

COMMON APPLICATION FORM



Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

Application No.

KEY PARTNER / ARN HOLDER INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

ARN Code	Sub-broker Code	Sub-broker ARN Code	Employee Unique Identification Number (EUIIN)	Time Stamp No
				For office use only

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No.3)

"I / We hereby confirm that the EUIIN 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction." (please tick (√)) and sign) ☐

SIGN HERE First/ Sole Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 4.)

Folio No. <input type="text"/>	The details in our records under the folio number mentioned alongside will apply for this application
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2. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information – If left blank the application is liable to be rejected.)

Sole/First Applicant 's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>
DOB <input type="text"/>	DOB is mandatory in case of unit holder is minor. Proof attached. Please (√) <input type="checkbox"/>			

Second Applicant 's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>
Third Applicant 's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>

First Applicant PAN : <input type="text"/>	Second Applicant PAN : <input type="text"/>	Third Applicant PAN : <input type="text"/>
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NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

FIRST	MIDDLE	LAST
PAN: <input type="text"/> KYC <input type="checkbox"/> Relationship with minor Please (√) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian		

3. TAX STATUS (Please tick (√))

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIIs	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> FPI	<input type="checkbox"/> Others	<input type="checkbox"/> Company <input type="checkbox"/> LLP

4. KYC Details (Mandatory) Occupation Please tick (√)

FIRST APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others	(please specify)				
SECOND APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others	(please specify)				
THIRD APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others	(please specify)				

GROSS ANNUAL INCOME [Please tick (√)]

FIRST 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 (Mandatory for Non-Individual Rs. _____ as on <input type="text"/> (Not older than 1 year)
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 OR Net Worth _____	(Not older than 1 year)
THIRD 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 OR Net Worth _____	(Not older than 1 year)

For Individual	For Non-Individual Investors (Companies, Trust, Partnership etc.)	
<input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/ Promoters/Karta/Trustee/Whole time Directors) please mention)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No. please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I am Related to Politically Exposed	Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No
	None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. MODE OF HOLDING [Please tick (√)] ☐ Joint ☐ Single ☐ Anyone of Survivor (Default option is Anyone of Survivor)

6. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark	City	State	Pincode <input type="text"/>	Country
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(TO BE FILLED IN BY THE INVESTOR)

ACKNOWLEDGEMENT SLIP

APP. No

Received an application for purchase of units of LIC MF _____ (Scheme Name with option)	Time Stamp No.
from Mr/Mrs/M/s. _____ (Name of the investor) _____ alongwith	
Cheque/Draft No./Payment Instrument No. _____ Dated _____ Bank _____	
Branch _____ Drawn on _____ For ₹ _____	
Bank Charges (in cases of Draft) of ₹ _____ Date _____	
Please Note : All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.	ISC Signature, Stamp & Date

7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)						
Email Id _____ (Please Specify)				Mobile No. _____		
Tel no _____ (Resi) (STD Code)		_____ (Off) (STD Code)				
8. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)						
Landmark _____ City _____ State _____ Pincode _____ Country _____						
9. DEMAT ACCOUNT DETAILS* - (Optional - refer instruction 14)						
		NSDL		CDSL		
DP NAME _____						
DP ID _____						
Beneficiary Account No _____						
10. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FACTA details form						
Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No Please tick as applicable and if yes, provide the below mentioned information (mandatory).						
Sole/First Applicant/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No		
Country of Birth _____		Country of Birth _____		Country of Birth _____		
Country of Citizenship/ Nationality _____		Country of Citizenship/ Nationality _____		Country of Citizenship/ Nationality _____		
Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id. _____		
Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____		Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____		Country of Tax Residency* (other than India) _____ Taxpayer Identification No. _____		
1 _____		1 _____		1 _____		
2 _____		2 _____		1 _____		
* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder shoulder fill form to provide the above details mandatorily.						
11. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it is mandatory for investors to provide their bank account details						
Account No. _____			Name of the Bank _____			
Type of A/c <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ Ps specify			Branch _____		Bank City _____	
IFSC code** _____		MICR no _____		Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)		
12. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 2, 3 & 10) (If this section is left blank, only folio will be created)						
Separate cheque/demand draft must be Issued for each Investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.						
* Cheque / DD Favouring Scheme Name (refer Instruction 2 & 3)		Plan / Option	Amount Invested (Rs.)	DD Charges	Net Amount Paid (Rs.)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)
LIC MF						
*All purchases are subject to relaization of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Per Specify)						
13. Option for Switch						
Switch in To	LIC MF	Plan		Option		
	Amount: Rs _____	Regular	Direct	Growth /Dividend / Div Reinvestment /Div Payout		
From Scheme Name		Plan		Option		
		Regular	Direct	Growth /Dividend / Div Reinvestment /Div Payout		
	Folio No.					
	Amount : Rs.	Units:				
14. NOMINATION DETAILS (Refer Instruction No. 16)						
<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)						
Nomination Name and Address _____		Guardian Name (in case of Minor) _____		Allocation % _____		
Nominee _____				100%		
To register multiple nominee please fill seperate Nomination Form						
15. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)						
Name of the POA holder _____				Attached <input type="checkbox"/> KYC Letter (Mandatory)		
PAN of the PoA holder _____				<input type="checkbox"/> Notarized copy of PoA		
16. DECLARATION & SIGNATURE/S						
a) Having read & understand the contents of the Scheme Information Document of the Scheme & reinvestment scheme. I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I /We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I /We have understood the details of the scheme & I /We have not recieved nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I /We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I /We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I /We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I /we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) 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. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir-05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me /us.						
Date : _____		SIGN HERE		SIGN HERE		
Place : _____		First Applicant/ Guardian		Second Applicant		
				Third Applicant		
For any queries please contact our nearest Investor Service Centre or <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>Call Toll Free Number 1800-258-5678</div> <div>Email : service@licmf.com</div> </div> <div style="text-align: center; margin-top: 10px;"> <div>Website : www.licmf.com</div> </div>						