓)

☐ Monthly* ☐ Quarterly

SIP Period

From M M Y Y Y Y To M M Y Y Y Y
OR ☐ Until Cancelled

(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)

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

*Default option if not selected

^Available in select schemes only

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 (Not applicable if first applicant is minor)	Third Applicant (Not applicable if first applicant is minor)
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4. DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

UMRN Office use only Date D D M M Y Y Y Y

Tick (✓) ☐ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

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

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 Email Id

Folio No. Phone No.

Period From D D M M Y Y Y Y To D D M M Y Y Y Y or ☐ Until Cancelled

Signature of First Account Holder Signature of Second Account Holder Signature of Third Account Holder

1. Name & Sign as per Bank Records

2. Name & Sign as per Bank Records

3. Name & Sign as per Bank Records