

Multi-Scheme SIP Investment 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- 83671	Sub-Distributor Code	E100500		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.

<p>Transaction Charges</p> <p>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/-</p>	<p>Investor's Declaration where EUIN is not furnished</p> <p>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.</p>
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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: _____ | 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. MULTI SIP INVESTMENT DETAILS (Mandatory. If Left Blank, the application is liable to be rejected). (Minimum no. of Schemes should be 2)

Scheme 1 L&T _____	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Dividend Frequency _____	SIP Amount ₹ _____
Scheme 2 L&T _____	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Dividend Frequency _____	SIP Amount ₹ _____
Scheme 3 L&T _____	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Dividend Frequency _____	SIP Amount ₹ _____

<p>First Instalment Details: (Please issue cheque favouring "L&T MF Multi Scheme SIP")</p> <p>Instrument No. _____ Instrument Date <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"/> <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"/></p> <p>Account Type (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others</p> <p>Drawn On _____ Bank Name _____</p> <p>Bank Branch _____ Bank City _____</p>	<p>Total SIP Amount # ₹ _____</p> <p>(Minimum 500 per Equity scheme & 1000 per Non Equity schemes)</p> <p>SIP Debit Date (✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 25th</p> <p>SIP Period From <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"/> To <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"/></p>
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* Default option if not selected ^^ Maximum period of 20 years In case of discrepancy in the SIP Period, the period mentioned in the Debit Mandate will be considered.
 # Initial cheque amount should be equal to Total SIP Amount.

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 direct debit/participation in ECS. 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 _____ Office use only _____ Date

Tick (✓) CREATE MODIFY CANCEL

Sponsor Bank Code _____ Office use only _____ Utility Code _____ Office use only _____

I/We hereby authorize _____ L&T Mutual Fund 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 _____ Amount in words _____ ₹ _____

Frequency Monthly Quarterly Half Yearly As & when presented Debit Type Fixed Amount Maximum Amount

Scheme _____ Any one 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 <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"/> <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="checkbox"/> Signature of First Account Holder	<input type="checkbox"/> Signature of Second Account Holder	<input type="checkbox"/> Signature of Third Account Holder
To <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"/> <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"/>	1. _____ Name as per Bank Records	2. _____ Name as per Bank Records	3. _____ Name as per Bank Records
or <input type="checkbox"/> Until Cancelled			

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.