# **COMMON APPLICATION FORM**

Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

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| KEY PARTNER / ARN HOLDER INF<br>(Investors applying under Direct Pla  |                                  |  | ARN Code co   | lumn.) (F                           | Refer Ins                 | structior                 | n 2 & 3)                             |                             |                                    | A                     | pplicatio                   | on No              |           |                    |          |         |                  |
|---|----------------------------------|--|---|-------------------------------------|---------------------------|---------------------------|--------------------------------------|-----------------------------|------------------------------------|-----------------------|-----------------------------|--------------------|-----------|--------------------|----------|---------|------------------|
| ARN* / RIA Code / PMRN  |                                  | ARN / RIA /  | PM Name   |                                     |                           | brokei<br>ode             | Sub-b                                | oroker<br>Code              | RMO                                | Code                  |                             | nploye<br>ation    |           | ique<br>per (EUII  | V) Tir   | me Sta  | mp N             |
| ARN-183038  |                                  | ARN-   |   |                                     |                           |                           |                                      |                             |                                    |                       | E                           |                    |           |                    |          |         |                  |
| eclaration for "execution-only" transaction (<br>/ We hereby confirm that the EUIN box h<br>twithstanding the advice of in-appropriaten<br>y mentioning RIAcode (Registered Investr<br>mentioning PMRN code (Portfolio Manage | nas bee<br>ness, if a<br>ment Ac | n intentionally left blank<br>any, provided by the empl<br>lviser), I/we authorize you | by me / us as thi<br>oyee / relationship<br>u to share the inves<br>uthorize you to sha | s is an "ex<br>manager/<br>tmentAdv | sales pers<br>iser the de | son of the<br>etails of m | distributor and<br>y/our transaction | the distrib<br>ons in the s | outor has not cl<br>scheme(s) of L | narged ar<br>IC Mutua | iy advisory fees<br>I Fund. | on this tra        | ansaction | n." (please tio    |          |         |                  |
| <b>)</b>  |                                  |  | $\otimes$   |                                     |                           |                           |                                      |                             |                                    | $\otimes$             |                             |                    |           |                    |          |         |                  |
| SIGN HE<br>First/Sole Applica   |                                  | uardian  |   |                                     | Se                        |                           | HERE<br>Applicant                    |                             |                                    |                       |                             |                    |           | NHERE<br>Applicant | r        |         |                  |
| TRANSACTION CHARGES F   |                                  |  |   |                                     |                           |                           |                                      | ructio                      | n 41                               |                       |                             |                    |           | phoan              |          |         |                  |
| I confirm that I am a First<br>(₹ 150 deductible as Trans   | time                             | investor across N  | lutual Funds  |                                     |                           |                           |                                      | Ιc                          | onfirm that                        |                       | an existing<br>as Transact  |                    |           |                    |          | the Dis | stribu           |
| n case the purchase/ subscription and payable to the Distributor. Units wavestors' assessment of various fact   | will be<br>tors inc              | issued against the ba<br>cluding the service re  | alance amount<br>indered by the A   | invested<br>ARN Hold                | . Upfron<br>der.          | t comm                    | ission shall b                       | e paid d                    | lirectly by th                     | e invest              | or to the ARN               | VHolder            | r (AMFI   | registered         |          |         |                  |
| 1. EXISTING UNIT HOLDE  |                                  |  | ou have exist   | ing folio                           | -                         |                           |                                      | -                           |                                    |                       |                             |                    |           |                    | nnlineti |         |                  |
|   | 0.4                              |  |   |                                     |                           |                           |                                      |                             |                                    |                       | entioned alor               |                    |           |                    | ppiicati | on      |                  |
| 02. APPLICANT(S) DETAILS  |                                  |  | -   |                                     | ders) (N                  | landate                   | -                                    |                             |                                    | the app               |                             |                    | be rej    | ected.)            |          |         |                  |
| irst Applicant's Name/Minor   | Nan                              | ie   |   | IRST                                |                           |                           |                                      | MIDDI                       |                                    |                       |                             | LAST               |           |                    |          | K       |                  |
| AN  |                                  | С  | KYC No.   |                                     |                           |                           |                                      |                             |                                    |                       |                             | of Bir<br>(mandato |           | DM                 | Μ        | YY      | Y                |
| econd Applicant's Name  |                                  |  |   |                                     |                           |                           |                                      |                             |                                    |                       |                             |                    |           |                    |          | K١      | /C               |
| AN  |                                  | С  | KYC No.   |                                     |                           |                           |                                      |                             |                                    |                       |                             | of Bir<br>(mandato |           | DM                 | М        | YY      | Y                |
| hird Applicant's Name   |                                  |  |   |                                     |                           |                           |                                      |                             |                                    |                       |                             |                    |           |                    |          | K       | rc               |
| AN  |                                  | С  | KYC No.   |                                     |                           |                           |                                      |                             |                                    |                       |                             | of Bir<br>(mandato |           | DM                 | M        | YY      | Y                |
| AME OF GUARDIAN (in case  | e of Fi                          | rst / Sole Applicant   | t is a Minor) /   | NAME                                | OF CO                     | ONTAC                     | T PERSO                              | N - DE                      | SIGNATIO                           | ON (in                | case of non                 | -indivic           | dual In   | vestors)           |          |         |                  |
|   |                                  |  |   |                                     |                           |                           |                                      |                             |                                    |                       |                             |                    |           |                    |          | K       | YC.              |
|   |                                  |  |   |                                     |                           |                           |                                      |                             |                                    |                       | Date                        | of Bir             |           |                    |          |         |                  |
