Systematic Investment Plan (SIP) / Micro SIP Form



Please refer to the Genera	I Instructions & Checkl	ist for assistance	. If you are not investing throu	gh a Distributor, write D	IRECT in the Distr	ibutor Code.	Time	e Stamp
Distributor Code	Sub-Distribut	or ARN	EUIN	Branch Code	Relation	ship Manager's		
					/	.		
ARN-	Sub-Distribute	or Code			Mobile +9	91-		
	Gub Biotilibut	0. 0000			E-mail			
Initial Commission will	he naid by the inves	stor directly to t	he distributor, based on as	ssessment of various	s factors includir	na the service re	ndered by the	Distributor
	Transaction	on Charges			Investor's	Declaration wher	e EUIN is not fu	urnished
Rs. 100/- from your invetor receive transaction of deductible are Rs. 150/-	stment for payment to charges for investme if you are investing at, the transaction charaction be levied if you	o your distribute nts sourced by in Mutual Fund	of transaction charges or if your distributor has op him. The transaction char Is for the first time. If you deducted over 3-4 instalmet g through a Distributor or y	only" transact ges sales person of are if any provide	ion without any of the above distri ed by the employ	interaction or adv butor and/or notw	vice by the emp ithstanding the nanager/sales p	me/us as this is an "execu ployee/relationship mana advice of inappropriaten erson of distributor and 1.
If this is the first time	, you are investing	in any mutual	fund, please tick here		st Applicant	∠ 2nd App	licant	
1. APPLICANT	INFORMATION (I	Mandatory. If I	eft blank, the application	n is liable to be reje	cted)			
Name of Sole/First Ur	it Holder	First Name	Midd	lle Name	Las	t Name	Folio No	
PAN/PEKRN**	First Unit		wledgement letters for all	Second Unit Holde	r		Third Unit	-lolder
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Mobile No. +91-	TMENT DETAILS	· /Mandatam/	E-mail ID	ian ia liabla ta ba w	:td\			
			f left blank, the applicati		•	CID //f		4- 04i 4)
New SIP Registrati		SIP Renewa		new OTM debit man		egisterea SIP (If	selected, move	to Section 4)
	e is aiready registere	u in the folio. P	lease fill, Unique Mandate Re	ererice Number (UMI	,			
Debit Bank Name	a da ha vereled	the felt - //r	atad Castina 4 to 1 Cli 11	mandat:!!:-\	Account No).		
UIM Debit Mandat	e to be registered in	τη ε τοιιο. (If sele	cted, Section 4 to be filled in	mandatorily)				
Scheme Name L&T								
Option (✓) ☐ Growt	h* Dividend Pa	ayout Divid	end Reinvestment	Dividend Freq	uency			
First Instalment De	ails:			SIP Amount	₹			
Instrument No.		Instrument Da	te DDMMMYYYY	Y GII AIIIGUIR		m 500 for Equity s	chemes & 1000	for Non Equity schemes)
Account Type (✓)		SIP Debit Date (✓) ☐ 1st ☐ 5th ☐ 10th* ☐ 15th ☐ 20th ☐ 25th ☐ All six date						
	-	Dank Nama		SIP Frequenc	3 () _	nthly*	Quarterly	
Drawn On		Bank Name	D 1 0"	SIP Period	I — .	il Cancelled C	1 - 1	MINININI
(NI-A Minimum non-A	Bank Branch	Gt .l	Bank City			MMYYYY		Mandata will be a seridan
Reason for your SIP			and subsequent instalment. Children's marriage	In case of discrepand House		a,tne one mentioi Retirement	ned in the Debit	Mandate will be consider
SIP Top Up (Opti	onal) - Available on	nly for investm	ents effected through A	uto Debit.				
Top Up Amount ₹ _A	•	•			requency	Half Yearly	Yearly*	
Top Up to continue till	SIP amount reaches	^₹	OR	Top Up to	continue till #	D D M M	Y Y Y	Y (Please ✓any one)
^ SIP Top Up will ceas		ed amount is r	eached.			h SIP Top-Up ar		
*Default option if not		ES (Mandate	ory. If left blank, the appl			licro investment	s upto Rs. 50,	000 in a year
I/We have read and understo Micro SIPs which together w Systematic Investment. The being recommended to me/u delayed or not effected at all	nod the respective Scheme ith the current application ARN holder has disclosed s. I/We hereby declare the for reasons of incomplete	e Information Docur will result in aggred to me/us all the cat the particulars gi or incorrect informa	ment, Statement of Additional Info gate investments exceeding Rs. & ommissions (in trail commission of ven here are correct and express tion, I/We would not hold L&T Mut	ormation and Key Informati 50,000 in a year. I/We have or any other), payable to he my/our willingness to mal tual Fund, their Investment	on Memorandum of re neither received n him for the different ke payments referred Manager - L&T Inve	or been induced by a competing schemes d above through part stment Management	any rebate or gifts of Mutual Funds fr cipation in ECS/A Limited, or any of	directly or indirectly in making om amongst which the Schen CH/Auto Debit. If the transaction their appointed service provide
			ment Limited about any changes signed as per Mode of H	•	vve nave read and a	greed to the terms ar	a conditions ment	oned overleat.
OIONAI OILEIO AO	LICEAT MOTOR	LI OND (10 be	s signed as per mode of th	olullig)				
	/First Applicant/Guard		'	Second Applicant				pplicant
	MANDATE FORM	I FOR NACH	/ECS/AUTO DEBIT					
L&T Mutual Fund	UMRN		Office use only		Date	D D M N	1 Y Y Y	Y
Tick (✓)	or Bank Code		CITI000PIGW		Utility Code		CITI000020	0000037
CINEATE .	of Balik Code		CITIOUUFIGW		Offility Code		C111000020	70000037
MODIFY I/We he	ereby authorize		L&T Mutual Fund		to debit (✓)	□SB□CA	□CC □SB-N	NRE \square SB-NRO \square Oth
Bank A/c No.								
With Bank	Bank N	lame	IFSC			or MICR		
an amount of Rs Amou	nt in words						₹	
Frequency	M	O	VII-16.V- I		Debit 1	Type 🗆		
requestoy	⊠ Monthly ⊠	Quarterly	☐ Half Yearly ☐ As 8	when presented	Denit	1,100	Fixed Amount	✓ Maximum Amour
Scheme		All schemes	of L&T Mutual Fund		Email I	d		
Folio No.					Mobile N	lo. +91-		
I agree for the debit of m	andate processing cha	arges by the ban	k whom I am authorizing to d	lebit my account as pe	r latest schedule o	of charges of the b	ank.	
Period								
From D D M	M Y Y Y		noture of First Assessment II	~ O:	uro of Coo A	accumt Halde	Ø 0: '	uro of Third Assessed LL
To 3 1 1	2 2 0 9 9		nature of First Account Holde		ure of Second A			ure of Third Account Hole
or Until Can	celled	1. Na	me as per Bank Records	2. Nan	ne as per Bank	Records	3. Nam	e as per Bank Records