Common	Ann	lication	Form
Common	App	incation	I UIIII

App. No.



Please refer to the general instruct Distributor/RIA Code	ions for assistance and Sub-Distributor	-	_	lish. For legibil ibutor Code	ity, please use B	LOCK LETTER	S in black	or dark ink. Branch	Code	
Distributor/KIA Code	300-Distributor	ANN	305-5150			EOIN		Dialicity	coue	
					le d'an de comérce		Distribut			
Initial Commission will be paid by the in Transaction Charges: SEBI (Mutual I	-				-				opted to	receive
transaction charges for investments sou charges would be deducted over 3-4 inst									nt, the tran	saction
If this is the first time, you are investing in Investor's Declaration where EUIN i			IIN hox has been inte	entionally left blan	k hy me/us as this is	an "execution on	lv" transact	ion without any intera	ction or ad	dvice hv
the employee/relationship manager/sales and the distributor has not charged any a	person of the above distrib	utor and/or not								
		⊯ 2nd App	licant			⊯ 3rd Applican	t			
1. EXISTING UNIT HOLDER'S	S INFORMATION (If y	ou hold a Folio	o with L&T Mutual F	und, please furni	sh the below inform	nation and move	to Investme	ent & Payment Inforn	nation sec	tion.)
Name of Sole/1st Unit Holder	r. 🗆 Ms. 🗆 M/s	First Name		Middle Name		Last Name	Fol	io No.		
PAN/PEKRN [#]		Aadhaar No.	First U	nit Holder		KIN^				
Date of Birth [*] D D M M Y	ΥΥΥΥ	Mobile No. +	91			E-mail Id				
2. NEW APPLICANT(S) PERS	SONAL INFORMATI	ON								
Name of 1st/Sole Applicant	. 🗆 Ms. 🗆 M/s				Middle Name			Last Name		
PAN/PEKRN#		Aadhaar No.	First U	nit Holder		KIN [^]				
Date of Birth [^] D D M M Y	Y Y Y (Mandatory if fire	st applicant is a min	or) Mobile No. +91			E-mail Id				
Guardian (For Minor Investme	nts) / Contact Person	ı (For Non-I	ndividuals)							
Name 🗆 Mr. 🗆 Ms. 🗆 M/s	First Name			Middle	Name			Last Name		
PAN/PEKRN [#]		Aadhaar No.	First U	nit Holder		KIN [^]				
Date of Birth [^] D D M M Y	Y Y Y (Mandatory if fire	st applicant is a mir	or) Mobile No. +91	l		E-mail Id				
Relationship with Minor Applicant	Proof of Date of Birth				Proof of the Re	lationship with	minor			
O Natural Guardian	O Birth Certificate Cop	y O Passpo	ort Copy 🔿 Aad	haar Card Copy	O Birth Certifica	ate Copy 🛛 I	Passport C	opy 🔿 Court App	pointment	Order
O Court Appointment Guardian	◯ Others				◯ Others					
3. DETAILS OF OTHER APPLI	CANT(S) (Please no	te that wher	e the sole/1st a	pplicant is a m	linor, no joint h	olders are allo	wed)			
Name of 2nd Applicant	Ms. 🗆 M/s	First Nan	ne		Middle Name			Last Name		
PAN/PEKRN#		Aadhaar No.	First U	nit Holder		KIN^				
Date of Birth [^] D D M M Y	Y Y Y (Mandatory if fir	st applicant is a mir	lor) Mobile No. +91			E-mail Id				
Name of 3rd Applicant	Ms. 🗆 M/s	First Nan			Middle Name			Last Name		
PAN/PEKRN#		Aadhaar No.	Firet	nit Holder		KIN^				
	V V V (Mandatony if fir		or) Mobile No. +91			E-mail Id				
*Investors providing e-mail id will					n over e-mail. If		vish to rec	ceive this commur	nication i	n vour
registered postal address, please KYC is mandatory. Please enclose cop	tick here		·							,
^ 14 digit KYC Identification Number (K	-					•	•			
ACKNOWLEDGEMENT SLIP (To b	pe filled in by the Appli	cant)						L&T Fina	ncial Ser _{Mutua}	
Received from				Ontion	an	application for	App. No			
investment in Scheme L&T Investment Type (✓) ○ Lump	osum O SIP	O Micro SI	P O Multi-S	_ Option Scheme SIP	O Multi-Schen	ne Lumpsum	Г	For Office Use	e Only	
Investment Cheque Details : Instrum			Rs	Date				Acknowledger		
Drawn on Bank		Branch		Ci	tv			Stamp & Da		1