| AN  |                                  | C  | KYC No.   |                                     |                           |                           |                                      |                             |                                    |                       |                             | (mandato           |           |                    | M        | YY      | Y                |
| Relationship with minor Plea  | ise (∗                           | ) Fat  | her   | Mot                                 | her                       |                           | Court /                              | Appoir                      | nted Lega                          | l Guai                | rdian                       |                    |           |                    |          |         |                  |
| 03. TAX STATUS (Please tick   | <ul> <li>✓)</li> </ul>           |  |   |                                     |                           |                           | []                                   |                             |                                    |                       |                             |                    |           |                    |          |         |                  |
| Resident Individual   | FIIs                             | NRI-NRO  | HUF   | C                                   | lub/So                    | ciety                     | PIO                                  |                             | Body Cor                           | porate                | Min                         | nor                |           | Governm            | ent Bo   | ody     | Ba               |
| Trust FI NRI-   | -NRE                             | FPI  | QFI   | Sole Pro                            | oprietor                  | r                         | Others                               | P                           | artnership                         | Firm                  | LLF                         |                    | Priva     | ite Secto          | r        | Publi   | ic Sec           |
| 04. KYC Details (Mandatory  | /)                               | Occupation Ple   | ase tick (√)  |                                     |                           | -                         |                                      |                             |                                    |                       |                             |                    |           |                    |          |         |                  |
| IRST APPLICANT/   |                                  | Private Sector   | Public  | Sector                              |                           | Gove                      | rnment Se                            | rvice                       | Bus                                | siness                | Pro                         | fessior            | nal       | Reti               | red      | Ho      | ousev            |
| GUARDIAN (in case of minor)   |                                  | Student  | Forex   | Dealer                              |                           | Agric                     | ulturist                             |                             | Oth                                | er                    |                             |                    |           |                    | (        | (please | spec             |
|   |                                  | Private Sector   | Public  | Sector                              |                           | Gove                      | rnment Se                            | rvice                       | Bus                                | iness                 | Pro                         | fessior            | nal       | Reti               | red      | На      | ousev            |
| ECOND APPLICANT   |                                  | Student  | Forex   | Dealer                              |                           | Aaric                     | ulturist                             |                             | Oth                                | or                    |                             |                    |           |                    |          | (please | sner             |
|   |                                  |  |   |                                     |                           |                           |                                      |                             |                                    |                       |                             |                    |           |                    |          |         |                  |
| HIRD APPLICANT  |                                  | Private Sector   | Public  | Sector                              |                           | Gove                      | rnment Se                            | rvice                       | Bus                                | siness                | Pro                         | fessior            | nal       | Reti               | red      | Ho      | ousev            |
|   |                                  | Student  | Forex   | Dealer                              |                           | Agric                     | ulturist                             |                             | Oth                                | er                    |                             |                    |           |                    |          | (please | spec             |
| ROSS ANNUAL INCOME [P   | lease                            | e tick (√)]  |   |                                     |                           |                           |                                      |                             |                                    |                       |                             |                    |           |                    |          |         |                  |
| IRST APPLICANT/<br>GUARDIAN (in case of minor)  |                                  | Below 1 Lac  | 1-5 Lacs  |                                     | 10 Lacs                   | s :                       | > 10-25 La                           | cs                          | > 25 Lac                           | s-1 Cro               |                             |                    | OR N      | et Worth           |          |         | (Not o           |
| - (   | Net                              | worth (Mandator  | y for Non-Inc   | lividual                            | ₹                         |                           |                                      |                             |                                    |                       | as o                        | nD                 | D         |                    | Y        | YY      | than 1           |
| ECOND APPLICANT   |                                  | Below 1 Lac  | 1-5 Lacs  | > 5-'                               | 10 Lacs                   | s :                       | > 10-25 La                           | cs                          | > 25 Lac                           | s-1 Cro               | ore >1                      | Crore              | OR N      | et Worth           |          |         | (Not o<br>than 1 |
| HIRD APPLICANT  |                                  | Below 1 Lac  | 1-5 Lacs  | > 5-7                               | 10 Lacs                   | s :                       | > 10-25 La                           | cs                          | > 25 Lac                           | s-1 Cro               | ore >1                      | Crore              | OR N      | et Worth           |          |         | (Not o           |
| or Individual   |                                  |  | For Non-  | Individ                             | ual Inv                   | estor                     | s (Compai                            | nies, T                     | rust, Parl                         | nersh                 | ip etc.)                    |                    |           |                    |          |         |                  |
| I am Politically Exposed P<br>(Also applicable for authorized   |                                  |  |   |                                     |                           |                           |                                      |                             |                                    |                       | pany or Co<br>Ownership (l  |                    |           | ion)               |          | Yes     |                  |
| Karta/Trustee/Whole time Dire   |                                  |  |   |                                     |                           |                           | nanger Ser                           |                             | sumate Del                         | ISIIGIAI (            | Cameranih (r                | JU ( JU            | Juaral    | 511)               |          | Yes     |                  |
| I am Related to Politically   | Expo                             | sed Person   |   |                                     |                           |                           | Casino Se                            |                             |                                    |                       |                             |                    |           |                    |          | Yes     |                  |
|   |                                  |  | Money Le  | nding /                             | Pawni                     | ng                        |                                      |                             |                                    |                       |                             |                    |           |                    |          | Yes     |                  |
| Not Applicable  |                                  |  | None of t   | ne abov                             | /e                        |                           |                                      |                             |                                    |                       |                             |                    |           |                    |          | Yes     |                  |

