

# TRANSACTION SLIP

Corporate Office: Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020  
 Tel: 022-66016000 | Fax: 022-22880633 | Email ID: service@licmf.com | Website: www.licmf.com  
 Toll Free: 1800-258-5678



## DISTRIBUTOR INFORMATION

Name & ARN Code#	Sub Broker Code	EUIN	Registrar Serial No	Date of Receipt	Time of Receipt

#Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

## INVESTOR DETAILS (Mandatory) Please fill in BLOCK Letters

Folio No.						
1st Unit Holder Name						

**DEMAT ACCOUNT DETAILS:** (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, an account statement shall be sent to them. Such investors will not be able to trade on the stock exchange. (Refer Inst. - 14)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)		CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)	
Depository Participant Name:		Depository Participant Name:	
DPID No.:	I N		
Beneficiary A/c No.		Beneficiary A/c No.	

## SCHEMENAME:

## PLAN/OPTION

Nature of Transaction: (Please tick & fill up relevant details)

**Purchase** : I/We would like to purchase units of the above mentioned scheme for amount (In fig.) \_\_\_\_\_ (in words) \_\_\_\_\_  
 Cheque/DD Number \_\_\_\_\_ dated \_\_\_\_\_ Drawn on Bank & Branch \_\_\_\_\_  
 A/c. No. \_\_\_\_\_ Bank A/C type (Please ✓) \_\_\_\_\_  
 Savings  Current  NRO  NRE  Mode of Payment (Please ✓)  Cheque  DD  Funds Transfer  RTGS/NEFT

**Switch** : I/We would like to switch All units  or of Partial units  \_\_\_\_\_ units or ₹ (amount in rupees) \_\_\_\_\_  
 (in words) \_\_\_\_\_  
 from above mentioned Scheme to Scheme \_\_\_\_\_ Plan \_\_\_\_\_  
 Option  Growth  Dividend Payout  Dividend Re-Invest

**Redemption** : I/we would like to redeem All units  or of Partial units \_\_\_\_\_ units or ₹ (amount in rupees) \_\_\_\_\_  
 (in words) \_\_\_\_\_  
 from above mentioned Scheme / Fund, redemption proceeds to be credited to the following Bank A/c. registered under this folio.  
 Bank / Branch \_\_\_\_\_ A/c. No. \_\_\_\_\_

**Change of bank mandate** (Please provide copy of a cancelled cheque)

Bank Name							
Bank Address							
City							
State						Pin	
Account No.					Payment Location		
Account Type		9 digit MICR No.			IFSC Code		

## DECLARATION

I/We have read and understood the contents of the Statements of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and addendum. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme (s) as applicable from time to time.  
 Amount invested in the Schemes is derived through legitimate source.

Sole/1st Holder	2nd Holder	3rd Holder

## ACKNOWLEDGEMENT (TO BE FILLED BY INVESTOR)

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Folio No.	FOR OFFICE USE (Signature of receiving Authority)			
Received from Mr./Ms./M/s. _____	Date/Time of receipt _____			
Scheme _____	Plan _____			
TRANSACTION Please tick (ü)	<input type="checkbox"/> PURCHASE	<input type="checkbox"/> SWITCH	<input type="checkbox"/> REDEMPTION	<input type="checkbox"/> CHANGE OF BANK MANDATE

Registrar & Transfer Agents: Karvy Computershare Pvt. Limited 46, Road No 4, Street No.1 Banjara Hills, Hyderabad - 500 034.

Phone: 040-44677131-40 | Fax No: 040-23388705 | Email: licmf.customercare@karvy.com | Website: www.karvycomputershare.com