

BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)Account Number Account Type Savings Current NRE NRO FCNR OthersBank Name Branch City IFSC MICR **If you are not making the investment from the above mentioned bank account, please attach an original cancelled cheque leaf of the above account with the name of the first holder printed.****3. MODE OF HOLDING**Please Sole/1st Holder only Any one 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 "Any one or Survivor")

4. DETAILS OF OTHER APPLICANT(S) (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)**2nd Applicant**Name Mr. Ms. F | i | r | s | t | M | i | d | d | l | e | L | a | s | t |PAN/PEKRN# Date of Birth D | D | M | M | Y | Y | Y | Y | E-mail Id **3rd Applicant**Name Mr. Ms. F | i | r | s | t | M | i | d | d | l | e | L | a | s | t |PAN/PEKRN# Date of Birth D | D | M | M | Y | Y | Y | Y | E-mail Id **KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. #PEKRN required for Micro investments upto Rs. 50,000 in a year.****5. POWER OF ATTORNEY (PoA) HOLDER DETAILS**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 Mr. Ms. F | i | r | s | t | M | i | d | d | l | e | L | a | s | t |POA for Sole / First Applicant Second Applicant Third Applicant E-mail Id PAN of POA Holder Date of Birth D | D | M | M | Y | Y | Y | Y |

(POA Holder needs to comply with applicable KYC requirements)

6. INVESTMENT & PAYMENT INFORMATION (Please ensure that the cheque complies to the CTS 2010 standards)Investment Type (✓) Lumpsum SIP Multi-Scheme SIP (Please fill Multi-Scheme SIP Investment Form)
 Micro SIP (Also fill & attach SIP Investment Form)**For Lumpsum & SIP Investment (Please issue cheque favouring scheme name)**Scheme Name L&T Option (✓) Growth* Dividend Reinvestment Dividend PayoutDividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^Payment Mode : Cheque / DD / Pay Order Electronic Transfer One Time Mandate (OTM)

(Default plan / option / sup option will be applied incase of no information, ambiguity or discrepancy)

Instrument No. Instrument Date D | D | M | M | Y | Y | Y | Y |Drawn On Bank Name UTR No. Bank Branch Bank City Investment Amount (₹) Account Type Saving Current NRE NRO FCNRDD Charges (if applicable ₹) Net Amount (₹)

*Default option if not selected ^Available in select schemes only

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@lntmf.co.in

www.lntmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday

For Multi-Scheme SIP (Please issue cheque favouring L&T MF Multi-Scheme SIP)

Scheme 1 Dividend Frequency	L&T _____	Option (✓) SIP Amount (₹)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Scheme 2 Dividend Frequency	L&T _____	Option (✓) SIP Amount (₹)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Scheme 3 Dividend Frequency	L&T _____	Option (✓) SIP Amount (₹)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment

Payment Mode : <input type="checkbox"/> Cheque / DD / Pay Order <input type="checkbox"/> Electronic Transfer	Drawn On _____	Bank Name _____
Instrument No. _____	Instrument Date <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	Bank Branch _____
UTR No. _____	Bank City _____	
Investment Amount (₹) _____	Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
DD Charges (if applicable ₹) _____		
Net Amount (₹) _____		

*Default option if not selected ^Available in select schemes only

7. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and enclose a copy of the Client Master that you may have received from your Depository Participant.

Depository (Please ✓ any one) NSDL **OR** CDSL

Depository Participant Name _____

Depository Participant ID _____ Beneficiary A/c No. _____

8. KYC DETAILS (Mandatory. If left blank the application is liable to be rejected)

Gross Annual Income (For Individuals and Non Individuals)	For First Applicant/ Guardian	<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 (₹) _____ as on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> / <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y (Not older than 1 year) (Mandatory for Non-Individuals)	
	For 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
	Net-worth (₹) _____ as on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> / <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y (Not older than 1 year)	
	For 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
		Net-worth (₹) _____ as on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> / <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y (Not older than 1 year)

Occupation Details (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____ Please specify
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____ Please specify
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others _____ Please specify

Others (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable

Others (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)		<input type="checkbox"/> YES <input type="checkbox"/> NO
	If 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	

9. INFORMATION REQUIRED FOR TAX REPORTING (Mandatory. If left blank the application is liable to be rejected)

FOR INDIVIDUALS:

The below information is required for all applicant(s)/Guardian including Sole proprietor and POA Holder.

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant	POA Holder
I am a tax resident of India and not a resident of any other country	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If No, please mandatorily enclose the FATCA & CRS Declaration for Individual Investors.

FOR NON-INDIVIDUALS: Please mandatorily enclose the FATCA, CRS & UBO Declaration for Non Individuals with all the sections filled.

10. NOMINATION DETAILS (Please note that where the sole/1st applicant is a minor, no nomination is allowed)

(Please I/We wish to Nominate I/We do not wish to Nominate I/We wish to appoint Multiple Nominees (Please fill the Nomination Form separately)

Name of the Nominee	In case nominee is a minor, please fill : Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Relationship with the Applicant	Name of the Guardian	
Address of the Nomine	Address of the Guardian	
City/Town _____	City/Town _____	
State _____ Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State _____ Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Country _____	Country _____	

 Signature of the Nominee

 Signature of the Guardian

9. DECLARATION & SIGNATURES

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the aforesaid Scheme(s) of L&T Mutual Fund including the sections on "Who cannot invest", "Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS)" ("Reporting Guidelines") 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(s) 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(s) 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 authority in India. I/We hereby authorise L&T Mutual Fund ("the Fund"), its Investment Manager ("LTIM") and its agents to disclose details of my investment to my bank(s)/ Fund's bank(s) and/or Distributor/Broker/Investment Adviser/any governmental or regulatory authority. 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(s) 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 accept and agree to abide by the terms and conditions (as mentioned on HYPERLINK "http://www.lntmf.com" www.lntmf.com) with respect to my/our dealings with L&T Mutual Fund/ its Investment Manager through various channels.

In case there is any change in the information (especially pertaining to Reporting Guidelines) already provided to LTIM / Fund, I/We agree that I/We shall inform the same to LTIM/Fund within 30 days of the change. I/We authorize updation of the records (including pertaining to the Reporting Guidelines) basis the information / documents received by LTIM/Fund/Registrar and Transfer Agent ("RTA") from other SEBI Registered Intermediaries. I/We authorize LTIM/Fund/RTA, to share the information provided by me / us with other SEBI Registered Intermediaries to facilitate single submission /updation. I / We authorize LTIM/ Fund/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from the my/our account or close or suspend my/our account(s) under intimation me/us."

APPLICABLE FOR NON-ADVISORY TRANSACTIONS ONLY:

I/We, 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.

***APPLICABLE FOR NRIs/PIOs/FIs/FPIs INVESTING ON REPATRIATION BASIS ONLY:** 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

 Sole/First Applicant/Guardian

 Second Applicant

 Third Applicant