4. Address (Address as per KRA	records will overwrite this addre	ess if you are KYC compliant)			
Correspondence Address					
City/Town	Pin	State	Country		
Overseas Address (Mandatory fo	r NRIs/PIOs)				
City/Town	Pin	State	Country		
	/->				
Tel (R) (ISD) (STD)	Tel (O) _(ISD)	(STD) Fax (ISE	0) (STD)		
5. Tax status of Sole/First Applic	cant (Please ✓)				
\bigcirc Resident Indian Individual	○ Company/Body Corporate	O Defence Establishment	○ Society		
\bigcirc Non Resident Indian Individual (NRI)	\bigcirc Financial Institutions	○ Hindu Undivided Family (HUF)	◯ Mutual Fund		
○ Person of Indian Origin (PIO)	\bigcirc Limited Liability Partnership (LLP)	O Non Govt. Organization (NGO)	○ Trust		
\bigcirc Foreign Portfolio Investor (FPI)	○ Partnership Firm	○ Association of Persons (AOP)/Body of Individuals(BOI)	O Others		
\bigcirc Foreign National Residing in India	\bigcirc Foreign Institutional Investor (FII)	⊖ Bank	Are you a Non Profit Organization (NPO)		
6. BANK ACCOUNT INFORMATI	ON (Mandatory for receiving Re	edemption/Dividend payments)			
		Account Type: O Sat	vings O Current O NRE O NRO		
Account Number		Please ✓any one ○ FC	NR O Others		
Bank Name		Branch			
City	IFSC	MIC			
If you are not making the investme of the first holder printed.	ent from the above mentioned bar	nk account, please attach an original cancelled che	que leaf of the above account with the name		
7. MODE OF HOLDING					
Please ✓ ○ Sole/1st Holder only	Any one or Survivor	★	a ac "Any and ar Survivor")		
8. POWER OF ATTORNEY (PoA)	· •	an one applicant, the mode of operation would be taken	Tas Any one of Survivor)		
		If, please furnish the below details and enclose a origir	nal notarised copy of the Power of Attorney for		
registering the same:	, , , , , , , , , , , , , , , , , , ,	,			
POA Holder's Name Mr. Ms.	First Name	Middle Name	Last Name		
POA for O Sole / First Applicant C	Second Applicant O Third Applic	cant E-mail Id			
PAN of POA Holder			Date of Birth [^] D D M M Y Y Y Y		
has registered under Central KYC	•• • • •	^ 14 digit KYC Identification Number (KIN) and Date	e of Birth is mandatory for Individual(s) who		
9. DEMAT ACCOUNT INFORMAT	TION (Mandatory for crediting uni	ts in demat account)			
If you wish to hold your investment in Depository Participant. O NSDL		sh the below details and <u>enclose a copy of the Clien</u>	t Master that you may have received from your		
NSDL/CDSL: Depository Participant	Name				
Depository Participant ID		Beneficiary A/c No.			
Enclosed:	Client Master	○ Transaction / Statement Copy / DIS Copy			
L					

