

**COMMON APPLICATION FORM**  
(For Lumpsum, SIP & Multi-Scheme SIP Investments)



App. No. Time Stamp

Distributor Code	Sub-Distributor Code	Branch Code	Relationship Manager's Details	
ARN-3092			EUIN	Name
			E075439	Mobile No. +91- _____
			E-Mail ID _____	

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 Funds) Regulations, 1996 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"/>	Sole/1st Applicant _____ 2nd Applicant _____ 3rd Applicant _____

**EXISTING UNIT HOLDER'S INFORMATION (Section 1)**

If you hold a Folio with L&T Mutual Fund, please furnish the below information and move to Investment & Payment details Section

Folio No. \_\_\_\_\_ PAN of Sole/1st Unit Holder \_\_\_\_\_

Name of Sole/1st Unit Holder \_\_\_\_\_

**NEW SOLE/FIRST APPLICANT'S PERSONAL INFORMATION (Section 2)**

1st Applicant's Name \_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 Mobile No. +91- \_\_\_\_\_ E-mail Id\* \_\_\_\_\_

(Mandatory if first applicant is a minor)

\*Investors providing e-mail id will receive account Statements, Annual Report & other communication vide e-mail in lieu of physical copy. If you wish to receive physical copies, please tick here

If the Sole/First Applicant is a minor (i.e. below 18 years of age as on the date of this application, please provide below details) :

Guardian's Name \_\_\_\_\_

Proof of Date of Birth of Applicant (✓)	Guardian's Relationship with Applicant (✓)	Proof of Relationship of Guardian with Applicant (✓)
<input type="checkbox"/> Birth Certificate Copy <input type="checkbox"/> Passport Copy <input type="checkbox"/> Aadhaar Card Copy <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	<input type="checkbox"/> Birth Certificate Copy <input type="checkbox"/> Passport Copy <input type="checkbox"/> Court Appointment Order <input type="checkbox"/> Others (please specify) _____

PAN of Sole/First Applicant \_\_\_\_\_ Aadhar Card No. of 1st Applicant/Guardian \_\_\_\_\_

**Tax Status (✓)**

<input type="checkbox"/> Resident Indian Individual <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Foreign Portfolio Investor (FPI) <input type="checkbox"/> Non-Govt. Organisation(NGO)	<input type="checkbox"/> Non-Resident Indian Individual (NRI) <input type="checkbox"/> Foreign Institutional Investor (FII) <input type="checkbox"/> Financial Institution <input type="checkbox"/> Government Body	<input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Association of Persons (AOP)/ Body of Individuals (BOI) <input type="checkbox"/> Hindu Undivided Family (HUF)	<input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Bank <input type="checkbox"/> Person of Indian Origin (PIO)	<input type="checkbox"/> Society <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Others (please specify) _____
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**FOR INDIVIDUALS ONLY - Sole/First Applicant (Additional mandatory details to be filled in) (Section 3)**

Country of Birth (✓)	Country of Tax Residence (✓)	Occupation (✓)	
<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) _____ Tax ID _____	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Others (please specify) _____ <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist

Gross Annual Income (Rs.) (✓)  
 <= 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  25 Lacs to 1 Crore  > 1 Crore

Net Worth of Sole/1st Applicant Rs. \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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If you are a politically exposed person or related to a politically exposed person please (✓) appropriate option.  
 I am a politically exposed person.  I am related to a politically exposed person.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) ARN-3092 E075439**



Received from \_\_\_\_\_ an application for \_\_\_\_\_ App. No. \_\_\_\_\_  
 investment in Scheme \_\_\_\_\_ Option \_\_\_\_\_  
 Investment Type (✓)  Lumpsum  SIP  Multi-SIP  
 Investment Cheque Details : Cheque No. \_\_\_\_\_ Rs. \_\_\_\_\_ Dated 

D	D	M	M	Y	Y	Y	Y
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 Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

For Office Use Only  
Acknowledgement Stamp & Date

**FOR NON-INDIVIDUALS ONLY (Additional mandatory details to be filled in) (Section 4)**

**Gross Annual Income (Rs.) (✓)**  
 <= 1 Lac    1 - 5 Lacs    5 - 10 Lacs    10 - 25 Lacs  
 25 Lacs to 1 Crore    > 1 Crore  
**Net Worth (Mandatory) Rs.** *Networth should not be older than one year*  
 as on 

D	D	M	M	Y	Y	Y	Y
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**Is 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

If you are a U.S. Person, please tick (✓) if you qualify under any of the below heads of classification under Foreign Account Tax Compliance Act (FATCA) and associated regulations (Refer Note Y)

<input type="checkbox"/> Specified US Person	<input type="checkbox"/> Active Non-Financial Foreign Entity	<input type="checkbox"/> Exempt Beneficial Owner
<input type="checkbox"/> Other Partner Jurisdiction Financial Institution	<input type="checkbox"/> FATCA Partner Financial Institution	<input type="checkbox"/> Passive Non-Financial Foreign Entity
<input type="checkbox"/> Deemed Compliant Foreign Financial Institution	<input type="checkbox"/> Participating Foreign Financial Institution	