| 05. GENDER [Please tic                         | :k (√)]                       |               |  |                             |                    |                         |                         |                     |                     |           |
|--|-------------------------------|---------------|--|-----------------------------|--------------------|-------------------------|-------------------------|---------------------|---------------------|-----------|
|  | Female                        | Transge       | ender  |                             |                    |                         |                         |                     |                     |           |
| 06. MODE OF HOLDING                            |                               |               |  |                             |                    |                         |                         |                     |                     |           |
| Joint  | Single                        |               | Anyone or Survivor (Default  | option is Joint)            |                    |                         |                         |                     |                     |           |
| 07. MAILING ADDRESS                            | OF FIRST / SOLE               | APPLICA       | NT (MANDATORY) (Refer In   | struction 11)               |                    |                         |                         |                     |                     |           |
|  |                               |               |  |                             |                    |                         |                         |                     |                     |           |
|  |                               |               |  |                             |                    |                         |                         |                     |                     |           |
|  | City                          |               | State  | Pinco                       | de                 |                         | Cou                     | ntry                |                     |           |
|  |                               |               | $(\checkmark)$ the mode for receiving ged to register/update their                         |                             |                    | =                       |                         |                     |                     | ion.      |
| •  | -                             |               | to receive following document  |                             |                    |                         |                         |                     |                     |           |
| Account Statemer                               | nt Annual F                   | Report        |  |                             |                    |                         |                         |                     |                     |           |
| 09. CONTACT DETAILS                            | OF SOLE/FIRST A               | PPLICAN       | T (Mobile No. and Email Id.  | Refer Instruction           | No. 11)            |                         |                         |                     |                     |           |
| mail Id  |                               |               |  |                             |                    |                         | (EMAIL                  | Id to be writ       | ten in BLOCK        | < letters |
| el No.: (Resi) (STD Code                       |                               |               | (Off) (STD Code)   |                             |                    | Mobi                    | le No.                  |                     |                     |           |
| approve for usage of                           | of these contact de           | tails for a   | er provided in this form belo<br>ny communication with LIC<br>nly instead of physical, for | MF. Please note a           | Ill kinds o        | finvestor               | ⊗                       | SIGN H              | ERE<br>ant/Guardian | 1         |
| 10. Overseas address (                         | Oversea <u>s address is r</u> | nandatory     | for NRI / FII applicants in additic  | on to mailing addres        | s in <u>India)</u> |                         |                         |                     |                     |           |
|  |                               | ,             |  |                             | ,                  |                         |                         |                     |                     |           |
|  | 0:4-                          |               | 04-4-  | <b>DO D</b>                 | N-                 |                         |                         |                     |                     |           |
|  |                               |               | State  | PO Box                      | No.                |                         | Co                      | ountry              |                     |           |
| 11. DEMAT ACCOUNT D                            | JETAILS (Optional -           | reter Instru  | NSDL   |                             |                    |                         | CSDI                    |                     |                     |           |
|  |                               |               | NODE   |                             |                    |                         | 0001                    | -                   |                     |           |
| OP Name  |                               |               |  |                             |                    |                         |                         |                     |                     |           |
|  |                               |               |  |                             |                    |                         |                         |                     |                     |           |
| DP ID  |                               |               |  |                             |                    |                         |                         |                     |                     |           |
|  |                               |               |  |                             |                    |                         |                         |                     |                     |           |
| Beneficiary Account No                         |                               |               |  |                             |                    |                         |                         |                     |                     |           |
| 12. FATCA Detail (For In                       | ndividuals & HUF (            | Mandator      | y) Non Individual investors  | should mandato              | rily fill se       | parate FATC             | A details fo            | orm                 |                     |           |
|  |                               |               | enship / Nationality and Tax R<br>entioned information Imandat                             |                             | es N               | 0                       |                         |                     |                     |           |
| Sole/First Applicant/Gu                        |                               | No            | 2nd Applicant  | Yes No                      |                    | 3rd Appli               | cant Y                  | es No               | or Yes              | No        |
| Country of Birth                               |                               |               | Country of Birth   |                             |                    | Country o               | f Birth                 |                     | •                   |           |
| •  |                               |               |  |                             |                    | -                       |                         | /h   - 4' 1'.4 -    |                     |           |
| County of Citizenship/Natio                    | onality                       |               | County of Citizenship/Natio  | nality                      |                    | County of               | Citizenship             | /Nationality        |                     |           |
| Are you e US Specified Pe                      | rson? Yes                     | No            | Are you e US Specified Per   | rson? Yes                   | No                 | Are you e               | US Specifi              | ed Person?          | Yes                 | No        |
| Please provide Tax Payer I                     | d                             |               | Please provide Tax Payer Id  | d                           |                    | Please pr               | ovide Tax P             | ayer Id             |                     |           |
| Country of Tax Residency*<br>other than India) | Taxpayer Identifica           | ation No.     | Country of Tax Residency*<br>(other than India)  | Taxpayer Identific          | cation No.         | Country o<br>(other tha | f Tax Resid<br>n India) | ency* Taxpa         | ayer Identifica     | ation No  |
|  |                               |               | 1  |                             |                    | 1                       |                         |                     |                     |           |
| 2  |                               |               | 2  |                             |                    | 2                       |                         |                     |                     |           |
| 1  |                               |               | 3  |                             |                    | 3                       |                         |                     |                     |           |
| Please indicate all countries in which         | you are a resident for tax p  | urpose and as | sociated Tax Payer Indentification number  | . In case of association wi | th POA, the P      | OA holder should        | fill form to provid     | le the above detail | s mandatorily.      |           |
| 13. BANK ACCOUNT DE                            | ETAILS OF THE FI              |               | ICANT (refer instruction 8) As   | per SEBI Regulation         | ns it's mano       | datory for inve         | estors to pro           | vide bank acc       | ount details        |           |
| Account No.                                    |                               |               |  | Name                        |                    | nk                      |                         |                     |                     |           |
|  |                               |               |  | Name                        | of the Ba          |                         |                         |                     |                     |           |
|  |                               | =             |  |                             |                    |                         | Rrs                     | anch                |                     |           |
| Type of A/c     SB       Bank City             | Current                       |               | RO FCNR Others   |                             |                    |                         | Bra                     | anch                |                     | 1         |

Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (\*\*Mandatory to credit via NEFT/RTGS)

| 14. IN   | IVESTMENT DETAILS   | [Please tick (  | 2, 3 & 10) (If th  | is section is left blank, only f   | olio will be creat   | ed)   |   |
|--|---|---|--|--|--|---|---|
| •  |   | ft must be Issued for each Investment, on the name as well as the Plan / Option / State 1 and the Plan / Option / State 1 and |  | our of respective scheme na  | ame.   |   |   |
| Name/  | ue/DD Favouring Scher<br>Cash<br>nstruction 2 & 3)  | ne<br>Plan/Option   | Amount<br>Invested (₹  | Cheque/DD No./UTR N<br>(in case of NEFT/RTGS<br>TSL No. (in case of CAS  | S) Bank and B   | d Branch and Acco<br>er (for Cheque/DD)   | FULCASI   |
|  | F   | Growth  |  |  |  |   | Deposited in Bank   |
|  |   | Payout of Income Distribution cum capital withdrawal option   |  |  |  |   |   |
|  |   | Reinvestment of income Distribution<br>cum capital withdrawal option  |  |  |  |   | Branch Code   |
|  | chases are subject to re<br>Children Gift Fund.   | liazation of fund (Refer to Instruction No.   | 10)Account <sup>-</sup>  | ſype (Please tick (✓)), Defau  | Ilt Option is Gro  | wth. Only Growth O  | ption is Available under  |
| Туре о   |   | Current NRE   | NRO  | FCNR Others  |  |   |   |
|  | EGAL ENTITY IDENTI  | FIER DETAILS  |  |  | N 15 15 1  |   |   |
| Legal E  |   | atory for all non-individuals and it should b   | be quoted in a   | iny financial transactions of f  |  | eriod of LEI:   | ough RTGS/NEFT w.e.f 1st  |
| April 2  | 021.  | (Refer Instruction No. 15)  | •  |  |  |   | с<br>   |
| PL   | EASE REGISTER MY  | OUR NOMINEE AS PER BELOW DET  | TAILS  | OR I/  | WE DO NOT W  | ISH TO NOMINAT  | E   |
|  | No  | ominee Name and Address   | Guard  | lian Name (in case of Min  | or) Allocat  | ion % Nor   | ninee / Guardian Signature  |
| Nomin  |   |   |  |  |  |   |   |
|  |   |   |  |  |  |   |   |
| Nomin  | ee 2  |   |  |  |  |   |   |
| Nomin  | ee 3  |   |  |  |  |   |   |
|  |   |   |  |  | 100  | %   |   |
| 17. P  | OA (Power of Attorne  | y) REGISTRATION DETAILS (Refer Ins  | truction overl   | eaf)   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |
|  | of the POA holder   |   |  |  |  |   |   |
| PAN of   | the POA holder  |   |  | Attached   | KYC Le   | tter (Mandatory)  | Notarized copy of POA   |
| abide b<br>not invo<br>launder<br>nor reco<br>/ us, In 1<br>Schem<br>Law. b)<br>from fuu<br>the con<br>Schem<br>COR/12<br>discloss<br>among:<br>I/We he<br>provide | y the terms, conditions,<br>law & is not designed for<br>ing Laws, Anti Corruptic<br>eved nor have been indi-<br>he event "Know Your Cr<br>e, in favour of the applic<br>for NRIs: I /We confirm<br>dds in my/our Non-Resir<br>missions (in the form of<br>a is being recommende<br>3/07-08 dt. June 26, 20<br>dt o me/us all the corr<br>st which the Scheme is b<br>ereby accord my/our co<br>d by me/us in this Applic | he contents of the Scheme Information I<br>rules & regulations governing the schem<br>or the purpose of the contravention of an<br>on Laws or any other applicable laws ena-<br>uced by any rebate or gifts, directly or ind<br>ustomer" process is not completed by me<br>ant at the applicable NAV prevailing on t<br>that I am/ we are Non Resident of Indiar<br>Jent External / Non-Resident Ordinary. I//<br>for trail commission or any other mode)<br>ed to me/us. d) I/We have read & unde<br>07 regarding mandatory requirement of<br>mission (In the form of trail commission<br>being recommended to me /us.<br>Insent to LIC MF for receiving the prom<br>ation Form (refer instruction no 20).   | e. I /We here<br>y Act, Rules,<br>icted by the C<br>irectly in make<br>y us to the sa<br>he date of su<br>Nationality /<br>We confirm the<br>payable to h<br>rstood the S<br>PAN. I/We c<br>n or any other<br>otional inform | by declare that the amount in<br>Regulations, Notifications o<br>Sovt. of India from time to tim<br>ing this investment. I /We co<br>atisfaction of the AMC. I /We<br>ich redemption & undertakin<br>'Origin & that I /we have ren<br>at details provided by me/us<br>im for the different competin<br>EBI Circular no. MRD/DoP<br>onfirm that I/we are holding<br>r mode), payable to him for<br>mation/ material via email, \$ | nvested in the s<br>or Directions of 1<br>ie. I /We have u<br>nfirm that the fu<br>hereby authoris<br>g such other ad<br>nitted funds fror<br>s are true & corr<br>ng Schemes of<br>/Cir 05/2007 di<br>valid PAN carco<br>r the different co | cheme is through le<br>the provisions of the<br>nderstood the detai<br>inds invested in the<br>sed the AMC, to red<br>tion with such fund<br>n abroad through a<br>ect. c) The ARN hol<br>various Mutual Fu<br>t. April 27, 2007 &<br>I / have applied for<br>ompeting Scheme<br>eting calls etc. on th | egitimate sources only & does<br>e Income Tax Act, Anti Money<br>Is of the scheme & I /We have<br>Scheme, legally belong to me<br>leem the funds invested in the<br>Is that may be required by the<br>pproved banking channels or<br>der has disclosed to me/us all<br>Inds from amongst which the<br>SEBI Circular No. 35/ MEM-<br>PAN. e) The ARN holder has<br>of various Mutual Fund from<br>he mobile number and email |
| FORIN  | VESTMENT BY CASH  | : I have not invested in LIC Mutual Fund r  | nore than₹5  | 0,000/- in cash including the  | current investn  | the curre $\otimes$   | ent financial year.   |
| Date   |   |   | Ň  |  |  | 3   |   |
| Place  | :   | SIGN HERE   |  | SIGN HERE  |  |   | SIGN HERE   |
|  |   | First/Sole Applicant/Guardian   |  | Second Applican  | t<br>  | In  | hird Applicant  |
| SLIP   | Application No.   |   |  | (TO BE FILLED IN BY  | THE INVES  | TOR)  |   |
| ACKNOWLEDGMENT   | rom Mr/Mrs/M/s.<br>Cheque/Draft No./Pay<br>Branch<br>Bank Charges (in case  | ment Instrument No.<br>Drawn on<br>es of Draft) of ₹  | e of the invest  | or)<br>DMMYYYY<br>For<br>Date  | ik₹  | alongwith   | Signature, Stamp & Date   |
| Co<br>In<br>Te   | orporate Office:<br>dustrial Assurance Building   | are subject to realisation of Cheque / Dem<br>, 4th Floor, Opp. Churchgate Station, Mumbai<br>6016191   Email ID: service@licmf.com<br>ree: 1800-258-5678   | 1  | Register & Transfer Agent  | s:<br>• Limited, Karvy S<br>mpally Mandal   H<br><: 040-22388705   I   | elenium Tower B, Plot<br>yderabad - 500032 .<br>Email ID: licmf.customer  | Nos. 31 & 32   Financial District<br>care@kfintech.com  |

Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, J TeL: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com Website: www.licmf.com | Toll Free: 1800-258-5678

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Nanakramguda |Serilingampally Mandal | Hyderabad - 500032. Tel: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customercare@kfintech.com Website: www.kfintech.com

# SIP REGISTRATION CUM MANDATE FORM (NACH/DIRECT DEBIT/PDC)



New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Existing Investors mention your folio number in point no 1.

X

| Application should be submitted atlea   | ISI SU UAYS DEFORE  | e the 1st dedit   |   |  | Out   |   |   |   |  |
|---|---|---|---|--|---|---|---|---|--|
| ARN* / RIA Code / PMRN  | AR  | N / RIA / PM Na   | ame S   | ub-broker<br>Code  | Sub-broker<br>ARN Code  | RM Code                                       | Employee U<br>Identification Nun  |   | Time Stamp No.   |
| ARN-183038  | ARN   |   |   |  |   |   | E   |   |  |
| #By mentioning RIA code (Registered Inve<br>By mentioning PMRN code (Portfolio Mana<br>Declaration for "execution-only" transactio<br>employee/relationship manager/sales per<br>advisory fees on this transaction. | ager's Registration Non (only where EUI)                            | lumber), l/we authorize<br>N box is left blank). * l/                 | you to share with the<br>We hereby confirm th                     | SEBI-Registered Port<br>at the EUIN box has                      | folio Manager the details of m<br>been intentionally left blank                         | iy/our transacti<br>by me/us as th            | ons in the scheme(s) of LIC M<br>iis is an "execution-only" tran                        | saction without any                                     |  |
| ⊗   |   | (   | 8   |  |   | $\otimes$                                     |   |   |  |
| SIGN F  |   |   |   |  |   |   |   |   |  |
| First/Sole Appli  |   | n l   |   | Second App   | plicant   |   |   | ird Applicant   |  |
| Upfront commission shall be paid  | directly by the in  | vestor to the AMF   | I registered Distril  | outors based on th   | he investors' assessme  | nt of various                                 | s factors including the se  | ervice rendered   | by the distributor   |
| TRANSACTION CHARGES FOR A<br>In case the subscription amount is<br>mutual fund investor) will be deduct   | ₹ 10,000/- or mo  | ore and if your Dist  | ributor has opted t   | o receive Transac  |   |   |   | ₹ 100/- (for inves                                      | stor other than first time   |
| 01. INVESTOR NAME AN  | D DETAILS   |   |   |  |   |   |   |   |  |
| Folio No.   |   |   |   | Existing unit he   | olders: Please mention y  | /our Folio Nu                                 | imber. New applicants: P  | lease/mention C   | ommon Application No.  |
| First Applicant's Name/Mine   | or Name   |   |   |  |   |   |   |   | KYC  |
| 02. SIP DETAILS (Please   | ✓ any one)  | For multiple S  | chemes pleas  | e use the "Mu  | Itiple SIP Common   | Applicati                                     | on Form".   |   |  |
| SIP with first Cheque   |   |   | thout Cheque  |  |   |   | ted Cheque  |   |  |
|   | SIP Installment   |   | Frequency   |  |   |   |   |   |  |
| Scheme Name / Plan / Option   | Amount (₹)  | (Please ✓ one)  | (Please ✓ one)  |  | Period (Please ✓ one  | 2)  | LIC MF STEP   | - UP Facility (C  | ptional)   |
| LIC MF  |   | DD  | Daily   | Start Date   | End Date  |   | Amount  | Frequency   | Upto Date  |
|   |   | (Any date from 1 <sup>st</sup><br>to 28 <sup>th</sup> of a given      |   |  | Perpetual (De   | efault) <sub>₹</sub>                          |   |   |  |
| Growth  |   | month, Default<br>date is 10th)                                       |   | From   | OR  | · · · · ·                                     | tiples of ₹ 1 thereafter)*  | Half Yearl  | (Mention End Date)   |
| Payout of Income Distribution   |   |   |   |  | (Specify Date)  | Plea<br>ix (d                                 | se refer Instruction No.  | (Default)   | (Default is SIP<br>End Date)   |
| cum capital withdrawal option   | tion  | 15 <sup>th</sup> LIC<br>MF ULIS                                       | Quarterly   |  |   |   |   |   |  |