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.ltfs.com

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

10. INVESTMENT	& PAYMENT INFORMATION (Please	ensure that	the cheque com	plies to th	ne CTS 2010 standard	is)	
1. Investment Type (O Micro SIP (For SIP/Micro SIP, plea	ase fill SIP Inve	,	um	O Multi-Scheme S	SIP (Please fill Multi-Scheme S	SIP Investment Form)
For Lumpsum & SI	P Investment (Please issue cheque fa	vouring sche	eme name)				
Investment Amount	t (₹) D	D Charges (i	if applicable ₹)			Net Amount (₹)	
Scheme Name L&T			0	ption (✓)	\bigcirc Growth* \bigcirc Divide	and Payout \bigcirc Dividend Rein	vestment O Bonus^
Dividend Frequenc	y (✓wherever applicable) O Daily	\bigcirc Weel	kly O Mon	thly*	O Quarterly	○ Annual^ ○ Semi-	Annual^
For Multi-Scheme SI	P/Multi-Scheme Lumpsum (Please issue	cheque favoi	uring L&T MF Mul	ti-Scheme	SIP and L&T MF Multi	Scheme Lumpsum respectiv	vely)
Total Investment An	nount (₹)	DD Charges	s (if applicable ₹)			Net Amount (₹)	
Scheme 1 : L&T				Option (✓) ○ Growth* ○ Div	idend Payout $ \bigcirc $ Dividend Re	einvestment 〇 Bonus^
Amount (₹)				Dividend	Frequency		
Scheme 2 : L&T				Option (✓) ○ Growth* ○ Div	idend Payout \bigcirc Dividend Re	einvestment \bigcirc Bonus^
Amount (₹)				Dividend	Frequency		
Scheme 3 : L&T				Option (✓) ○ Growth* ○ Div	idend Payout \bigcirc Dividend Re	investment \bigcirc Bonus^
Amount (₹)				Dividend	Frequency		
2. Payment Details	: For Lumpsum and SIP/Multi-Schem	e SIP/Multi-S	cheme Lumpsun	n			
○ Cheque / DD / Pa	y Order O Electronic Transfer	○ One T	Time Mandate (OT	M) (for	Lumpsum and SIP In	vestment)	
If cheque / DD / Pay	Order, please fill Instrument No.		Instru	ment Date		YYYY	
	DD C						
	Bank Name	0 (11					
Account Type (✓)	○ Saving ○ Current			○ FCN	R O Others		
If electronic transfe	r, please fill UTR No.						
Amount	Debit Bank Name _	· · · · ·			Account No.		
	e, Please fill, Unique Mandate Reference						
Amount	Debit Bank Name	e number (O			Account No.		
If electronic transfe	r, piease IIII UTR No.						
Debit Bank Name					Account No.		
*Default option if not Document attached t	selected Available in select schen o avoid Third Party Payment rejection, v	•				ase of no information, ambig arty Payment Declaration Form	
11. KYC DETAILS	(Mandatory. If left blank the application	on is liable to	be rejected)				
CATEGORIES	First Applicant/ Guardian			cond App		Third App	
	 ○ Below 1 lac ○ 5-10 Lacs ○ 1-5 L ○ 10-25 		 ○ Below 1 lac ○ 5-10 Lacs 		 1-5 Lacs 10-25 Lacs 	 Below 1 lac 5-10 Lacs 	 1-5 Lacs 10-25 Lacs
Gross Annual Income	○ 25 Lacs - 1 crore ○ > 1 C		 5-10 Lacs 25 Lacs - 1 cro 	re	 10-25 Lacs > 1 Crore 	 5-10 Lacs 25 Lacs - 1 crore 	 > 1 Crore
(For Individuals and Non	Net-worth in (Mandatory for Non-Indivi		Net-worth			Net-worth	
Individuals)	(₹)	as on ((₹)		as on	(₹)	as on
	DD/MM/YYYY (Not older the	an 1 year)	D D / M M / Y	YYY	(Not older than 1 year)		(Not older than 1 year)
	 Private Sector Service Public Sector Service Stude 		 Private Sector \$ Public Sector \$ 		 Retired Student 	 Private Sector Service Public Sector Service 	 Retired Student
Occupation Details	 Government Service Grovernment Service 		Government Sector S		O Forex Dealer	 Government Service 	 Student Forex Dealer
(For Individuals only)	 Business Professional Agric House 		 Business Professional 		 Agriculturist Housewife 	BusinessProfessional	 Agriculturist Housewife
Siny)	Others Please specify		Others		se specify		ise specify
Others	O I am politically Exposed Person		I am politically	Exposed I	Person	 I am politically Exposed 	Person
(For Individuals only)	 I am Related to Politically Exposed Not Applicable 		 I am Related to Not Applicable 	Politicall	y Exposed Person	 I am Related to Political Not Applicable 	lly Exposed Person
Additional KYC Det	ails for Non-Individuals						
Others	Is the company a Listed Company or S (If No, please attach Ultimate Beneficia	-			ed by a Listed Compan	y O YES	\bigcirc NO
(For Non-	If the Entity involved/providing any of th				S (Please ✓ from belo	w) O NO	
Individuals only)	Gaming/Gambling/Lottery/Casino S	0			/ Money Changer Serv	,	J/Pawning

