

SIP/MICRO SIP (SIPs upto Rs. 50,000 per year, per investor)
APPLICATION FORM FOR EQUITY SCHEMES



Please read instructions before filling the Form

Investors/ Unitholders in SIP/Micro SIP are also requested to fill up all sections of "Application Form for Equity Schemes" except sections 4 & 4A

DISTRIBUTOR INFORMATION

(Only empanelled Distributors/Brokers will be permitted to distribute Units)

Distributor/Broker ARN ARN-13308	Sub-Broker Code
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Application No.:

FOR OFFICE USE ONLY

1 APPLICANT'S PERSONAL DETAILS (Please fill in block letters. Use one box for one alphabet leaving one box blank between two words)

Folio No. (In case of Existing Investor)	Form No. (In case of New Investor)
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Only for MICRO SIP *

a) **Standard Identification Instruments (please ✓)** ☐ Voter Identity Card; ☐ Driving License; ☐ Government/Defense Identification card; ☐ Passport; ☐ Card of reputed employer

b) **Proof of Address (N.A. if the Standard Identification Instrument contains the address):** _____ (please specify)

Supporting documents copy shall be self attested by the investor/ attested by the ARN holder mentioning the ARN number or attested by any competent authority.

*** PAN is not mandatory in respect of Micro SIPs. However, investors/ Unitholders with PAN are required to follow PAN based common standard KYC through CVL procedure as mentioned on page no. 16 of this KIM. Investors/ Unitholders without PAN are required to submit document mentioned in (a)&(b) above.**

2 SIP/MICRO SIP INVESTMENT DETAILS (Please see the Ready Reckoner table on page no. 20)

I/We would like to enrol for Systematic Investment Plan under L&T Mutual Fund subject to terms and conditions of the Scheme/Plan and subsequent amendments thereto.

Scheme Name			
Option (Please ✓)	<input type="radio"/> Cumulative** <input type="radio"/> Dividend	Dividend Facility (Please ✓)	<input type="radio"/> Reinvest** <input type="radio"/> Payout (** Default Option / Facility)
Enrolment Period	Months From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> SIP/MICRO SIPs Date : <input type="checkbox"/> 5 th or <input type="checkbox"/> 15 th or <input type="checkbox"/> 25 th or <input type="checkbox"/> 30 th (28 th for the month of February)		

3 SIP/MICRO SIP PAYMENT DETAILS

Amount per Instalment (Rs.)	Number of Instalments	Total Amount (Rs.)
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(Minimum 6 instalments of Rs.1,000 each or more for all Schemes and minimum of Rs. 500 or in multiples of Rs. 500 thereafter for 12 months or Rs. 1,000 and in multiples of Rs. 500 thereafter for 6 months in case of L&T Tax Saver Fund).

Payment Mechanism (Please ✓ any one only)

☐ SIP/MICRO SIPs Auto Debit Facility (Please fill the SIP/MICRO SIPs Auto Debit Form provided and submit it together with the Cheque for first SIP/MICRO SIPs transaction)

☐ Cheques (Please provide the Cheques details below) All Cheques should be drawn in favour of Scheme name and crossed '**account payee only**'.

Total number of Cheque	Cheque No.	From	To
Drawn on	Bank	Branch	City

I/We do not have any existing MICRO SIPs which together with the current application resulting in aggregate investments exceeding Rs. 50,000 in a year. 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 is being recommended to me/us.

Date

SIGNATURES

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

(N.A. if the first Applicant is a minor)

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr./Ms./M/s _____

an application for SIP enrolment of the Scheme _____

Option (Please ✓) ☐ Cumulative** ☐ Dividend **Dividend Facility (Please ✓)** ☐ Reinvest** ☐ Payout

**Default option / facility

☐ Total Cheque ☐ Cheque No. _____ Dated _____

Drawn on (Bank) _____ Amount (Rs.) _____

☐ SIP/ Micro SIP Auto Debit Facility Amount per instalment (Rs.) _____ Total Amount (Rs.) _____

Signature, Stamp & Date



First SIP/MICRO SIP cheque and subsequent through ECS (Debit) Clearing / Direct Debit. Investors/ Unitholders availing Auto Debit Facility are also requested to fill up the "Application Form for Equity Schemes"

ARN-13308

DEBIT MANDATE [Electronic Clearing Service (Debit Clearing)]

The Manager Bank Name		Name	Copy to the user Company
Bank Address		Address	
City	Pin code	Tel. No.	
Telephone No.			

I, hereby authorise you to debit my account for making payment to L&T Mutual Fund through ECS (Debit) clearing / Direct Debit as per the details given as under.

A) Name of Bank Account Holder Mr. Ms. M/s.
(As in Bank Records)

B) 9-Digit MICR Code of the Bank and Branch
(Appearing on MICR Cheque issued by the bank.)

C) Account Type (Please ✓) ☐ Current ☐ Savings ☐ Cash Credit

D) Ledger No. / Ledger Folio No. **E) A/c. No.**

Name of the Scheme	Date of effect 5/15/25/30 (28th for the month of February)	Periodicity (Monthly)	Amount of Instalment (Rs.)	Number of Instalments
	DD / MM / YY			
	DD / MM / YY			

DECLARATION AND SIGNATURE(S)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the Scheme.

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date

Signature of Customer (As in Bank Records)

Date

Signature of the Authorised
Official from the Bank

Note:- Mandate to be obtained in 3 copies, Original for Bank, One for User Company and other for Customer)

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr./Ms./M/s

an application for SIP enrolment of the Scheme

Option (Please ✓) ☐ Cumulative* ☐ Dividend

Dividend Facility (Please ✓) ☐ Reinvestment* ☐ Payout

*Default option / facility

☐ Total Cheque ☐ Cheque No. Dated

Drawn on (Bank) Amount (Rs.)

☐ SIP/ Micro SIP Auto Debit Facility Amount per instalment (Rs.) Total Amount (Rs.)

Signature, Stamp & Date