

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/RIA Code	Sub-Distributor ARN	Sub-Distributor Code	EUIN	Branch Code
ARN-162514				

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: 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.)

Name of Sole/1st Unit Holder Mr. Ms. M/s _____ First Name _____ Middle Name _____ Last Name _____ Folio No. _____

PAN/PEKRN# _____ Aadhaar No. _____ First Unit Holder _____ KIN^ _____

Date of Birth^ Mobile No. +91- _____ E-mail Id _____

2. NEW APPLICANT(S) PERSONAL INFORMATION

Name of 1st/Sole Applicant Mr. Ms. M/s _____ First Name _____ Middle Name _____ Last Name _____

PAN/PEKRN# _____ Aadhaar No. _____ First Unit Holder _____ KIN^ _____

Date of Birth^ (Mandatory if first applicant is a minor) Mobile No. +91- _____ E-mail Id _____

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

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

PAN/PEKRN# _____ Aadhaar No. _____ First Unit Holder _____ KIN^ _____

Date of Birth^ (Mandatory if first applicant is a minor) Mobile No. +91- _____ E-mail Id _____

Relationship with Minor Applicant <input type="radio"/> Natural Guardian <input type="radio"/> Court Appointment Guardian	Proof of Date of Birth <input type="radio"/> Birth Certificate Copy <input type="radio"/> Passport Copy <input type="radio"/> Aadhaar Card Copy <input type="radio"/> Others (please specify)	Proof of the Relationship with minor <input type="radio"/> Birth Certificate Copy <input type="radio"/> Passport Copy <input type="radio"/> Court Appointment Order <input type="radio"/> Others (please specify)
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3. DETAILS OF OTHER APPLICANT(S) (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)

Name of 2nd Applicant Mr. Ms. M/s _____ First Name _____ Middle Name _____ Last Name _____

PAN/PEKRN# _____ Aadhaar No. _____ First Unit Holder _____ KIN^ _____

Date of Birth^ (Mandatory if first applicant is a minor) Mobile No. +91- _____ E-mail Id _____

Name of 3rd Applicant Mr. Ms. M/s _____ First Name _____ Middle Name _____ Last Name _____

PAN/PEKRN# _____ Aadhaar No. _____ First Unit Holder _____ KIN^ _____

Date of Birth^ (Mandatory if first applicant is a minor) 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.

^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

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

Investment Cheque Details : Instrument number _____ Rs. _____ Dated

Drawn on Bank _____ Branch _____ City _____

App. No.

 L&T Financial Services
Mutual Fund

For Office Use Only

Acknowledgement
Stamp & Date

4. Address (Address as per KRA records will overwrite this address if you are KYC compliant)

Correspondence Address _____

City/Town _____ Pin _____ State _____ Country _____

Overseas Address (Mandatory for NRIs/PIOs) _____

City/Town _____ Pin _____ State _____ Country _____

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

5. Tax status of Sole/First Applicant (Please ✓)

<input type="radio"/> Resident Indian Individual	<input type="radio"/> Company/Body Corporate	<input type="radio"/> Defence Establishment	<input type="radio"/> Society
<input type="radio"/> Non Resident Indian Individual (NRI)	<input type="radio"/> Financial Institutions	<input type="radio"/> Hindu Undivided Family (HUF)	<input type="radio"/> Mutual Fund
<input type="radio"/> Person of Indian Origin (PIO)	<input type="radio"/> Limited Liability Partnership (LLP)	<input type="radio"/> Non Govt. Organization (NGO)	<input type="radio"/> Trust
<input type="radio"/> Foreign Portfolio Investor (FPI)	<input type="radio"/> Partnership Firm	<input type="radio"/> Association of Persons (AOP)/Body of Individuals(BOI)	<input type="radio"/> Others _____
<input type="radio"/> Foreign National Residing in India	<input type="radio"/> Foreign Institutional Investor (FII)	<input type="radio"/> Bank	Are you a Non Profit Organization (NPO) <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Account Number _____ Account Type: Savings Current NRE NRO

Please ✓ any one 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.

7. MODE OF HOLDING

Please ✓ Sole/1st Holder only Any one or Survivor* Joint

(If the mode of operation is not specified, for folios opened with more than one applicant, the mode of operation would be taken as "Any one or Survivor")

8. 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 original **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 Sole / First Applicant Second Applicant Third Applicant E-mail Id _____

PAN of POA Holder _____ KIN^ _____ Date of Birth^ | D | D | M | M | Y | Y | Y | Y |

(POA Holder needs to comply with applicable KYC requirements). ^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

9. 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. NSDL CDSL

NSDL/CDSL: Depository Participant Name _____

Depository Participant ID _____ Beneficiary A/c No. _____

Enclosed: Client Master Transaction / Statement Copy / DIS Copy

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.lfcs.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 complies to the CTS 2010 standards)

1. Investment Type (✓) Lumpsum SIP Multi-Scheme Lumpsum Multi-Scheme SIP (Please fill Multi-Scheme SIP Investment Form)
 Micro SIP (For SIP/Micro SIP, please fill SIP Investment Form)

For Lumpsum & SIP Investment (Please issue cheque favouring scheme name)

Investment Amount (`) _____ DD Charges (if applicable `) _____ Net Amount (`) _____