12. 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						
	⊖ Yes	⊖ Yes	⊖ Yes	⊖ Yes			
I am a tax resident of India and not a resident of any other country	○ No	O No	O No	() 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.

13. NOMINATION DETAILS (Please note that where the sole/1st applicant is a minor, no nomination is allowed)

(Please \checkmark) \bigcirc I/We wish to Nominate \bigcirc 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.

Particulars	1st Nominee	2nd Nominee	3rd Nominee
Name			
Date of Birth (in case nominee is a minor)	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y
Guardian Name (in case nominee is a minor)			
Address			
City			
State			
Country			
Pincode			
Allocation %			
Signature of Guardian (if nominee is minor) (mandatory)			
Signature of Nominee			

14. 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/InvestmentAdviser/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 "www.ltfs.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 LTIML/Fund/RTA, to share the information provided by me / us with other SEBI Registered Intermediaries to facilitate single submission /updation. I / We authorize LTIML/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.

APPLICABLE FOR INVESTMENT THROUGH RIA (REGISTERED INVESTMENT ADVISER) :

I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan to the above mentioned SEBI Registered Investment Adviser.

Date: D D M M Y Y Y Y

Systematic Investment Plan (SIP) / Micro SIP Form



Please refer to the general instructions for as	sistance and complete all sections in English	h. For legibility, please use BLOCK LET	ERS in black or dark ink.	Time Stamp
Distributor/RIA Code	Sub-Distributor ARN	Sub-Distributor Code	EUIN	Branch Code
investments sourced by him. The transaction No transaction charges would be levied if you Investor's Declaration where EUIN is not furnish	charges deductible are Rs. 150/- if you are inve are not investing through a Distributor or yo ed: I/We confirm that the EUIN box has been inter	esting in Mutual Funds for the first time. If ur investment amount is less than Rs.10, ntionally left blank by me/us as this is an "e»	rou are making a SIP Investment, the transaction 00/ If this is the first time, you are investing in a ecution only" transaction without any interaction o	tor has opted to receive transaction charges for charges would be deducted over 3-4 instalments ny mutual fund, please tick here r advice by the employee/relationship manager/sales as not charged any advisory fees on this transaction
⊯ Sole/1st Applicant	⊯ 2nd App	licant	🗷 3rd Applicant	
OTM DEBIT MANDATE FOR	RM FOR NACH/ECS/AUTO I	DEBIT		
L&T Financial Services Mutual Fund UMRN		Office use only		ate D D M M Y Y Y Y
Jtility Code	CITI0000200000037		◯ Create ◯ Moo	lify O Cancel
Sponsor Bank Code	CITI000PIGW	/We hereby authorize	L&T Mutua	al Fund
o debit (✓)	○ SB-NRE ○ SB-NRO ○ Othe	r Bank A/c No.		
Vith Bank	Bank Name		IFSC/ MICR	
an amount of Rupees	A	mount in words		₹
Debit Type Fixed Amount	Maximum Amount Frequ	ency Monthly Qu	arterly 🛛 Half Yearly 🕅 Ye	arly 🗹 As & when presented
Reference 1		Reference 2		
has been carefully read, understood & i	made by me/us. I am authorising the us	ser entity / Corporate to debit my a	count, based on the instructions as agre	nk. 2. This is to confirm that thae declaration and signed by me. 3. I have understoon he bank where I have authorized the debit
Period				
From D D M M Y Y To 3 1 1 2 2 0	YYY 99	Account Holder	ature of Second Account Holder	Signature of Third Account Holde
Fo $3 1 1 2 2 0$ or X Until Cancelled	1. Name as in Ba		ame as in Bank Records 3	
APPLICANT INFORMATIO				
Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name	Folio No.
PAN/PEKRN**	irst Unit Holder	Second Unit Ho	der	Third Unit Holder
KIN* First Un	it Holder	Se¢on¢ Urjit Hpl	er	Third Unit Holder
Date of Birth* (1st Unit Holder)	MMYYYYY Date of Bir	th* (2nd Unit Holder)	YYYYY Date of Birth* (3rd U	Jnit Holder) D D M M Y Y Y Y
Mobile No. +91-		E-mail ID		
	Mandatory. If left blank, the appl			
C C	•			ne folio. (If selected, Section 4 to be filled in mandatorily)
OTM Debit Mandate is already	registered in the folio. Please fill, U		JMRN)	
Scheme Name L&T		ACC		
	Dividend Payout O Dividend F			
First Instalment Details: Instrument	No. Instrum	ent Date D D M M Y Y Y	$igsim AccountType(\checkmark) \odot Savings \odotC$	Current \bigcirc NRE \bigcirc NRO \bigcirc Others
Drawn On	Bank Name	B	ank Branch	Bank City
SIP Amount ₹		SIP Frequency	Monthly* Quarterly	
	0 10th * ○ 15th ○ 20th ○ 25th ○ 28th ○	•		
Equity schemes & 1000 for Non Equity sche	mes)		,the one mentioned in the Debit Mandate will b	e considered.) (For SIP amount Minimum 500 fo ^Available in select schemes onl
Reason for your SIP (\checkmark) \bigcirc Childre \bigcirc SIP Top Up (Optional) - Available	only for investments effected through	8	Top Up Amount ₹	Amount in multiples of ₹ 500 only
Top Up to continue till SIP amount rea ^ SIP Top Up will cease once the men	ches^₹OR Top Up to	continue till [#] D D M M Y e date from which SIP Top-Up amo		ase \checkmark any one) \bigcirc Half Yearly \bigcirc Yearly
DECLARATION, CONSENT & S	IGNATURES (Mandatory, If left b	blank, the application is liable	to be rejected)	
We have read and understood the respective Schem pplication will result in aggregate investments excee rail commission or any other), payable to him for the ayments referred above through participation in ECS imited, or any of their appointed service providers or	e Information Document, Statement of Additional Info ding Rs. 50,000 in a year. I/We have neither received liferent competing schemes of Mutual Funds from an /ACH/Auto Debit. If the transaction is delayed or not representatives responsible. I/We will also inform LU remit in any form, mode or manner, all/any of the inf	prmation and Key Information Memorandum of I nor been induced by any rebate or gifts directly nongst which the Scheme is being recommend effected at all for reasons of incomplete or inco XT Investment Management Limited about any ormation provided by me/us, including all chang	&T Mutual Fund. I/We hereby declare that I/We do not h or indirectly in making this Systematic Investment. The 16 merus. I/We hereby declare that the particulars giv rect information, I/We would not hold L&T Mutual Fund hanges in my/our bank account. I/We have read and a s, updates to such information as and when provided I	have any existing Micro SIPs which together with the curre ARN holder has disclosed to me/us all the commissions en here are correct and express my/our willingness to ma d, their investment Manager - L&T Investment Managerm greed to the terms and conditions mentioned overleaf. by me/ us to the group companies of L&T Financial Servic
SIGNATURE/S AS PER L&T MUTU	AL FUND (To be signed as per Moo	le of Holding)		
Sole/First Applicant/Guardian	🗷 Secon	d Applicant	🗷 Third Applicant	

GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI & AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

1. Applicant Information: Please furnish the Folio Number, Name and PAN of Sole/First Applicant Section 1 of the Form. Your investment would be processed in the specified folio.

Your personal information and bank account details would apply to this investment as well.