| Please tick (✓), Default Optio  | n is Growth (   | Only Growth On  | tion is Available   | under LIC ME   | Children Gift Fund  |   |   |   |  |
|   |   |   |   |  |   |   | SIP investor and wish e   | nroll another SI  | P with the same bank   |
| UMRN  |   |   |   |  |   |   | IRN No. (Please check   |   |  |
| 03. SIP THROUGH POST  | DATED CHE   | QUES  |   |  |   |   |   |   |  |
| No. of cheques enclosed in  | cluding first   | cheque  | Dr  | awn on Bank  | and Branch  |   |   |   |  |
| Account type  |   |   | Cheque No   | . should be in   | continuous series   | From  |   | То  |  |
| 04. LEGAL ENTITY IDENT  | IFIER DETAI   | LS  |   |  |   |   |   |   |  |
| LEI No:   |   |   |   |  |   | Vali  | dity Period of LEI:   | DDM   | ΜΥΥΥΥ  |
| Legal Entity Identifier is mand April 2021.   | latory for all no   | on-individuals an   | d it should be q  | uoted in any fina  | ancial transactions o   | f Rs.50 Cro                                   | ores and above route  | d through RTG   | S/NEFT w.e.f 1st   |
| 05. DECLARATION & SIGI  | NATURE/S  |   |   |  |   |   |   |   |  |
| I/We hereby declare that the particulars providers and bank are authorized to pro-  |   |   |   |  |   |   |   |   |  |
| not hold the user institution responsible<br>SIP installments in rolling 12 months p<br>commissions (in the form of trail comm<br>understood and agreed to the terms and  | . I/We will also info<br>period or financial<br>hission or any othe | rm LIC Mutual Fund/<br>year i.e. April to Mar<br>er mode), payable to | RTA about any chan<br>ch does not exceed<br>him for the different | ges in my/our bank a<br>I Rs. 50,000/- (Rupe<br>competing Scheme | account. I/We confirm that t<br>ees Fifty Thousand) (appli<br>s of various Mutual Funds | the aggregate<br>cable for "Mid<br>from among | of the lump sum investmen<br>cro investments" only). The<br>st which the Scheme is bein | t (fresh purchase &<br>ARN holder has<br>ng recommended | additional purchase) and<br>disclosed to me/us all the<br>to me/us. I/We have read |
| for which I/We have signed and endorse<br>provided by me/us in this Application Fo  | ed the Mandate Fo   | orm. I/We hereby acco   |   |  |   |   |   |   |  |
| Date :  | ×   | ,   |   | 8  |   |   | 8   |   |  |
| Place :   |   |   |   |  |   |   |   |   |  |
| 1 1000 .  | Firs  | st/Sole Applican  |   |  | Second Applica  | ant   |   | Third Applic  |  |
|   |   |   |   |  |   |   |   |   |  |
| ACKNOWLEDGMENT  | SLIP Ap   | oplication No   |   |  | (TO BE  | FILLED  | IN BY THE INVES   | STOR)   |  |
| SIP through Auto Debit (N   | ACH / PDC)  |   |   |  |   |   |   |   |  |
| Folio No./Application No.   |   |   | R   | eceived from:  | Mr./ Ms. /M/s   |   |   |   |  |
| Date D D M M Y Y Y  | Y   | SIP Mandate   | Form  | NACH/PDC   | C/Auto Debit Form   |   |   |   |  |
| Corporate Office:<br>Industrial Assurance Building, 4th<br>Tel.: 022-66016000   Fax: 022-66016<br>Website: www.licmf.com   Toll Free: 1   | 191   Email ID: se  |   | umbai - 400020.   | KFin<br>Nan<br>Tel.:   | nakramguda  Serilingam  | Limited, Kar<br>pally Manda                   | vy Selenium Tower B, Pl<br>I   Hyderabad - 500032 .<br>05   Email ID: licmf.custon      |   |  |

# **TERMS & CONDITIONS**

- i) SIP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box
  - Please read the Scheme Information Document (SID), Statement of Additional Information (SAI) and Key Information Memorandum (KIM) and relevant addendum, if any, of the respective schemes carefully before investing. All applicants are deemed to have read, understood and accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the application form and tendering payment.
  - PAN is a mandatory requirement for all investors for investing in the mutual fund, except for Micro Investments and investors from Sikkim. Micro Investments exemption will be applicable only to investments by individuals [including NRIs but excluding Persons of Indian Origin (PIOs)], minors, sole proprietary firms and to investments made by joint holders. KYC Compliance is mandatory for all investors, irrespective of the amount of investment.
  - A Micro SIP application will be rejected where it is found that the registration of the application will result in the aggregate of Micro SIP installments in a financial year exceeding 50,000 or where there are deficiencies in supporting documents.

