Investment Cheque Details: Instrument number \_

Drawn on Bank



App. No. 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 Branch Code ARN-36863 E025451 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: 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/sand the distributor has not charged any advisory fees on this transaction. 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. 
Ms. Folio No. PAN/PEKRN# Aadhaar No. KIN<sup>^</sup> Mobile No. +91-E-mail Id 2. NEW APPLICANT(S) PERSONAL INFORMATION Name of 1st/Sole Applicant 

Mr. 

Ms. 

Ms. 

M/s Aadhaar No. First Unit Holder KIN' Date of Birth Da F-mail Id Guardian (For Minor Investments) / Contact Person (For Non-Individuals) Name 
Mr. 
Ms. 
M/s PAN/PEKRN# Aadhaar No. | First Unit Holder | KIN<sup>a</sup> Date of Birth $^{\wedge}$   $| \, \square \, | \, \square \, | \, M \, | \, M \, | \, Y \, | \, Y \, | \, Y \, | \, Y \, | \, M$  (Mandatory if first applicant is a minor) Mobile No. +91-E-mail Id Relationship with Minor Applicant | Proof of Date of Birth Proof of the Relationship with minor Birth Certificate Copy Natural Guardian ○ Birth Certificate Copy ○ Passport Copy ○ Aadhaar Card Copy O Passport Copy O Court Appointment Order Others O Court Appointment Guardian Others 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. 

Ms. Aadhaar No. First Unit Holder KIN<sup>^</sup> PAN/PEKRN# Name of 3rd Applicant Mr. Ms. Ms. M/s Aadhaar No. First Unit Holder KIN' PAN/PEKRN# 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) ARN-36863 E025451 (27) L&T Financial Services Received from an application for App. No. investment in Scheme L&T Option O SIP O Multi-Scheme SIP O Multi-Scheme Lumpsum O Lumpsum O Micro SIP Investment Type (✓)

Dated DDMMYYYYY

City

Branch

Acknowledgement Stamp & Date

## ARN-36863

## EUIN-E025451

4. Address (Address as per KRA records will overwrite this address if you are KYC compliant)								
Correspondence Address								
		State						
City/Town	Pin	State	Country					
Tel (R) (ISD) (STD)	Tel (O) (ISD)	(STD) Fax (ISD	)) (STD)					
5. Tax status of Sole/First Applic	ant (Please ✓)							
Resident Indian Individual	Company/Body Corporate	O Defence Establishment	○ Society					
Non Resident Indian Individual (NRI)	O Financial Institutions	O Hindu Undivided Family (HUF)	Mutual Fund					
Person of Indian Origin (PIO)	Limited Liability Partnership (LLP)	Non Govt. Organization (NGO)	○ Trust					
○ Foreign Portfolio Investor (FPI)	O Partnership Firm	Association of Persons (AOP)/Body of Individuals(BOI)	Others					
O Foreign National Residing in India	Foreign Institutional Investor (FII)	○ Bank	Are you a Non Profit Organization (NPO) ☐ Yes ☐ No					
6. BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)								
Account Type: ○ Savings ○ Current ○ NRE ○ NRO  Account Number ─ Please ✓ any one ○ FCNR ○ Others								
Bank Name		Branch						
City IFSC MICR 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 O Sole / First Applicant O Second Applicant O Third Applicant E-mail Id								
PAN of POA Holder KIN Date of Birth All Date of Birth Sirth Sirt								
9. DEMAT ACCOUNT INFORMAT	ION (Mandatory for crediting unit	s 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. O NSDL OCDSL								
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 fumishing 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.ltfs.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday

