

Systematic Investment Plan (SIP) / Micro SIP Form

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.

				Time Stamp
Distributor/RIA Code	Sub-Distributor ARN	Sub-Distributor Code	EUN	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 EUN is not furnished: I/We confirm that the EUN 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
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1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name	Folio No.
PAN/PEKRN**	First Unit Holder	Second Unit Holder	Third Unit Holder	
Aadhaar No.	First Unit Holder	Second Unit Holder	Third Unit Holder	
KIN*	First Unit Holder	Second Unit Holder	Third Unit Holder	
Date of Birth* (1st Unit Holder)	Date of Birth* (2nd Unit Holder)	Date of Birth* (3rd Unit Holder)		
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 OTM debit mandate for already registered SIP (If selected, move to Section 4) OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

Debit Bank Name _____ Account No. _____

Scheme Name L&T _____

Option Growth* Dividend Payout Dividend Reinvestment Bonus^ **Dividend Frequency** _____

First Instalment Details: Instrument No. _____ Instrument Date _____ **Account Type** Savings Current NRE NRO Others

Drawn On _____ Bank Name _____ Bank Branch _____ Bank City _____

SIP Amount ` _____ SIP Frequency Monthly* Quarterly

SIP Debit Date 1st 5th 10th* 15th 20th 25th All six dates SIP Period From _____ To _____ OR Until Cancelled

(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.) (For SIP amount Minimum 500 for Equity schemes & 1000 for Non Equity schemes) ^Available in select schemes only

Reason for your SIP Children's Education Children's Marriage House Car Retirement Others

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 to continue till* _____ **Top Up Frequency** (Please any one) Half Yearly Yearly*

^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. *Default option if not selected

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

UMRN _____ Office use only _____ 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 _____ Amount in words _____

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

Scheme _____ All schemes of L&T Mutual Fund 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
3 1	1 2 2 0 9 9	1. Name as per Bank Records	2. Name as per Bank Records	3. Name as per Bank Records
or <input checked="" 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 debi...