### (ii) SIP Registration

- Existing unit holders need not fill in the common investment application form. New applicants need to compulsorily fill in all sections in the Common Application Form in addition to this SIP form except LIC MF Unit Linked Insurance Scheme.
- $\bullet \ \ {\rm Please \ furnish \ the \ existing \ folio \ number \ or \ application \ number \ in \ case \ of \ new \ investor \ in \ SIP \ mandate \ form.}$
- · Investors are required to submit SIP request at least 30 days prior to the date of first debit through NACH/Direct debit.
- Minimum SIP registration period should be for one year.
- SIP start date shall not be beyond 60 days for monthly SIP and for Quarterly SIP 90 from the date of submission of SIP application.
- Any day SIP date is applicable from 1st to 28th, investor can choose any date between these dates.
- Any day SIP is not applicable for LIC MF Unit Linked Insurance Scheme. In case of LIC MF Unit Linked Insurance Scheme SIP date is 15th of every month only.
- · Each of the installments under each SIP (excluding the initial cheque) should be of the same date and amount.
- Existing investors can start SIP without cheque however the copy of the canceled cheque is mandatory.
- In case the unitholder has not indicated SIP preferences completely in the form or in case of any discrepancy, the default SIP frequency would be 'Monthly' and the default SIP date would be '10th'. In case the SIP 'End Period' is incorrect or not mentioned by the investor in the SIP form, then the default 'End Period' will be December 2099. However, SIPs will be registered in a folio held by a minor only till the date of the minor attaining majority, even though the instructions may be for a period beyond that date. The facility will automatically stand terminated upon the Unitholder attaining 18 years of age.
- The enrolment period i.e Start and End Month/ Year specified for the SIP should be less than or equal to the enrolment period mentioned in the Mandate If the initial cheque given from different bank from the bank details mentioned in SIP mandate then it is mandatory to submit the copy of cancelled cheque leaf (issued by the bank branch mentioned overleaf) in SIP Mandate.
- Daily Frequency for an amount of ₹ 300/-.

### (iii) New Fund Offer

- Investors may submit the mandate Form during the NFO period for such Schemes as may be decided by AMC from time to time. In such case the mandate shall commence on the dates stipulated by the Investor after a gap of
  at least 20 days from the date of re-opening of the Scheme for purchase and redemption of units. For e.g. If the Units of the Scheme re-opens for purchase and redemption post NFO on 16th December, the earliest Installment
  date can be only on 7th January of the following year.
- In case SIP/ Micro SIP investments are made through 'Third Party Payments' i.e. payment made through an instrument issued from a bank account other than that of the first named applicant/ investor mentioned in the application form, Investors are required to additionally fill up & submit the 'Third Party Payment Declaration Form' (available at any of our ISCs or on our website: www.licmf.com along with the SIP Enrolment Form.
- In respect of enrollments, the Load Structure prevalent at the time of enrollment shall govern the investors during the tenure. (Please refer SID of respective scheme)

## (IV) SIP through Post dated Cheques- (Only CTS-2010 compliant cheques)

All installment cheques excluding initial investment cheque under MSIP & QSIP should be of uniform amount and date. Any day SIP date is applicable from 1st to 28th, investor can choose any date between these dates. Please draw your cheques in the name of the Scheme/Plan in which the amount is invested. Returned Cheques, if any, may not be presented again.

## (V) SIP Transactions related

• The SIP enrollment will be discontinued in cases where three consecutive installments are not honored or the Bank Account [for NACH (Debit clearing)/ Direct Debit etc.]

• In case the first SIP installment is processed (as the cheque may be banked) and the application is found to be defective, the SIP registration will be ceased for future installments. Investor will be sent a communication to this effect. No refunds shall be made for the units already allotted. However, redemptions/ switch-outs shall be allowed. (Please read SID/KIM of respective scheme).

Units will be allotted on the applicable dates subject to realization of funds where total SIP investments on a date amount to ₹2 lakh or more. In case the date falls on a Non-Business Day or falls during a book closure period, the immediate next Business Day will be considered for the purpose of determining the applicability of NAV subject to the realization of proceeds. Further, in case of first SIP investment accepted through cheque drawn on a location where ISCs of LIC Mutual Fund does not have a presence but HDFC Bank has a presence, units will be allotted on the date on which subscription proceeds are realized.

The Unit holder(s) agree that the Fund/AMC / RTA and their agents shall not be held liable for any unsuccessful registration and or transaction due to any action or inaction of the unitholders' bank including but not limited to reasons mentioned below and agree to indemnify the Fund/AMC/RTA for all liabilities, losses, damages and expenses which they may consequent sustain or incur either directly or indirectly:

- a. Loss of the debit mandate form in transit from point of acceptance of the form to RTA head office and further to the unit holder(s)' bank branch;
- b. Non acceptance or rejection of debit mandate for whatsoever reason by the unit holder(s) bank branch, with or without any reason assigned by the unit holder(s) bank
- c. Non registration of the debit mandate by the unit holder(s)' bank and branch.
- d. Deemed registration due to non confirmation of registration or rejection by the bank and any subsequent rejection of debit of bank account for funds;
- e. Non availability of funds in the bank account of the Unit holder(s) at the time of debit.
- f. Rejection of registration or transaction debit for any reason or without assigning any reason whatsoever.
- a, AMC / RTA will not be responsible for the charges levied by his banker for registering / processing any transaction.

#### (VI) Discontinuation of SIP

- Investors can discontinue his SIP at any time by sending a cancelation of mandate to any Official Point of Acceptance or to the registrar Karvy.
- Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.

#### (VII) Change of Bank mandate

Investor can change his bank mandate by sending the mandate with option selected as "Create Mandate"

## Request for change in bank account submitted at least 30 days before the next SIP Auto Debit

#### (VIII) STEP-UP Facility

a. STEP-UP facility offers frequency at half yearly and yearly intervals. In case the STEP-UP frequency is not specified, it will be considered as yearly frequency.

b. Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount.

c. This facility is available for individual investors only

- d. Minimum STEP-UP amount would be ₹ 500/- and in multiples of ₹ 1/- thereafter for all the schemes of the Fund that offer SIP facility except LIC MF Tax Plan where in minimum STEP-UP amount would be ₹ 500/- and in multiples of ₹ 500 thereafter.
- e. In case the investor does not specify STEP-UP amount, ₹ 500/- will be considered as the STEP-UP amount and the request will be processed accordingly.
- f. STEP-UP facility would be available to all new SIP enrolments
- g. Existing investors registered for SIP through NACH/ECS/Direct Debit facility and intending to avail STEP-UP facility will be required to cancel the existing SIP and enroll a fresh SIP with STEP-UP details.
- h. It would be mandatory for investor to mention in 'SIP cum Registration Mandate' the period (month year) upto which he wishes to avail STEP-UP facility.

