

Transaction Form for Financial Transactions



Please refer to the General Instructions for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name
ARN-	Sub-Distributor Code			Mobile +91- _____
				E-mail

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges

SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-

Investor's Declaration where EUIN is not furnished
I/We confirm that the EUIN 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

If this is the first time, you are investing in any mutual fund, please tick here

Sole/1st Applicant

2nd Applicant

3rd Applicant

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name	Folio No.
PAN	First Unit Holder	Second Unit Holder	Third Unit Holder	

KYC is mandatory. Please enclose a copy of KYC acknowledgement letter for all applicants. In case there is any change in KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the Point of Service of any KYC Registration Agency or at the nearest L&T Investor Service Centre (ISC) or CAMS CSC.

Mobile No. +91- _____ E-mail ID _____

2. KYC INFORMATION

FOR INDIVIDUAL INVESTORS	1st Applicant / Guardian		2nd Applicant / Guardian		3rd Applicant / Guardian					
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
(a) Gender (✓)										
(b) Father's / Spouse's Name										
(c) Place / Country of Birth (✓)	<input type="checkbox"/> India	<input type="checkbox"/> Other	Please specify							
(d) Tax Residency (If you are resident in any country other than India from a taxation perspective, please furnish Country of Tax Residency and Tax Identification Number (TIN) or equivalent alongside)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)				
	1.		1.		1.					
	2.		2.		2.					
	3.		3.		3.					
(e) Occupation (✓)	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service				
	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business				
	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife				
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Student				
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist				
	<input type="checkbox"/> Others	Please specify				<input type="checkbox"/> Others	Please specify			
(f) Others (✓) (Applicable for Karta of HUF also)	<input type="checkbox"/> I am a politically exposed person		<input type="checkbox"/> I am a politically exposed person		<input type="checkbox"/> I am a politically exposed person					
	<input type="checkbox"/> I am related to a politically exposed person		<input type="checkbox"/> I am related to a politically exposed person		<input type="checkbox"/> I am related to a politically exposed person					
	<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable					
(g) Gross Annual Income (₹)	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<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"/> 5-10 Lacs	<input type="checkbox"/> 10-25 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	<input type="checkbox"/> 25 Lacs - 1 crore	<input type="checkbox"/> > 1 Crore	<input type="checkbox"/> 25 Lacs - 1 crore	<input type="checkbox"/> > 1 Crore				
(h) Net Worth (₹) (Not older than 1 year)	Mandatory for (a) Individual Investors who have not furnished Gross Annual Income above and (b) Non-Individual Investors.									
	₹ _____	as on DD / MM / YYYY	₹ _____	as on DD / MM / YYYY	₹ _____	as on DD / MM / YYYY				

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Folio No.

Received from

Name of the Sole/First Unit Holder

Scheme/Plan/Option

Additional Purchase Amount (in Rs) _____ Drawn On _____ Instrument No. _____
 Switch (Please tick sign) Amount OR No. of units OR All Units
 Redemption (Please tick sign) Amount OR No. of units OR All Units



For Office Use Only

Acknowledgement Stamp & Date

**FOR NON-INDIVIDUAL
INVESTORS 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)

YES 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

3. ADDITIONAL PURCHASE

Scheme Name **L&T** Option (✓) Growth* Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Semi-Annual^ Annual^

Amount (₹): _____ Drawn on: _____

Investment Mode Instrument No. Bank Name Instrument Date **D | D | M | M | Y | Y | Y | Y** One Time Mandate
Bank Branch Bank City

Please ensure that the cheque complies to CTS 2010 standards

Electronic Transfer UTR No. _____

Payment made by (✓) First Unit Holder Guardian in case of minor. Others _____ Please Specify

 Demat Account Details

Depository(✓) NSDL or CDSL Depository Participant (DP) Name _____

Depository Participant (DP) ID _____ Beneficiary Account Number _____

Please enclose copy of the Client Master as provided by your depository

4. SWITCH

Scheme Name **L&T** Option (✓) Growth Bonus^ Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Semi-Annual^ Annual^

To Scheme **L&T** Option (✓) Growth* Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Semi-Annual^ Annual^

Please tick any one (✓) Amount (₹) _____ OR No. of units _____ OR All Units

5. REDEMPTION

Scheme Name **L&T** Option (✓) Growth Bonus^ Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Semi-Annual^ Annual^

Please tick any one (✓) Amount (₹) _____ OR No. of units _____ OR All Units

Please note that if the bank account has been changed and not been intimated to us, the proceeds will be credited to the bank account registered with us.

IFSC of the registered bank account for electronic payment _____ (Please enclose an original cancelled cheque leaf)
If you have registered multiple bank mandate and if you want credit in a bank A/c other than the default bank please mention the bank A/c No. below.

Name of the Bank/ Branch _____ Account No. _____

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

6. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

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 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.

 (Sole/First Unit Holder)

 (Second Unit Holder)

 (Third Unit Holder)

Date **D | D | M | M | Y | Y | Y | Y**

Place _____