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10. INVESTMENT	& PAYMENT INFORMATION (Please	e ensure that the	he cheque com	plies to th	ne CTS 201	0 standard	ds)	
1. Investment Type	(✓) ○ Lumpsum ○ SIP ○ Micro SIP (For SIP/Micro SIP, ple		i-Scheme Lumps	um	O Mul	ti-Scheme S	SIP (Please fill Multi-Scher	ne SIP Investment Form)
For Lumpsum & SI	P Investment (Please issue cheque fa		,					
Investment Amoun	t (₹)	DD Charges (if	applicable ₹) _				Net Amount (₹)	
Scheme Name L&T				option (✓)	O Growth	n* O Divid	end Payout ○ Dividend F	Reinvestment O Bonus*
Dividend Frequence	ey (√wherever applicable) ○ Daily	O Weekl	ly O Mon	thly*	O Quar	terly	○ Annual^ ○ Se	emi-Annual^
For Multi-Scheme SI	P/Multi-Scheme Lumpsum (Please issue	e cheque favour	ring L&T MF Mul	ti-Scheme	SIP and L8	kT MF Multi	Scheme Lumpsum resp	ectively)
Total Investment Ar	nount (₹)	_DD Charges	(if applicable ₹)				Net Amount (₹)	
Scheme 1 : L&T				Option (	✓) ○ Gro	wth* O Div	vidend Payout O Dividend	d Reinvestment O Bonus^
Amount (₹)				Dividend	Frequency			
Scheme 2 : L&T				Option (	✓) ○ Gro	wth* ○ Div	ridend Payout O Dividend	d Reinvestment O Bonus^
Amount (₹)				Dividend	Frequency			
Scheme 3: L&T			Option (	✓) ○ Gro	wth* ○ Div	ridend Payout O Dividend	d Reinvestment O Bonus^	
Amount (₹)				Dividend	Frequency			
O Cheque / DD / Pa	-	One Ti	me Mandate (O	ΓM) (for				
If cheque / DD / Pay	Order, please fill Instrument No.		Instru	ument Date	D D	M M Y	YYY	
Instrument Amount	DD C	harges (if appli	cable ₹)			Ne	et Amount (₹)	
Drawn on	Bank Name		Bank Bra	anch			Bank C	city
Account Type (✓)	<ul> <li>Saving</li> <li>Current</li> </ul>	O NRE	O NRO	O FCN	R	Others		
	er, please fill UTR No.							
Amount	Debit Bank Name				<i>P</i>	Account No	•	
If One Time Manda	te, Please fill, Unique Mandate Referen	ce Number (UN	MRN)					
Amount	Debit Bank Name				A	Account No		
If electronic transfe	er, please fill UTR No.							
Debit Bank Name					Accoun	t No.		
*Default option if not	t selected ^Available in select scher				otion will be	applied in	case of no information, a	
	(Mandatory. If left blank the applicati							
CATEGORIES	First Applicant/ Guardian		Se	cond App	licant		Third A	Applicant
	O Below 1 lac O 1-5 L	acs	Below 1 lac		○ 1-5 La	cs	O Below 1 lac	○ 1-5 Lacs
Gross Annual	O 5-10 Lacs O 10-25		5-10 Lacs		0 10-25		O 5-10 Lacs	<ul><li>10-25 Lacs</li><li>&gt; 1 Crore</li></ul>
Income (For Individuals	O 25 Lacs - 1 crore O > 1 C Net-worth in (Mandatory for Non-Indiv		25 Lacs - 1 cro et-worth	re	○ > 1 Cro	ore	O 25 Lacs - 1 crore Net-worth	O > 1 Glore
and Non Individuals)		-				as on		as on
individuals)	(₹)	as on (₹ an 1 year)	) D D 7 M M 7 Y	Y Y Y Y	(Not older tha		(₹)	(Not older than 1 year)
	O Private Sector Service O Retire O Public Sector Service O Stude		Private Sector Sector S		<ul><li>Retired</li><li>Studen</li></ul>		<ul> <li>Private Sector Service</li> <li>Public Sector Service</li> </ul>	
Occupation Details			Government Se		O Forex [		Government Service	
(For Individuals	O Business O Agrid		Business		O Agricul		O Business	Agriculturist
only)	Opthers Please specify		Professional		O Housev	wiie	O Professional	O Housewife Please specify
Others	Others		Please specify  Exposed Person			Others I am politically Expo		
(For Individuals only)			Politically Exposed Person  I am Related to Politically Exposed Person  Not Applicable					
Additional KYC De	tails for Non-Individuals							
Others (For Non-	Is the company a Listed Company or S (If No, please attach Ultimate Benefici				d by a Liste	ed Compan	y O YE	S ONO
Individuals only)	If the Entity involved/providing any of t Gaming/Gambling/Lottery/Casino S	_	rvices:  ○ Foreign		•	✓ from belonanger Serv		ding/Pawning

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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 Ap	plicant/Guardian	Second Applicant	Third Applicant	POA Holder				
I am a tax resident of India and not a resident of any other country  If No, please mandatorily enclose the FATCA & CRS Declaration		○ Yes		O Yes	O Yes	O Yes				
			No Investors	○ No	O No	O No				
FOR NON-INDIVIDUALS: Please mand				n Individuals with all t	he sections filled.					
13. NOMINATION DETAILS (Please no			minor, no nomina	ntion 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		2	nd Nominee	3rd Nominee					
Name										
Date of Birth (in case nominee is a minor)	D D M M Y	YYYY	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										
Address										
City										
State										
Country										
Pincode										
Allocation %										
Signature of Guardian (if nominee is minor) (mandatory)										
Signature of Nominee										
14. DECLARATION & SIGNATURES										
IWe 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". IWe hereby apply for allotment/purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. IWe hereby declare that IWe amil'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 Ital. IWe hereby authority is Ital. Mutual Fund ("the Fund"), its Investment Manager ("LTIM") and its agents to disdose details of my investment on my bank(s) Funds brank(s) and/or Distributors. Broken(s) is before fly in the Fund', its Investment Manager ("LTIM") and its agents to disdose details of my investment on my bank(s) Funds brank(s) and/or Distributors. Broken(s) is before fly in the Fund's Funds brank(s) and/or Distributors. Broken Schemes of various Mutual Fund sfrom amongst which the Scheme(s) is before fly indirectly, in making this investment. In the case there is any change to a bide by the terms and conditions (as mentioned on HYPERLINK" www.lfs.com/) with respect to mylour 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. If n.J. I/We agree that IWe 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) lasteady provided to LTIM. If n.J. I/We agree that IWe shall inform										