

# SIP Investment Form

(Registration-cum-Mandate Form for Auto-debit and ECS)



Time Stamp

Distributor/Broker Code <b>ARN-42954</b> (stamp here)	Sub-Broker ARN  Sub-Broker Code	Relationship Manager's Name Mobile EUIN <b>E 0 2 9 6 8 6</b>	Branch Code
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If Employee Unique Identification Number (EUIIN) details are not provided, the investor(s) agrees that: I/We hereby confirm that the EUIIN 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature/s (To be signed by all applicants) (see note 7)

(Sole/First Applicant)

(Second Applicant)

(Third Applicant)

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.

Please refer to the guidance notes for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

## PERSONAL DETAILS (see note 1)

First Unit Holder | F | i | r | s | t | n | a | m | e | | | | | M | i | d | d | l | e | n | a | m | e | | | | | L | a | s | t | n | a | m | e | Folio No. | | | | |

PAN | | | | | First Unit Holder | | | | | Second Unit Holder | | | | | Third Unit Holder | | | | |

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

## INVESTMENT DETAILS (see note 2)

New SIP Registration  SIP Renewal  Change in Bank Details (for an existing SIP)

Scheme \_\_\_\_\_  
Option (✓)  Growth<sup>^</sup>  Bonus (available in select schemes only)  Dividend Payout  Dividend Reinvestment <sup>^</sup> Default option if not selected

Dividend Frequency \_\_\_\_\_  
First instalment details  
Mode of Payment (Please ✓)  Cheque  Demand Draft  Pay Order Instrument No. \_\_\_\_\_ Date | D | D | M | M | Y | Y | Y | Y |

Drawn on \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

NRI Investor, please specify account type (✓)  NRE  NRO  FCNR  Others \_\_\_\_\_ Please specify \_\_\_\_\_

Reason for your SIP  Children's Education  Children's Marriage  House  Car  Retirement

## YOUR SIGNATURE/S (To be signed by all joint holders) (see note 3)

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 direct debit/participation in ECS. 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.

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

(Sole/First Unit Holder)

(Second Unit Holder)

(Third Unit Holder)

## AUTO-DEBIT AUTHORISATION (see note 4)

The Manager, I/We authorize L&T Mutual Fund and their authorised service providers to debit my account via ECS/Direct Debit/Standing Instructions.

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_

Bank Account Number | | | | | Account Type (Please ✓)  Savings  Current  Cash Credit  NRE  NR

Scheme \_\_\_\_\_ Option \_\_\_\_\_

SIP Auto-debit Date (Please ✓)  1st  5th  10th<sup>^</sup>  15th  25th  All five dates SIP Instalment Amount Rs. \_\_\_\_\_

Frequency (Please ✓)  Monthly<sup>^</sup>  Quarterly SIP Auto-debit Period  Till I instruct discontinuation<sup>^</sup> [OR] From | M | M | Y | Y | Y | Y | To | M | M | Y | Y | Y | Y |

MICR Code | | | | | (9-digit number next to your cheque no.) <sup>^</sup> Default option if not selected.

I/We hereby declare that the information provided by me/us is accurate. If the transaction is delayed or not carried through courtesy incomplete or incorrect information, I/We would not hold L&T Mutual Fund or its authorised service providers responsible. Mandate verification charges, if any, may be charged to my/four account.

Name(s) & Signature(s) of Bank Account Holder(s) as in Bank Records

Name of Sole/1st Bank Account Holder

Name of 2nd Bank Account Holder

Name of 3rd Bank Account Holder

X X Signature of Sole/1st Bank Account Holder

X X Signature of 2nd Bank Account Holder

X X Signature of 3rd Bank Account Holder

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

Attestation by the Banker

(Mandatory, if your First SIP Instalment is through a Demand Draft/Pay Order)

I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.

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

Signature and Stamp of the Authorised Official from Bank

Bank Stamp & Date

## FOR OFFICE USE

Recorded on | D | D | M | M | Y | Y | Y | Y | Recorded by \_\_\_\_\_ Credit A/c. No. \_\_\_\_\_

We confirm that we have taken the above ECS/Auto-debit instructions on our records.

Stamp of Bank Branch Manager

Signature

Name