Common Application Form

L&T Mutual Fund

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
South Gujarat ARN: 54854	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/-

If this is the first time, you are investing in any mutual fund, please tick here ☐

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.

✍ Sole/1st Applicant ✍ 2nd Applicant ✍ 3rd Applicant

1. EXISTING UNIT HOLDER'S INFORMATION (If you hold a Folio with L&T Mutual Fund, please furnish the below information and move to Investment & Payment Information section.)

Folio No. PAN/PEKRN# of Sole/1st Unit Holder

Name of Sole/1st Unit Holder ☐ Mr. ☐ Ms. ☐ M/s First Middle Last

2. NEW APPLICANT(S) PERSONAL INFORMATION

Sole /1st Applicant

Name ☐ Mr. ☐ Ms. ☐ M/s First Middle Last

PAN/PEKRN# Date of Birth/Incorporation D D M M Y Y Y Y **(Mandatory if first applicant is a minor)**

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

Name ☐ Mr. ☐ Ms. First Middle Last

PAN/PEKRN# **Relationship with Minor Applicant** ☐ Natural Guardian ☐ Court Appointment Guardian

Proof of Date of Birth ☐ Birth Certificate Copy ☐ Passport Copy ☐ Aadhaar Card Copy ☐ Others (please specify)

Proof of Relationship of Guardian ☐ Birth Certificate Copy ☐ Passport Copy ☐ Court Appointment Order ☐ Others (please specify)

Mobile No. +91- E-mail Id*

*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)
City/Town Pin	City/Town Pin
State Country	State Country

Tel (R) (ISD) (STD) **Tel (O)** (ISD) (STD) **Fax** (ISD) (STD)

Tax status of Sole/First Applicant (Please ✓)

☐ Resident Indian Individual	☐ Company/Body Corporate	☐ Defence Establishment	☐ Bank
☐ Non Resident Indian Individual (NRI)	☐ Financial Institutions	☐ Hindu Undivided Family (HUF)	☐ Society
☐ Person of Indian Origin (PIO)	☐ Limited Liability Partnership (LLP)	☐ Non Govt. Organization (NGO)	☐ Mutual Fund
☐ Foreign Portfolio Investor (FPI)	☐ Partnership Firm	☐ Association of Persons (AOP)/Body of Individuals(BOI)	☐ Others
☐ Foreign National Residing in India	☐ Foreign Institutional Investor (FII)	☐ Trust	

Are you a Non Profit Organization (NPO) ☐ Yes ☐ No

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

L&T Mutual Fund

Received from an application for investment in Scheme L&T Option

App. No.

Investment Type (✓) ☐ Lumpsum ☐ SIP ☐ Micro SIP ☐ Multi-Scheme SIP

Investment Cheque Details : Cheque No. Rs. Dated D D M M Y Y Y Y

Drawn on Bank Branch City

For Office Use Only

Acknowledgement Stamp & Date

BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)

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, please attach an original cancelled cheque leaf of the above account with the name of the first holder printed.

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 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

Name ☐ Mr. ☐ Ms. F i r s t ... M i d d l e ... L a s t

PAN/PEKRN# ☐☐☐☐☐☐☐☐☐☐ Date of Birth D D M M 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 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

If your investment is being made by a Constituted Attorney on your behalf, please furnish the below details and enclose a **notarised copy** of the Power of Attorney for registering the same:

POA Holder's Name ☐ Mr. ☐ Ms. F i r s t ... M i d d l e ... L a s t

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

PAN of POA Holder ☐☐☐☐☐☐☐☐☐☐ Date of Birth D D M M Y Y Y Y

(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** ____________________ **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)

Instrument No. ☐☐☐☐☐☐ Instrument Date D D M M Y Y Y Y

UTR No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Investment Amount (₹) ____________________

DD Charges (if applicable ₹) ____________________

Net Amount (₹) ____________________

Drawn On ____________________ Bank Name

Bank Branch ____________________ Bank City ____________________

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

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

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

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** (₹)	☐ **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** _____ _____	**Option** (✓) **SIP Amount** (₹)	☐ **Growth*** ☐ Dividend Payout ☐ Dividend Reinvestment _____

Payment Mode : ☐ Cheque / DD / Pay Order ☐ Electronic Transfer

Instrument No. _____ Instrument Date D D M M Y Y Y Y

UTR No. _____

Investment Amount (₹) _____

DD Charges (if applicable ₹) _____

Net Amount (₹) _____

Drawn On _____ Bank Name

_____ Bank Branch _____ Bank City

Account Type ☐ Saving ☐ Current ☐ NRE ☐ NRO ☐ 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	☐ Below 1 lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 crore ☐ > 1 Crore
		Net-worth (₹) _____ as on D D / M M / Y Y Y Y (Not older than 1 year) (Mandatory for Non-Individuals)
	For Second Applicant	☐ Below 1 lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 crore ☐ > 1 Crore
		Net-worth (₹) _____ as on D D / M M / Y Y Y Y (Not older than 1 year)
	For Third Applicant	☐ Below 1 lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 crore ☐ > 1 Crore
		Net-worth (₹) _____ as on D D / M M / Y Y Y Y (Not older than 1 year)
Occupation Details (For Individuals only)	For First Applicant/ Guardian	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Housewife ☐ Retired ☐ Student ☐ Forex Dealer ☐ Agriculturist ☐ Others Please specify
	For Second Applicant	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Housewife ☐ Retired ☐ Student ☐ Forex Dealer ☐ Agriculturist ☐ Others Please specify
	For Third Applicant	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Housewife ☐ Retired ☐ Student ☐ Forex Dealer ☐ Agriculturist ☐ Others Please specify

Others (For Individuals only)	For First Applicant/ Guardian	☐ I am politically Exposed Person	☐ I am Related to Politically Exposed Person	☐ Not Applicable
	For Second Applicant	☐ I am politically Exposed Person	☐ I am Related to Politically Exposed Person	☐ Not Applicable
	For Third Applicant	☐ I am politically Exposed Person	☐ I am Related to Politically Exposed Person	☐ Not Applicable

Others (For Non-Individuals only)	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)	☐ YES	☐ NO
	If the Entity involved/providing any of the following services:		
	→ Gaming/Gambling/Lottery/Casino Services	☐ YES	☐ NO
	→ Foreign Exchange/ Money Changer Services	☐ YES	☐ NO
	→ Money Lending/Pawning	☐ YES	☐ 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	☐ Yes	☐ Yes	☐ Yes	☐ Yes
	☐ No	☐ No	☐ 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.

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	D D M M Y Y Y Y
Relationship with the Applicant		Name of the Guardian	
Address of the Nomine City/Town State Pin Country		**Address of the Guardian** City/Town State Pin 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.lntmf.com” www.lntmf.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 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: D D M M Y Y Y Y

✍ Sole/First Applicant/Guardian

✍ Second Applicant

✍ Third Applicant