

# Systematic Investment Plan (SIP) / Micro SIP Form



Please refer to the General Instructions & Checklist 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- 1739		E031487		Mobile +91-	
	Sub-Distributor Code				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	Investor's Declaration where EUIN is not furnished
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/-	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 (Mandatory. If left blank, the application is liable to be rejected)

Name of Sole/First Unit Holder: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Folio No. \_\_\_\_\_

PAN/PEKRN\*\* \_\_\_\_\_ First Unit Holder \_\_\_\_\_ Second Unit Holder \_\_\_\_\_ Third Unit Holder \_\_\_\_\_

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

Mobile No. +91- \_\_\_\_\_ E-mail ID \_\_\_\_\_

## 2. SIP & INVESTMENT DETAILS (Mandatory. If left blank, the application is liable to be rejected)

New SIP Registration  SIP Renewal  Update new bank details for SIP Debits (If selected, move to Section 4)

Scheme Name L&T \_\_\_\_\_

Option (✓)  Growth\*  Dividend Payout  Dividend Reinvestment

Dividend Frequency \_\_\_\_\_

First Instalment Details:	SIP Amount
Instrument No. _____ Instrument Date <input type="text" value="D D M M Y Y Y Y"/>	₹ _____ (Minimum 500 for Equity schemes & 1000 for Non Equity schemes)
Account Type (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others	SIP Debit Date (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> All six dates
Drawn On _____ Bank Name _____	SIP Frequency (✓) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
Bank Branch _____ Bank City _____	SIP Period <input type="checkbox"/> Until Cancelled OR
	From <input type="text" value="M M Y Y Y Y Y Y"/> To <input type="text" value="M M Y Y Y Y Y Y"/>

(Note: Minimum gap of 30 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered.)

Reason for your SIP (✓)  Children's education  Children's marriage  House  Car  Retirement

SIP Top Up (Optional) - Available only for investments effected through Auto Debit.

Top Up Amount ₹ \_\_\_\_\_ Amount in multiples of ₹ 500 only \_\_\_\_\_

Top Up Frequency  Half Yearly  Yearly\*

Top Up to continue till SIP amount reaches\* ₹ \_\_\_\_\_ OR \_\_\_\_\_

Top Up to continue till #  (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease  
 \*Default option if not selected \*\* PEKRN required for Micro investments upto Rs. 50,000 in a year

## 3. DECLARATION & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of L&T Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in ECS/ACH/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold L&T Mutual Fund, their Investment Manager - L&T Investment Management Limited, or any of their appointed service providers or representatives responsible. I/We will also inform L&T Investment Management Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE/S AS PER L&T MUTUAL FUND (To be signed as per Mode of Holding)

Sole/First Applicant/Guardian  Second Applicant  Third Applicant

## 4. DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT

UMRN \_\_\_\_\_ Office use only \_\_\_\_\_ Date

Tick (✓)  CREATE  MODIFY  CANCEL

Sponsor Bank Code \_\_\_\_\_ Office use only \_\_\_\_\_ Utility Code \_\_\_\_\_ Office use only \_\_\_\_\_

I/We hereby authorize \_\_\_\_\_ L&T Mutual Fund to debit (✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c No. \_\_\_\_\_

With Bank \_\_\_\_\_ Bank Name \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rs. \_\_\_\_\_ Amount in words \_\_\_\_\_ ₹ \_\_\_\_\_

Frequency  Monthly  Quarterly  Half Yearly  As & when presented

Debit Type  Fixed Amount  Maximum Amount

Scheme \_\_\_\_\_ Email Id \_\_\_\_\_

Folio No. \_\_\_\_\_ Mobile No. +91- \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period From  To

Signature of First Account Holder \_\_\_\_\_ Signature of Second Account Holder \_\_\_\_\_ Signature of Third Account Holder \_\_\_\_\_

1. Name as per Bank Records 2. Name as per Bank Records 3. Name as per Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the debit.