

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 Instrument No. _____ Instrument Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> UTR No. _____ Investment Amount (₹) _____ DD Charges (if applicable ₹) _____ Net Amount (₹) _____	Drawn On _____ Bank Name _____ _____ Bank Branch _____ Bank City _____ Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
--	--

*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 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 <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year) (Mandatory for Non-Individuals)
	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 <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)
	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 <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)

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 type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____ Please specify _____
	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 _____ Please specify _____
	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 _____ Please specify _____

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 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 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	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"/> <input type="text"/>
Relationship with the Applicant	Name of the Guardian	
Address of the Nominee	Address of the Guardian	
City/Town	City/Town	
State <input type="text"/> Pin <input type="text"/>	State <input type="text"/> Pin <input type="text"/>	
Country <input type="text"/>	Country <input type="text"/>	

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

Systematic Investment Plan (SIP) / Micro SIP Form



Please refer to the General Instructions & Checklist 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- 93373	Sub-Distributor Code	E025888		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	Investor's Declaration where EUIN is not furnished
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/-	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. 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/PEKRN*: _____ 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 _____

First Instalment Details:	SIP Amount
Instrument No. _____ Instrument Date <input type="text" value="D D M M Y Y Y Y"/>	₹ _____ (Minimum 500 for Equity schemes & 1000 for Non Equity schemes)
Account Type (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others	SIP Debit Date (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All five dates
Drawn On _____ Bank Name _____	SIP Frequency (✓) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
Bank Branch _____ Bank City _____	SIP Period <input type="checkbox"/> Until Cancelled OR From <input type="text" value="M M Y Y Y Y"/> To <input type="text" value="M M Y Y Y Y"/>

(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) - Available only for investments effected through Auto Debit.

Top Up Amount ₹ _____ Amount in multiples of ₹ 500 only _____

Top Up to continue till SIP amount reaches^ ₹ _____ OR _____

Top Up Frequency Half Yearly Yearly*

Top Up to continue till # (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached.

*Default option if not selected

It is the date from which SIP Top-Up amount will cease

** PEKRN required for Micro investments upto Rs. 50,000 in a year

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 Third Applicant

4. DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

UMRN Date

Tick (✓) CREATE MODIFY CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize 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. ₹ _____

Frequency Monthly Quarterly Half Yearly As & when presented

Debit Type Fixed Amount Maximum Amount

Scheme _____ Email Id _____

Folio No. _____ Mobile No. +91- _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period From To

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

or Until Cancelled

1. Name as per Bank Records 2. Name as per Bank Records 3. Name as per Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the debit.