## **Common Application Form**



Please refer to the gen	eral instructions for assistan	ice and complete all section	ns in English. For legi	bility, please use	BLOCK LETTE	Time Stamp  RS in black or dark ink.
Distributor Code	Sub-Distributor ARN	EUIN	Branch Code		Manager's Na	
ARN-	Sub-Distributor Code			Mobile +91-		
				E-mail		
nitial Commission will be	e paid by the investor directly to	o the distributor, based on as	sessment of various fac	tors including the	service rendered	d by the Distributor.
CEDI (Mutual Eund)	Transaction Charges Regulations allow deduction	of transaction charges				N is not furnished ntionally left blank by me/us a
Rs. 100/- from your involves opted to receive to ransaction charges de for the first time. If yo vould be deducted ove	estment for payment to your ransaction charges for inves ductible are Rs. 150/- if you a u are making a SIP Investm r 3-4 instalments. No transac through a Distributor or you	distributor if your distribut trents sourced by him. The are investing in Mutual Func ent, the transaction charge tion charges would be levice	this is an "execute the employee/reds or notwithstandes employee/relationed has not charged	cution only" tra elationship mana ling the advice onship manager	nsaction withous ager/sales perso of inappropriat sales person o	ut any interaction or advice be on of the above distributor an teness, if any, provided by the f distributor and the distribute
f this is the first time, y	ou are investing in any mutu	ual fund, please tick here		oplicant	∠ 2nd Applicant	
1. EXISTING UNIT HO	_DER'S INFORMATION (If you	u hold a Folio with L&T Mutual F	und, please furnish the be	low information and	I move to Investme	ent & Payment Information section.)
Folio No.		PAN	N/PEKRN <sup>#</sup> of Sole/1st U	Init Holder		
Name of Sole/1st Unit H	older 🗆 Mr. 🗆 Ms. 🗆 M/s 📙					
2. NEW APPLICANT(S	) PERSONAL INFORMATION					
Sole /1st Applicant						
Name ☐ Mr. ☐ Ms.	M/s F i r s t					
PAN/PEKRN#		Data of Pirtl	n/Incorporation D D		V V (Mandat	ory if first applicant is a minor)
	vootmente) / Centest Bersen		Willoof portation   B   B		(manaat	ory it most approant to a minor,
suardian (For Minor in	vestments) / Contact Person	(For Non-Individuals)				
Name Mr. Ms.						
		Relationship with Minor	i d d l e	Suardian	Court Appointm	L a s t
PAN/PEKRN#	i r s t	Relationship with Minor Acate Copy Passport Co	• •		Court Appointm	nent Guardian (please specify)
PAN/PEKRN# Proof of Date of Birth		cate Copy Passport Co	py 🗆 Aadhaar C	ard Copy		
PAN/PEKRN# Proof of Date of Birth Proof of Relationship of		cate Copy Passport Co	py 🗆 Aadhaar C	ard Copy	Others	
PAN/PEKRN# Proof of Date of Birth Proof of Relationship of Mobile No. +91- Investors providing e-m	of Guardian ☐ Birth Certifi ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	cate Copy Passport Co	ppy Aadhaar Ca	ard Copy	Others Others	