Please provide the Mobile Number and E-Mail Address of the Sole / First Applicant in the form in case of Individuals and Key Contact in case of Non Individuals. This would help us seamlessly communicate with you on your investments.

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).

Permanent Account Number (PAN): Furnishing of PAN is mandatory for all applicants except where specific dispensation is provided under law.

2. SIP & Investment Details:

- a. New Investors who wish to enroll for SIP investment are required to fill (i) OTM Mandate Form (ii) SIP Registration Form and (iii) the respective Scheme Application form (included in the Key Information Memorandum). New Investors can apply for SIP into respective Scheme / Plans / Option without any existing investment /folio. Please mention the name of the Scheme where you plan to make your investment and your preferred option. If you do not indicate your preferred option, your application would be processed based on the terms & conditions set out in the Scheme Information Document. If you are not investing through a Distributor, please suffix "Direct Plan" after the scheme name.
- b. Where a One Time Mandate is already registered in a folio for a bank account, the Unit Holder(s) is not required to fill the OTM debit mandate again. However, please mention the UMRM, debit bank name & account number.
- c. Where the OTM mandate is getting submitted for the first time, please fill the OTM debit mandate form for NACH/ ECS/ Auto debit mandatorily. Enclose cancelled cheque leaf of the bank where OTM is getting registered if the initial purchase cheque is not from the same bank account.
- d. Micro SIP: As per AMFI notification and guidelines issued on July 4, 2009, SIPs or Lumpsum purchases by eligible investors in a rolling 12 month period not exceeding Rs. 50,000 shall be exempt from the requirement of PAN. From January 1, 2012, KYC is mandatory for all holders of Micro investments.
- The exemption of PAN requirement is only available to individuals.
- Eligible investors may invest through SIP or lumpsum purchase without providing PAN subject to the threshold amount as mentioned above.
- Eligible investors should attach a copy of KYC acknowledgment letter quoting PAN exempt KYC Reference No. (PEKRN) along with the application form.

- e. Third Party Payments: Third Party Payments for investments are not accepted except in the below cases
- Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense re imbursements.
- Custodian on behalf of an FPI or Client made by Custodian.
- Payment by an AMC to its empanelled distributor on account of commission/ incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
- Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.

In the above cases, necessary declaration / banker's certificate needs to be provided confirming the source of funds for the investment. Please refer the SAI for more details.

- f. SIP Top-Up Facility: Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
- The minimum amount of increase under SIP Fixed Amount Top-Up facility should be Rs. 500/- and in multiples of Rs.500/- thereof.
- SIP Top-Up frequency in case of investors availing Monthly SIP facility will be half yearly and yearly and for availing Quarterly SIP facility, the frequency will be yearly. In case the SIP Top-Up frequency is not indicated under Monthly SIP, it will be considered as yearly.
- g. Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme
- Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.

i. Payments made by Cash/Money Order/Postal Order, Non- MICR cheque, outstation cheques are not accepted.

j. For detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website www.ltfs.com and also refer to scheme related documents.

3. Declarations & Signatures:

Unit holders need to sign here in accordance to the Mode of Holding provided to us and as per the mode of holding in the bank account in the same sequence and manner in the relevant boxes provided in the form.

4. Debit Mandate:

- a. Please fill all the required details in the OTM Debit Mandate Form for NACH/ ECS/Auto Debit. The sole/first holder must be one of the holders in the bank account.
- b. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- c. The 9 digit MICR code and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

CHECK LIST FOR SIP INVESTMENT FORM		
Application No./Folio No. quoted on the Form	0	
Name of the Sole/First Holder furnished in the Form	0	
SIP details listed below are furnished SIP installment amount No. of SIP installments SIP date SIP frequency SIP period SIP Scheme	0	
Complete Bank details are furnished in the form Name of the Sole/1 st Holder of the Bank Account O Bank A/c No MICR IFSC	0	
All holders have signed in accordance with the Mode of Holding as provided to us at the relevant place	0	
All Bank Account Holders have signed in the same manner and sequence as their Bank Account in the relevant place		

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

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