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company    YES    NO

**\*Ultimate Beneficiary Owner Details (✓)**  
 I/We are the Ultimate Beneficiary Owner(s) of this investment  
 I/We are not the Ultimate Beneficiary Owner(s) of this investment (Please submit the declaration for 'Ultimate Beneficial Ownership' along with this form)  
*\*Where no box is ticked, the first statement will be taken as default meaning that the applicant/investor is the beneficial owner*

**ADDRESS DETAILS (Address as per KRA records will be over written if you are KYC compliant) (Section 5)**

Correspondence Address	Overseas Address (Mandatory for NRIs/PIOs)
City/Town _____	City/Town _____
State _____ Pin _____	State _____ Pin _____
Tel (R) _____ Tel (O) _____	Tel (R) _____ Tel (O) _____

**BANK DETAILS (For receiving Redemption/Dividend payments) (Section 6)**

Bank Name _____	Account Number _____
Branch _____ City _____	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
IFSC _____	MICR _____ (9-digit number next to your cheque no.)

*(The 11 character code on a cheque. If you do not find it, please ask your bank branch for it)*

**Mandatory to enclose original cancelled cheque leaf of the above bank account if your investment instrument is from a different bank account**

**Additional Details for Investments through Attorney**

If your investment is being made by a Constituted Attorney on your behalf, please furnish the below details and enclose a **notarised copy** of the Power of Attorney for registering the same :

POA Holder's Name \_\_\_\_\_

PAN of POA Holder for 1st Applicant \_\_\_\_\_ Aadhaar Card No. of POA Holder for 1st Applicant \_\_\_\_\_

*(POA Holder needs to comply with applicable KYC requirements)*

**SECOND APPLICANT'S PERSONAL INFORMATION (Please note that where the sole/first applicant is a minor, no joint holders are allowed) (Section 7)**

2nd Applicant's Name \_\_\_\_\_

PAN of 2nd Applicant \_\_\_\_\_ Aadhaar Card No. of 2nd Applicant \_\_\_\_\_

*(Mandatory to comply with applicable KYC requirements)*

<b>Country of Birth (✓)</b> <input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) _____	<b>Country of Tax Residence (✓)</b> <input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) _____ Tax ID _____	<b>Occupation (✓)</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Private Sector Service</td> <td><input type="checkbox"/> Business</td> <td><input type="checkbox"/> Student</td> </tr> <tr> <td><input type="checkbox"/> Public Sector Service</td> <td><input type="checkbox"/> Housewife</td> <td><input type="checkbox"/> Forex Dealer</td> </tr> <tr> <td><input type="checkbox"/> Government Service</td> <td><input type="checkbox"/> Retired</td> <td><input type="checkbox"/> Agriculturist</td> </tr> <tr> <td><input type="checkbox"/> Professional</td> <td><input type="checkbox"/> Others (please specify) _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Government Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (please specify) _____	
<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student												
<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Forex Dealer												
<input type="checkbox"/> Government Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist												
<input type="checkbox"/> Professional	<input type="checkbox"/> Others (please specify) _____													

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.Intmf.com

Please note our call center is open from 9 am to 6 pm, Monday to Friday.

## Gross Annual Income (Rs.) (✓)

<= 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  25 Lacs to 1 Crore  > 1 Crore

Net Worth (Mandatory) Rs. \_\_\_\_\_ Network should not be older than one year as on DDMMYYYY

If you are a **politically exposed person** or **related to a politically exposed person** please (✓) appropriate option.

I am a politically exposed person.  I am related to a politically exposed person.

## Additional Details for Investments through Attorney

If your investment is being made by a Constituted Attorney on your behalf, please furnish the below details and enclose a **notarised copy** of the Power of Attorney for registering the same :

POA Holder's Name \_\_\_\_\_

PAN of POA Holder for 2nd Applicant \_\_\_\_\_ Aadhaar Card No. of POA Holder for 2nd Applicant \_\_\_\_\_

(POA Holder needs to comply with applicable KYC requirements)

## THIRD APPLICANT'S PERSONAL INFORMATION (Please note that where the sole/first applicant is a minor, no joint holders are allowed) (Section 8)

3rd Applicant's Name \_\_\_\_\_

PAN of 3rd Applicant \_\_\_\_\_ Aadhaar Card No. of 3rd Applicant \_\_\_\_\_

(Mandatory to comply with applicable KYC requirements)

## Country of Birth (✓)

- India  
 U.S.A.  
 Others  
(please specify) \_\_\_\_\_

## Country of Tax Residence (✓)

- India  
 U.S.A.  
 Others  
(please specify) \_\_\_\_\_

Tax ID \_\_\_\_\_

## Occupation (✓)

- Private Sector Service  Business  Student  
 Public Sector Service  Housewife  Forex Dealer  
 Government Service  Retired  Agriculturist  
 Professional  Others (please specify) \_\_\_\_\_

## Gross Annual Income (Rs.) (✓)

<= 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  25 Lacs to 1 Crore  > 1 Crore

Net Worth of Sole/1st Applicant Rs. \_\_\_\_\_ as on DDMMYYYY

If you are a **politically exposed person** or **related to a politically exposed person** please (✓) appropriate option.

