

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			FOR OFFICE USE ONLY		
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 in-appropriateness, 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.:	<input type="text"/>	Beneficiary A/c No.	<input type="text"/>
Beneficiary A/c No.	<input type="text"/>		

**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/DDNumber  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 Schemeto 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	<input type="text"/>
Bank Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> Pin <input type="text"/>
Account No.	<input type="text"/> Payment Location <input type="text"/>
Account Type	<input type="text"/> 9 digit MICR No. <input type="text"/> IFSC Code <input type="text"/>

**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 though legitimate source.

Sole/1st Holder	2nd Holder	3rd Holder

ACKNOWLEDGEMENT (TO BE FILLED BY INVESTOR)

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Folio No.	<input type="text"/>			
Received from Mr./Ms./M/s.	<input type="text"/>			
Scheme	Plan	Option		
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.  
I Phone: 040 – 44677131-40 I Fax No: 040-23388705 I Email: licmf.customer@karvy.com I Website: www.karvycomputershare.com

<b>FOR OFFICE USE</b> (Signature of receiving Authority)
Date/Time of receipt