

THIS IS A TEST

App. No.						Time Stamp	
Please refer to the gen	neral instructions for assistance	and complete all sect	ions in English. For legi	ibility, please use B	LOCK LETTER	S in black or dark ink.	
Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship M	anager's Naı	ne	
ARN-	Sub-Distributor Code			Mobile +91-			
				E-mail			
Initial Commission v II b		distril utor by sed on		ctors including the se		-	
SEBL (Mutual Fund)	Transact of Charges Regulations allow deduction o	f transaction charge		nvestor's Declaration		is not turnished tionally left blank by n	ne/us as
Rs. 100/- from your inv has opted to receive t transaction charges de for the first time. If yo would be deducted over	restment for payment to your dis ransaction charges for investme eductible are Rs. 150/- if you are ou are making a SIP Investment er 3-4 instalments. No transactio g through a Distributor or your i	stributor if your distrib ents sourced by him. investing in Mutual Fu t, the transaction cha n charges would be le	this is an "exe the employee/runds or notwithstand rges employee/relativied has not charged	cution only" trans elationship manage ding the advice of	action without r/sales persor inappropriate les person of	t any interaction or ac n of the above distribueness, if any, provided distributor and the dis	dvice by utor and/ d by the
If this is the first time,	you are investing in any mutual	fund, please tick here		pplicant	2nd Applicant		ant
1. EXISTING UNIT HO	DER'S INFORMATION (If you ho	old a Folio with L&T Mutua	I Fund, please furnish the be	elow information and m	ove to Investmen	t & Payment Information se	ection.)
	lolder □ Mr. □ Ms. □ M/s F	i r s t	M i				
	S) PERSONAL INFORMATION						
Sole /1st Applicant							
• • • • • • • • • • • • • • • • • • • •	M/s R A G H A V	J I	KHdMJ			C H H E D A	A s t
PAN/PEKRN# A E	U P C 2 9 7	5 G Date of B	irth/Incorporation 1 9	0 0 1 1 1 9 8	3 4 (Mandator	y if first applicant is a minor))
Guardian (For Minor In	ovestments) / Contact Person (Fo	or Non-Individuals)					
Name Mr. Ms.	i r s t		M i d d I e			La	s t
PAN/PEKRN# Proof of Date of Birth Proof of Relationship	☐ Birth Certificate	e Copy		Card Copy	Court Appointme Others Others	ent Guardian (please specify) (please specify)	
Mobile No. +91- 9 : *Investors providing e-n registered postal addres	2 2 4 2 1 1 5 4 1 1 1 2 2 1 1 1 1 2 2	1 E-mail Id* RUPIN nents, Annual Report &	.CHHEDA@GMAIL. other communication over	COM er e-mail. If you how	ever wish to re		n in your
	as per KRA records will overwrite						
	Correspondence Address	-		seas Residence Ad	dress (Mandat	ory for NRIs/PIOs)	
202, RADHIKA DA	ARSHAN, HEMUKALANI CR	ROSS ROAD 2					
IRANIWADI KAND	DIVALI WEST						
City/Town MUMBA	d	Pin 4 0 0 0 0 6	City/Town			Pin	шШ
State MAHARAS	TRA Country I	INDIA	State		Country		
Tel (R) (ISD) (STD)		Tel (O) (ISD) (ST	D)	Fax	ISD) (STD)		
Tax status of Sole/Fire	st Applicant (Please ✓)						
Resident Indian Indi	' '	//Body Corporate	Defence Estate			Bank	
Non Resident IndianPerson of Indian Ori	` '	Institutions iability Partnership (LLP)		ed Family (HUF) ganization (NGO)		☐ Society☐ Mutual Fund	
☐ Foreign Portfolio Inv	- : :			Persons (AOP)/Body o	f Individuals(BOI		
☐ Foreign National Re	siding in India	nstitutional Investor (FII)	☐ Trust	Are you a Non Profit	Organization (NI	PO) 🗆 Yes 🗆 No	
	ENT SLIP (To be filled in by the AVJI KHIMJI CHHEDA	Applicant)		an applicatio	n for	L&T Mutual I	Fund
	&T TAX ADVANTAGE FU	ND DIRECT PLAN	Option GROV		App. No.		
Investment Type (✓)					410	For Office Use Only	У
L/OT	ils : Cheque No. 000002 AK MAHINDRA BANK	Rs. 4500	•	2 0 M M 2 0 MUMBAI	וו א	Acknowledgement	-
Drawn on Bank KOT		Branch FORT	City	IVIOIVID/		Stamp & Date	1