

Common Application Form



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	
ARN - 18053	Sub-Distributor Code	E040403		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	Investor's Declaration where EUIN is not furnished
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/-	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.
If this is the first time, you are investing in any mutual fund, please tick here <input type="checkbox"/>	<input checked="" type="checkbox"/> Sole/1st Applicant <input checked="" type="checkbox"/> 2nd Applicant <input checked="" type="checkbox"/> 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 F i r s t M i d d l e L a s t

2. NEW APPLICANT(S) PERSONAL INFORMATION

Sole /1st Applicant

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

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. F i r s t M i d d l e L a s t

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 <input type="text"/> Pin <input type="text"/>	City/Town <input type="text"/> Pin <input type="text"/>
State <input type="text"/> Country <input type="text"/>	State <input type="text"/> Country <input type="text"/>

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

Tax status of Sole/First Applicant (Please ✓)

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

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

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Received from an application for App. No.

investment in Scheme L&T ☐ SIP ☐ Micro SIP ☐ Multi-Scheme SIP

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

Account Number <table border="1" style="display: inline-table; width: 400px; height: 20px; vertical-align: middle;"></table>	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Bank Name <table border="1" style="display: inline-table; width: 980px; height: 20px;"></table>	
Branch <table border="1" style="display: inline-table; width: 450px; height: 20px;"></table>	City <table border="1" style="display: inline-table; width: 500px; height: 20px;"></table>
IFSC <table border="1" style="display: inline-table; width: 350px; height: 20px;"></table>	MICR <table border="1" style="display: inline-table; width: 400px; height: 20px;"></table>

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.

(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")

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.

(POA Holder needs to comply with applicable KYC requirements)

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

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

Payment Mode : <input type="checkbox"/> Cheque / DD / Pay Order <input type="checkbox"/> Electronic Transfer	Drawn On _____ Bank Name _____								
Instrument No. _____ Instrument Date <table><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>	D	D	M	M	Y	Y	Y	Y	Bank Branch _____ Bank City _____
D	D	M	M	Y	Y	Y	Y		
UTR No. _____	Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR								
Investment Amount (₹) _____									
DD Charges (if applicable ₹) _____									
Net Amount (₹) _____									

*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	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore										
		Net-worth (₹) _____ as on <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year) (Mandatory for Non-Individuals)	D	D	/	M	M	/	Y	Y	Y	Y
	D	D	/	M	M	/	Y	Y	Y	Y		
	For Second Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore										
	Net-worth (₹) _____ as on <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</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			
Occupation Details (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>										
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>										
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <u>Please specify</u>										
Others (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable										
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable										
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable										
Others (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company	<input type="checkbox"/> YES <input type="checkbox"/> NO										
	(If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)											
	If the Entity involved/providing any of the following services:											
	→ Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO										
	→ Foreign Exchange/ Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO										
	→ Money Lending/Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO										


FOR INDIVIDUALS:

	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="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

FOR NON-INDIVIDUALS: Please mandatorily enclose the FATCA, CRS & UBO Declaration for Non Individuals with all the sections filled.

(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	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	
Relationship with the Applicant	Name of the Guardian		
Address of the Nomine	Address of the Guardian		
City/Town	City/Town		
State Pin	State Pin		
Country	Country		

 Signature of the Guardian

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.

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 LTIM/L 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."

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.

Date:

D	D	M	M	Y	Y	Y	Y
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X

~~Third Applicant~~