I am a politically exposed person.  I am related to a politically exposed person.

## Additional Details for Investments through Attorney

If your investment is being made by a Constituted Attorney on your behalf, please furnish the below details and enclose a **notarised copy** of the Power of Attorney for registering the same :

POA Holder's Name \_\_\_\_\_

PAN of POA Holder for 3rd Applicant \_\_\_\_\_ Aadhaar Card No. of POA Holder for 3rd Applicant \_\_\_\_\_

(POA Holder needs to comply with applicable KYC requirements)

## Mode of Operation (✓)

Sole/First Holder only  Either or Survivor  Joint

(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 "JOINT")

## NOMINATION DETAILS (Section 9)

> Mandatory for new folios/accounts. > Every new nomination shall overwrite the existing nomination in the folio/account

I/We, (First Applicant) \_\_\_\_\_ (Second Applicant)\* \_\_\_\_\_ and (Third Applicant)\* \_\_\_\_\_ do hereby nominate the following persons(s) more particularly described hereunder/and\*/cancel the nomination made by me/us on the \_\_\_\_\_ day of \_\_\_\_\_ in respect of the Units under Folio No \_\_\_\_\_ (\*strike out which is not applicable)

	Name and Address of Nominees(s)	Date of Birth (In case nominee is a Minor)	Name & Address of Guardian (to be furnished in case the Nominee is a Minor)	Signature of Guardian (In case nominee is a Minor)	Proposition(%) by which the units will be shared by each Nominee(Should aggregate to 100%)
Nominee 1		DD/MM/YYYY			
Nominee 2		DD/MM/YYYY			
Nominee 3		DD/MM/YYYY			

Signature of Nominee 1 \_\_\_\_\_

Signature of Nominee 2 \_\_\_\_\_

Signature of Nominee 3 \_\_\_\_\_

If the investor/Unit holders, do not wish to nominate (✓)  I/We do not intend to appoint a nominee in respect of our investments

**INVESTMENT & PAYMENT DETAILS (Section 10)**

Investment Type (✓)  
 Lumpsum  SIP (Also fill & attach SIP Investment Form)  Multi-Scheme SIP (Please fill Multi-Scheme SIP investment section below)

**For Lumpsum & SIP Investment**

**Scheme Details**  
 Scheme Name L&T \_\_\_\_\_ Plan \_\_\_\_\_  
 Options  Growth^  Bonus\*  Dividend payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

**Payment/Cheque Details (Please issue cheque favouring the Scheme Name)**  
*Cheque/demand draft should conform to the CTS 2010standards*  
 Investment Amount \_\_\_\_\_ DD Charges (If applicable) \_\_\_\_\_ Net Amount \_\_\_\_\_  
 Instrument No \_\_\_\_\_ Instrument Dated \_\_\_\_\_  
 Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_  
 ^ Default option if not selected \* Available in select schemes only. Please refer KIM for details.

**For Multi-Scheme SIP Investment (Also fill & attach Multi-SIP Investment form)**

Scheme 1 L&T \_\_\_\_\_  
 Options  Growth^  Bonus\*  Dividend payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Scheme 2 L&T \_\_\_\_\_  
 Options  Growth^  Bonus\*  Dividend payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Scheme 3 L&T \_\_\_\_\_  
 Options  Growth^  Bonus\*  Dividend payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

**Payment/Initial Cheque details (Please issue cheque favouring L&T MF Multi-Scheme SIP)**  
*Cheque/demand draft should conform to the CTS 2010standards*  
 Investment Amount \_\_\_\_\_ DD Charges (If applicable) \_\_\_\_\_ Net Amount \_\_\_\_\_  
 Instrument No \_\_\_\_\_ Instrument Dated \_\_\_\_\_  
 Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_  
 ^ Default option if not selected \* Available in select schemes only

**DEMAT ACCOUNT DETAILS (MANDATORY FOR CREDITING UNITS IN DEMAT ACCOUNT) (Section 11)**

NSDL  OR CDSL  (Please ✓ any one)  
 Depository Participant Name \_\_\_\_\_  
 Depository Participant (DP) ID \_\_\_\_\_ Beneficiary Account Number \_\_\_\_\_

**DECLARATION & SIGNATURES (Section 12)**

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the above Scheme of L&T Mutual Fund including the sections on "Who cannot invest" 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 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 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 regulatory authority in India. I/We hereby authorise L&T Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/L&T Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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 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, the undersigned, 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. Please note this is applicable for "Execution Only" transaction.

I/We accept and agree to abide by the terms and conditions (as mentioned on www.lntmf.com) with respect to my/our dealings with L&T Mutual Fund/its Investment Manager through various channels.

\*APPLICABLE FOR NRIs: 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.

Date: 

D	D	M	M	Y	Y	Y	Y
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**Sole/FirstApplicant/Guardian**

✓ **Second Applicant (Not applicable if first applicant is minor)**

✓ **Third Applicant (Not applicable if first applicant is minor)**