Systematic Investment Plan (SIP) / Micro SIP Form



	eneral instructions for assis					S in black or dark			Time Stamp		
	tor/RIA Code -134803	Sub-Distributor	ARN Sub-Distributor Code				EUIN		Branch Code		
	D MORJARIA					E	2254	15			
Transaction Charge investments source No transaction char Investor's Declaratio	on where EUIN is not furnished	ulations allow deduction of arges deductible are Rs. 150 re not investing through a D : I/We confirm that the EUIN b	transaction charge D/- if you are investir Distributor or your in ox has been intentior	s of Rs. 100/- from y og in Mutual Funds for nvestment amount is nally left blank by me/u	our investment for the first time. If you less than Rs.10,000/- s as this is an "execut	payment to your are making a SIP I If this is the first t tion only" transaction	distributor in nvestment, t ime, you are on without ar	f your distri the transact investing in ny interaction	stributor. ibutor has opted to receive transaction c ion charges would be deducted over 3-4 in a ny mutual fund, please tick here or advice by the employee/relationship mar r has not charged any advisory fees on this to	nager/sales	
⊯ Sole/1st App	licant		z 2nd Applica	ant			⊮ 3rd Ap	plicant			
OTM DEBIT	MANDATE FORI	W FOR NACH/EC	S/AUTO DE	BIT							
L&T Mutual	Fund UMRN		Office us	e only		Date		MM	I Y Y Y Y		
Tick (✓)	CREATE Sponsor Bank Code			CITI000PIGW Ut				y Code CITI0000200000037			
	I/We hereby authorize		L&T Mutual Fund			to debit (✓)	ebit (✓)			Other	
Bank A/c No.											
With Bank	B	ank Name	IFS	c				or MICR			
an amount of Rs	Amount in words								₹		
Frequency	Monthly	🛛 Quarterly 🛛 🖂	Alf Yearly	As & wh	en presented	Deb	it Type	F	Fixed Amount 🗹 Maximum A	Amount	
Scheme		All schemes	of L&T Mutua	l Fund		Email	ld				
Folio No.							No. +91-				
Period	bit of mandate processi	ng charges by the bank	wnom I am auth	orizing to debit m	account as per	latest schedule	of charge	s of the ba	ank.		
From D	D M M Y Y Y	Y X									
To 3 1			nature of First Ac	count Holder		ire of Second A	Account H	older	Signature of Third Accour	nt Holder	
or 🛛 Un	til Cancelled	1. Nan	ne as per Bank	Records	2. Nam	e as per Bank	Records	5	3. Name as per Bank Red	cords	
This is to confirm th I have understood t	hat the declaration has been that I am authorized to can	n carefully read, understoo cel/amend this mandate by	od & made by me/u / appropriately com	s. I am authorizing t municating the cano	he User entity/Corp cellation/amendmer	oorate to debit my nt request to the l	account ba Jser entity/0	ased on the Corporate o	instructions as agreed and signed by n or the bank where I have authorized the	ne. debit.	
APPLICAN	T INFORMATION										
Name of Sole	/1st Unit Holder	First Name		Middle Na	me	La	st Name		Folio No.		
PAN/PEKRN*	* First	t Unit Holder		\$ec	ond Unit Holde	ſ			Third Unit Holder		
KIN*	Fir\$t Uhit	Holder		Se¢o	ond Urlit Hþlder				Third Unit Holder		
Date of Birth* ((1st Unit Holder)	ΜΙΜΙΥΙΥΙΥΙΥ	Date of Birth*	(2nd Unit Holder)	DIDIMIMI	YIYIY	Date of	Birth* (3rc	Unit Holder)	Y Y Y	
Mobile No. +9	91			E-mail ID)						
SIP & INVES	TMENT DETAILS (M	andatory. If left blar	nk, the applica	tion is liable to	be rejected)						
\bigcirc New SIP Regis	stration \bigcirc SIP Renewal \bigcirc	Update new OTM debit ma	ndate for already re	gistered SIP (If selecte	d, move to Section 4)	○ OTM Debit Mar	ndate to be r	egistered in	the folio. (If selected, Section 4 to be filled in m	nandatorily)	
○ OTM Debit	t Mandate is already r	egistered in the folio	. Please fill, Uniq	ue Mandate Refere	nce Number (UMI	RN)					
Debit Bank Na	ame				Accour	nt No.					
Scheme Nan											
Option (✓)		dend Payout O Divi				requency					
First Instalmen	t Details: Instrument No		Instrument	Date D D M	VI Y Y Y Y	Account Type	(✓) ○ S	avings O	Current O NRE O NRO O Other	'S	
Drawn On		Bank Name			Bank	k Branch			Bank City		
SIP Amount ₹					quency O Mon	thly* O Quarte	erly				
	e ○ 1st ○ 5th ○ 10th * (iod From M M			M M Mandate will	Y Y Y Y OR ○ Until Can I be considered.) (For SIP amount Minim		
Equity schemes &	1000 for Non Equity scheme	es)							^Available in select sche		
	IT SIP (✓) ○ Children' (Optional) - Available or						Others Others				
Top Up to contin	nue till SIP amount reach	nes^₹0	OR Top Up to co	ntinue till [#] D D		YYY Top	Up Fred	uency (P	Amount in multiples of ₹ 500 only Please ✓any one) ○ Half Yearly ○		
	ill cease once the mentio			te from which SIP			Default o	ption if not	t selected		
I/We have read and und application will result in a commission or any other referred above through p their appointed service p		nformation Document, Statemen Rs. 50,000 in a year. I/We have competing schemes of Mutual Fu bit. If the transaction is delayed on nsible. I/We will also inform L&T	t of Additional Informat neither received nor be unds from amongst which or not effected at all for Investment Manageme	ion and Key Information even induced by any rebat the Scheme is being re reasons of incomplete or int Limited about any cha	to be rejected) Memorandum of L&T M e or gifts directly or indir commended to me/us. I incorrect information, I/V nges in my/our bank acc) lutual Fund. I/We here rectly in making this S I/We hereby declare th Ne would not hold L& count. I/We have read	eby declare th ystematic Inve the particul T Mutual Fund and agreed to	at I/We do no estment. The J lars given here I, their Investn o the terms ar	It have any existing Micro SIPs which together w ARN holder has disclosed to me/us all the commi are correct and express my/our willingness to m nent Manager - L&T Investment Management Lim d conditions mentioned overleaf.	rith the curren issions (in trai nake payments nited, or any o	
	AS PER L&T MUTUAI	L FUND (To be signed		of Holding)			~				
X Sole/Eirst A	upplicant/Guardian		X Second A	nnlicant			X Thire		t		
∠ Sole/First A	pplicant/Guardian	Second Applicant				S Third Applicant					