Scheme Name L&T _____ Option (✓) Growth* Dividend Payout Dividend Reinvestment Bonus^

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

For Multi-Scheme SIP/Multi-Scheme Lumpsum (Please issue cheque favouring L&T MF Multi-Scheme SIP and L&T MF Multi Scheme Lumpsum respectively)

Total Investment Amount (`) _____ DD Charges (if applicable `) _____ Net Amount (`) _____

Scheme 1 : L&T _____ Option (✓) Growth* Dividend Payout Dividend Reinvestment Bonus^

Amount (`) _____ Dividend Frequency _____

Scheme 2 : L&T _____ Option (✓) Growth* Dividend Payout Dividend Reinvestment Bonus^

Amount (`) _____ Dividend Frequency _____

Scheme 3 : L&T _____ Option (✓) Growth* Dividend Payout Dividend Reinvestment Bonus^

Amount (`) _____ Dividend Frequency _____

2. Payment Details : For Lumpsum and SIP/Multi-Scheme SIP/Multi-Scheme Lumpsum

Cheque / DD / Pay Order Electronic Transfer One Time Mandate (OTM) (for Lumpsum and SIP Investment)

If cheque / DD / Pay Order, please fill Instrument No. _____ Instrument Date

D	D	M	M	Y	Y	Y	Y
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Instrument Amount _____ DD Charges (if applicable `) _____ Net Amount (`) _____

Drawn on

Bank Name	Bank Branch	Bank City
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Account Type (✓) Saving Current NRE NRO FCNR Others _____

If electronic transfer, please fill UTR No. _____

Amount _____ Debit Bank Name _____ Account No. _____

If One Time Mandate, Please fill, Unique Mandate Reference Number (UMRN) _____

Amount _____ Debit Bank Name _____ Account No. _____

If electronic transfer, please fill UTR No. _____

Debit Bank Name _____ Account No. _____

*Default option if not selected ^Available in select schemes only (Default plan / option / sub option will be applied incase of no information, ambiguity or discrepancy)

Document attached to avoid Third Party Payment rejection, wherever applicable : Banker's Certificate for DD Third Party Payment Declaration Form

11. KYC DETAILS (Mandatory. If left blank the application is liable to be rejected)

CATEGORIES	First Applicant/ Guardian	Second Applicant	Third Applicant																								
Gross Annual Income (For Individuals and Non Individuals)	<input type="radio"/> Below 1 lac <input type="radio"/> 1-5 Lacs	<input type="radio"/> Below 1 lac <input type="radio"/> 1-5 Lacs	<input type="radio"/> Below 1 lac <input type="radio"/> 1-5 Lacs																								
	<input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs	<input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs	<input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs																								
	<input type="radio"/> 25 Lacs - 1 crore <input type="radio"/> > 1 Crore	<input type="radio"/> 25 Lacs - 1 crore <input type="radio"/> > 1 Crore	<input type="radio"/> 25 Lacs - 1 crore <input type="radio"/> > 1 Crore																								
	Net-worth in (Mandatory for Non-Individuals)	Net-worth	Net-worth																								
	(`) _____ as on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y	(`) _____ as on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y	(`) _____ as on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
Occupation Details (For Individuals only)	<input type="radio"/> Private Sector Service <input type="radio"/> Retired	<input type="radio"/> Private Sector Service <input type="radio"/> Retired	<input type="radio"/> Private Sector Service <input type="radio"/> Retired																								
	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Public Sector Service <input type="radio"/> Student																								
	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer																								
	<input type="radio"/> Business <input type="radio"/> Agriculturist	<input type="radio"/> Business <input type="radio"/> Agriculturist	<input type="radio"/> Business <input type="radio"/> Agriculturist																								
	<input type="radio"/> Professional <input type="radio"/> Housewife	<input type="radio"/> Professional <input type="radio"/> Housewife	<input type="radio"/> Professional <input type="radio"/> Housewife																								
	<input type="radio"/> Others Please specify _____	<input type="radio"/> Others Please specify _____	<input type="radio"/> Others Please specify _____																								
Others (For Individuals only)	<input type="radio"/> I am politically Exposed Person	<input type="radio"/> I am politically Exposed Person	<input type="radio"/> I am politically Exposed Person																								
	<input type="radio"/> I am Related to Politically Exposed Person	<input type="radio"/> I am Related to Politically Exposed Person	<input type="radio"/> I am Related to Politically Exposed Person																								
	<input type="radio"/> Not Applicable	<input type="radio"/> Not Applicable	<input type="radio"/> Not Applicable																								

Additional KYC Details for Non-Individuals

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)	<input type="radio"/> YES <input type="radio"/> NO
	If the Entity involved/providing any of the following services:	<input type="radio"/> YES (Please ✓ from below) <input type="radio"/> NO
	<input type="radio"/> Gaming/Gambling/Lottery/Casino Services <input type="radio"/> Foreign Exchange/ Money Changer Services <input type="radio"/> Money Lending/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
I am a tax resident of India and not a resident of any other country	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> 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 ✓) I/We wish to Nominate 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 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/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 "www.ltf.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 update 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 /update. 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.

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 |

Sole/First Applicant/Guardian

Second Applicant

Third Applicant