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PAN/PEKRN#  Proof of Date of Birth Proof of Relationship of Mobile No. +91-  *Investors providing e-megistered postal address KYC is mandatory. Please	f Guardian Birth Certifi  ail id will receive Account States, please tick here	cate Copy Passport Co cate Copy Passport Co E-mail Id* tements, Annual Report & ot nowledgement letters for all a	py Aadhaar Coppy Court Appoints Communication over	ard Copy intment Order er e-mail. If you h	Others Others owever wish to r	(please specify) (please specify) eceive this communication in yo
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DANIK ACCOUNT INFORMATION (M. 1.4. f	4.3
BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend pa	ayments)
Account Number	Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others
Bank Name	
Branch	City
IFSC	MICR
If you are not making the investment from the above mentioned bank account, pleaname of the first holder printed.	ase attach an original cancelled cheque leaf of the above account with the
3. MODE OF HOLDING	
Please ✓ □ Sole/1st Holder only □ Any one or Survivor □ Joint	
(If the mode of operation is not specified above, for folios opened with more than one app	licant, the mode of operation would be taken as "JOINT")
4. DETAILS OF OTHER APPLICANT(S) (Please note that where the sole/1st application)	nnt 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# Date of Birth	Y   Y   Y   Y   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# Date of Birth	Y   Y   Y   Y   E-mail Id
KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applic	ants. #PEKRN required for Micro investments upto Rs. 50,000 in a year.
5. POWER OF ATTORNEY (PoA) HOLDER DETAILS	
If your investment is being made by a Constituted Attorney on your behalf, please furnish to the same:	he below details and enclose a <b>notarised copy</b> of the Power of Attorney for registering
POA Holder's Name  Mr. Ms. F i r s t	M i d d I e L a s t
POA for Sole / First Applicant Second Applicant Third Applicant	-mail Id
PAN of POA Holder	Date of Birth
(POA Holder needs to comply with applicable KYC requirements)	
6. INVESTMENT & PAYMENT INFORMATION (Please ensure that the cheque compl	ies to the CTS 2010 standards)
Investment Type (✓) □ Lumpsum □ SIP (AL SUB AL A SUB A S	Multi-Scheme SIP (Please fill Multi-Scheme SIP Investment Form)
Micro SIP (Also fill & attach SIP Investment	nt Form)
For Lumpsum & SIP Investment (Please issue cheque favouring scheme name)	
Scheme Name L&T	<b>Option</b> (✓)
Dividend Frequency (✓wherever applicable) ☐ Daily ☐ Weekly ☐ Mo	nthly* Quarterly Annual^ Semi-Annual^
Payment Mode :   Cheque / DD / Pay Order   Electronic Transfer   C	one Time Mandate (OTM)
(Default plan / option / sup option will be applied incase of no information, ambiguity or dis	screpancy)
Instrument No. Instrument Date DIMIMIYIYIY	
UTR No.	Drawn OnBank Name
Investment Amount (₹)	Bank Branch Bank City
DD Charges (if applicable ₹)	Account Type Saving Current NRE NRO FCNR
Net Amount (₹)	
*Default option if not selected	
Subject to realisation of cheque and furnishing of mandatory information/do	ocuments. Please retain this slip till you receive your Account Statement.

