

## 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-	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&amp;T Mutual Fund, please furnish the below information and move to Investment &amp; Payment Information section.)

Folio No.	PAN/PEKRN# of Sole/1st Unit Holder
Name of Sole/1st Unit Holder <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s	

## 2. NEW APPLICANT(S) PERSONAL INFORMATION

## Sole /1st Applicant

Name <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s	R A G H A V J I	K H I M J I	C H H E D A s t
PAN/PEKRN#	A E U P C 2 9 7 5 G	Date of Birth/Incorporation	1 9 0 1 1 9 8 4 (Mandatory if first applicant is a minor)

## Guardian (For Minor Investments) / Contact Person (For Non-Individuals)

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
PAN/PEKRN#	Relationship with Minor Applicant <input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointment Guardian

Proof of Date of Birth	<input type="checkbox"/> Birth Certificate Copy	<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Aadhaar Card Copy	<input type="checkbox"/> Others (please specify)
Proof of Relationship of Guardian	<input type="checkbox"/> Birth Certificate Copy	<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Court Appointment Order	<input type="checkbox"/> Others (please specify)

Mobile No. +91- 9 2 2 4 2 1 1 5 4 1 E-mail Id\* RUPIN.CHHEDA@GMAIL.COM

\*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.

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

Correspondence Address	Overseas Residence Address (Mandatory for NRIs/PIOs)
202, RADHIKA DARSHAN, HEMUKALANI CROSS ROAD 2 IRANIWADI KANDIVALI WEST	
City/Town MUMBAI Pin 4 0 0 0 6 7	City/Town Pin
State MAHARASTRA Country INDIA	State Country

Tel (R) (ISD) (STD)	Tel (O) (ISD) (STD)	Fax (ISD) (STD)
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## Tax status of Sole/First Applicant (Please ✓)

<input checked="" 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	RAGHAVJI KHIMJI CHHEDA	an application for
investment in Scheme	L&T TAX ADVANTAGE FUND DIRECT PLAN	Option
Investment Type (✓)	<input checked="" type="checkbox"/> Lumpsum <input checked="" type="checkbox"/> SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Multi-Scheme SIP	App. No.
Investment Cheque Details : Cheque No.	000002	Rs.
Drawn on Bank	KOTAK MAHINDRA BANK	Branch
	FORT	City
	MUMBAI	



For Office Use Only

Acknowledgement  
Stamp & Date

BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)																										
Account Number	3	8	1	1	9	3	1	6	4	8										Account Type	<input checked="" 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	KOTAK MAHINDRA BANK																									
Branch	FORT										City	MUMBAI														
IFSC	K	K	B	K	0	0	0	0	9	5	7	MICR														

If you are not making the investment from the above mentioned bank account, please attach an original cancelled cheque leaf of the above account with the name of the first holder printed.

### 3. MODE OF HOLDING

*(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 \_\_\_\_\_

PAN/PEKRN#								Date of Birth	D	D	M	M	Y	Y	Y	Y	E-mail Id _____
------------	--	--	--	--	--	--	--	---------------	---	---	---	---	---	---	---	---	-----------------

3rd Applicant \_\_\_\_\_

PAN/PEKRN# \_\_\_\_\_ Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 E-mail Id \_\_\_\_\_

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

## 5. POWER OF ATTORNEY (PoA) HOLDER DETAILS

POA for ☐ Sole / First Applicant ☐ Second Applicant ☐ Third Applicant E-mail Id \_\_\_\_\_

*(POA Holder needs to comply with applicable KYC requirements)*

**6. INVESTMENT & PAYMENT INFORMATION** (Please ensure that the cheque complies to the CTS 2010 standards)

**Investment Type (✓)** ☐ Lumpsum ☒ SIP ☐ Micro SIP (Also fill & attach SIP Investment Form) ☐ Multi-Scheme SIP (Please fill Multi-Scheme SIP Investment Form)

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

**Scheme Name** L&T TAX ADVANTAGE FUND DIRECT PLAN **Option** (✓) ☒ **Growth\*** ☐ Dividend Reinvestment ☐ Dividend Payout

**Dividend Frequency** (✓wherever applicable) ☐ Daily ☐ Weekly ☒ **Monthly\*** ☐ Quarterly ☐ Annual^ ☐ Semi-Annual^

Payment Mode : ☒ Cheque / DD / Pay Order    ☐ Electronic Transfer    ☐ One Time Mandate (OTM)

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

\*Default option if not selected    ^Available in select schemes only

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

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

**call** 1800 2000 400 or 1800 4190 200      **email** investor.line@Intmf.co.in      **www**.Intmf.com

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

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

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

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

Payment Mode : <input type="checkbox"/> Cheque / DD / Pay Order <input type="checkbox"/> Electronic Transfer	Drawn On _____ Bank Name _____													
Instrument No. _____ Instrument Date <table><tr><td>D</td><td> </td><td>M</td><td> </td><td>M</td><td> </td><td>Y</td><td> </td><td>Y</td><td> </td><td>Y</td><td> </td><td>Y</td></tr></table>	D		M		M		Y		Y		Y		Y	Bank Branch _____ Bank City _____
D		M		M		Y		Y		Y		Y		
UTR No. _____	Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR													
Investment Amount (₹) _____														
DD Charges (if applicable ₹) _____														
Net Amount (₹) _____														

\*Default option if not selected ^Available in select schemes only

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

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

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

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

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

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

Gross Annual Income (For Individuals and Non Individuals)	For First Applicant/ Guardian	<input type="checkbox"/> Below 1 lac <input checked="" 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 <table><tr><td>D</td><td> </td><td>M</td><td> </td><td>M</td><td> </td><td>Y</td><td> </td><td>Y</td><td> </td><td>Y</td></tr></table> (Not older than 1 year) (Mandatory for Non-Individuals)	D		M		M		Y		Y	
	D		M		M		Y		Y		Y	
	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 <table><tr><td>D</td><td> </td><td>M</td><td> </td><td>M</td><td> </td><td>Y</td><td> </td><td>Y</td><td> </td><td>Y</td></tr></table> (Not older than 1 year)	D		M		M		Y		Y	
	D		M		M		Y		Y		Y	
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 <table><tr><td>D</td><td> </td><td>M</td><td> </td><td>M</td><td> </td><td>Y</td><td> </td><td>Y</td><td> </td><td>Y</td></tr></table> (Not older than 1 year)	D		M		M		Y		Y		Y
D		M		M		Y		Y		Y		

Occupation Details (For Individuals only)	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 checked="" type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>
	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 <u>Please specify</u>
	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 <u>Please specify</u>

Others (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input checked="" 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 checked="" 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 wish to appoint Multiple Nominees (Please fill the Nomination Form separately)

Name of the Nominee	RUPIN RAGHAVJI CHHEDA		In case nominee is a minor, please fill : 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"/>
Relationship with the Applicant	SON		Name of the Guardian	
Address of the Nomine		Address of the Guardian		
202, RADHIKA DARSHAN, HEMUKALANI CROSS ROAD 2				
IRANIWADI, KANDIVALI WEST				
City/Town	MUMBAI	City/Town		
State	MAHARASTRA	State		
Pin	4 0 0 0 6 7	Pin		
Country	INDIA	Country		

 Signature of the Nominee

 Signature of the Guardian

**9. 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.Intmf.com" www.Intmf.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