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

email investor.line@Intmf.co.in

www.lntmf.com

**call** 1800 2000 400 or 1800 4190 200

	ached to avoid Third Party eme SIP (Please issue chec		•••		e, for DD 🔲 Thii	d Party Declaration	
Scheme 1 Dividend Frequency	L&T			Option (✓) SIP Amount (₹)	Growth*	Dividend Payout	Dividend Reinvestment
Scheme 2 Dividend Frequency	L&T			Option (✓) SIP Amount (₹)	Growth*	Dividend Payout	Dividend Reinvestment
Scheme 3 Dividend Frequency	L&T				Growth*	Dividend Reinvestment	
Payment Mod Instrument No UTR No.			ronic Transfer	Drawn On	ık Branch	Bank Name Bar	ık City
Investment And DD Charges (	(if applicable ₹)			Account Type	□ Saving □ C	urrent	□ NRO □ FCNR
	on if not selected ^Availab		-				
	COUNT INFORMATION (Mathematical Information	•		•	copy of the Clie	ent Master that you	may have received from you
Depository Par							,,,
Depository Par Depository Par		NSDL	OR CD				
8. KYC DETA	NLS (Mandatory. If left blank	the application is li	able to be rejected)				
Cross Annua	For First Applicant/ Guardian	☐ Below 1 lac	☐ 1-5 Lacs	5-10 Lacs	10-25 Lacs		crore
Gross Annual Income (For Individuals and Non Individuals)	uals For Second Applicant	☐ Below 1 lac	☐ 1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs - 1	crore
	For Third Applicant	Below 1 lac	☐ 1-5 Lacs	5-10 Lacs	10-25 Lacs	a 25 Lacs - 1	crore
Occupation Details (For Individuals only)	For First Applicant/ Guardian	Private Sector Se		or Service Governm		Business Prof	essional Please specify
	For Second Applicant	☐ Private Sector Service ☐ Public Secto ☐ Housewife ☐ Retired ☐ Student		or Service Governm		Business Prof	essional Please specify
	For Third Applicant	☐ Private Sector Se☐ Housewife ☐ Re		or Service Governm		Business Prof Agriculturist Other	essional Please specify
Others (For Individuals only)	For First Applicant/ Gu	For First Applicant/ Guardian		erson			
	Tor Second Applicant			· · · · · · · · · · · · · · · · · · ·			
	For Third Applicant	For Third Applicant    I am politically Exp		on	ed to Politically E	xposed Person	Not Applicable
Others (For	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company  (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)  If the Entity involved/providing any of the following services:					S NO	
Non-Individ				□ NO			
only)		<ul> <li>→ Foreign Exchange/ Money Changer Services  YES</li> <li>→ Money Lending/Pawning  YES</li> </ul>		□ 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 pro	oprietor 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	Yes	Yes	Yes	Yes		
other country	No	No	No	No		
If No, please mandatorily enclose the FATCA & CRS	S Declaration for Individual Inv	vestors.				
FOR NON-INDIVIDUALS: Overseas Corporate Investorm and fill ONLY the UBO Declaration.	stors should enclose FATCA, (	CRS & UBO Declaration wit	th all sections filled. Domest	ic Corporates to enclose the		
10. NOMINATION DETAILS Please note that where	the sole/1st applicant is a mir	nor, no nomination is allow	ed			
(Please ✓) □ I/We wish to Nominate □ I/We do r	not wish to Nominate	e wish to appoint Multiple No	minees (Please fill the Nomina	ation Form separately)		
Name of the Nominee		In case nominee is a minor, please fill : Date of Birth				
Relationship with the Applicant		Name of the Guardian				
Address of the Nominee	Address of the Guardian					
City/Town		City/Town				
State	_ Pin					
Country						
Country		Country				
	ninee		Signature of the Guard	dian		
9. DECLARATION & SIGNATURES						
I/We have read and understood the contents of the Sche	eme Information Document, State	ment of Additional Information	and Key Information Memorano	dum of the aforesaid Scheme of		
L&T Mutual Fund including the sections on "Who cannot	· ·		=	-		
apply for allotment/purchase of Units in the Scheme and	-	* *	-			
investment and that the amount invested in the Scheme any Act, Rules, Regulations, Notifications or Directions i disclose details of my investment to my bank(s)/L&T Mutt the form of trail commission or any other mode), payable to me/us. I/We have neither received nor been induced to form is correct, complete and truly stated.	ssued by any regulatory authority ual Fund's bank(s) and/or Distribu e to him for the different competing	r in India. I/We hereby authoric tor/Broker/Investment Adviser. g schemes of various Mutual I	se L&T Mutual Fund, its Investi The ARN holder has disclosed Funds from amongst which the	ment Manager and its agents to to me/us all the commissions (in Scheme is being recommended		
I/We accept and agree to abide by the terms and conditivarious channels.	ions (as mentioned on www.lntmf	.com) with respect to my/our o	dealings with L&T Mutual Fund/	its Investment Manager through		
APPLICABLE FOR NON-ADVISORY TRANSACTIONS	ONLY:					
I/We, hereby acknowledge and confirm that the above trais being made notwithstanding the advice of the appropriate AMFI registered distributor. On this transaction, the distributor (s)disclosed by the distributor.	riateness/inappropriateness of the	e same. On such transaction(s	s), I am not being charged any	kind of transaction fee(s) by the		
*APPLICABLE FOR NRIs/PIOs/FIIs/FPIs INVESTING Or remitted funds from abroad through approved banking ch be from funds received from abroad through approved banking the	nannels or from funds in my/our NI	RE/FCNR Account. I/We under	rtake that all additional purchase	es made under this folio will also		
			Date:	D D M M Y Y Y Y		

Second Applicant