## (IX) Consent for Tele-Marketing:

- LIC MF shall treat this as an explicit consent by the Unit Holder/(s) to send promotional information/ material to the mobile number(s)/ email id provided by the Unit Holder/(s) in thisApplication Form and such consent shall supersede all the previous consents/registrations by the Unit Holder/(s) in this regard.
- If you do not wish to receive such promotional information/ materials, please write to us at service@licmf.com or submit a written application at any of the Investor Service Centres (ISC) of the Fund. Please quote your PAN and folio number(s) while communicating with us to help you serve better.

| Debit Ma                     | andate Foi             | rm NACI     | H / DIRE      | CT DEB               | IT             |              |            |          | d     |          | MUTUA   | L FUN |
|------------------------------|------------------------|-------------|---------------|----------------------|----------------|--------------|------------|----------|-------|----------|---------|-------|
| CREATE 🗸                     | UMRN F O R             | O F F I C   | EUS           | E O N                | LY             |              | D          | ate D    | DM    | M        | Y       | YY    |
|                              | Sponsor Bank Code      |             |               |                      |                | Utility      | Code       |          |       |          |         |       |
|                              | I/We, hereby authorize | LIC         | C Mutual Fund | Т                    | o debit (Pleas | se √)        | SB / C     | A/CC     | SBNRE | E / SB-I | NRO / C | ther  |
| ank A/C Number               |                        |             |               |                      |                |              |            |          |       |          |         |       |
| vith Bank                    |                        |             | IFSC          |                      |                |              | MICR       |          |       |          |         |       |
|                              |                        |             |               |                      |                |              |            |          |       |          |         |       |
| n amount of Rupe             |                        |             |               |                      |                | ₹            |            |          |       |          |         |       |
| n amount of Rupe             |                        | Half Yearly |               | As & when pres       | sented DEI     | ₹<br>BIT TYP | E K        | -ixed Ar | nount | 🖌 Max    | kimum A | mou   |
| n amount of Rupe             |                        | Half Yearly |               | As & when pres       |                |              | E N        | Fixed Ar | nount | ∕ Max    | kimum A | imou  |
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| n amount of Rupe<br>REQUENCY | esQuarterly            |             | Yearly 🗸      | Phone No<br>Email ID | <b>D</b> .     | BIT TYP      | ges of the | e Bank   | nount |          |         |       |

| CREATE   | E 🗸       | UMRN F O R             | O F F             | I C E          | U                   | SE       | 0                  | I L Y    |         |              | 0           | ate     | D      | M       | YY     | YN    |
|--|-----------|------------------------|-------------------|----------------|---------------------|----------|--------------------|----------|---------|--------------|-------------|---------|--------|---------|--------|-------|
| MODIFY   | Y 🔀       | Sponsor Bank Code      |                   |                |                     |          |                    |          |         | Utility      | Code        |         |        |         |        |       |
| CANCEL   |           | I/We, hereby authoriz  | ze 🖉              | LIC Mut        | ual Fun             | d        |                    | To debit | (Pleas  | e √)         | SB / C      | A/CC    | / SBNF | RE / SB | -NRO / | Other |
| ank A/C  | Number    |                        |                   |                |                     |          |                    |          |         |              |             |         |        |         |        |       |
| vith Bank  | k         |                        |                   | IFS            | c                   |          |                    |          |         |              | MICR        |         |        |         |        |       |
|  |           |                        |                   |                |                     |          |                    |          |         |              |             |         |        |         |        |       |
| ו amoun  | nt of Rup | ees                    |                   |                |                     |          |                    |          |         | ₹            |             |         |        |         |        |       |
|  | •         | ees<br>Monthly Quarter | rly Half Y        | Yearly Y       | <del>rearly</del> , | ✓ As &   | k when pi          | esented  | DEE     | ₹<br>BIT TYF | PE [        | Fixed A | mount  | ✓ Ma    | aximum | Amou  |
| REQUEN   |           |                        | rly Half Y        | Yearly Y       | <del>/early-</del>  | ✓ As &   | k when pr<br>Phone |          | DEE     |              | ре 🔀 I      | Fixed A | mount  | ✓ Ma    | aximum | Amou  |
| REQUEN<br>Reference                                      | NCY       |                        | rly Half Y        | Yearly ,       | Yearly-             | ✓ As 8   |                    | No.      | DEE     |              | РЕ 🔀 I      | Fixed A | mount  | V Ma    | aximum | Amou  |
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| REQUEN<br>eference<br>eference                           | NCY       | Monthly Quarter        |                   |                |                     |          | Phone<br>Email I   | No.      |         | BIT TYP      |             |         | mount  | ✓ Ma    | aximum | Amou  |
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| REQUEN<br>eference<br>eference<br>agree for th<br>PERIOD | NCY       | Monthly Quarter        | es by the bank wi | rhom I am auth | orizing to c        | debit my | Phone<br>Email II  | No.      | schedul | BIT TYP      | rges of the | Bank    |        |         |        |       |

# General Instruction for filling up NACH Mandate.

Mandatory fields for filling NACH mandate. In case any of these fields are not filled, mandate will be rejected.

- Account Type
- Bank A/c. number
- Bank Name
- IFSC code or MICR code (As per the Cheque / Pass book)
- Amount in Words (Maximum amount)
- · Amount in Figures (Maximum amount)
- Period Start Date and End Date or until cancelled
- Account Holder Signature
- Account Holder Name as per Bank Record.
- Do not write any extra details on the mandate.
- Investor can change his bank mandate by sending the new mandate with option selected and 'modify mandate'.
- Please attach a copy of canceled cheque along with mandate.
- AMC do not charge investor for enrolling SIP however Bank may levy charges to investor's bank account for NACH registration

## General Instruction for filling up NACH Mandate.

Mandatory fields for filling NACH mandate. In case any of these fields are not filled, mandate will be rejected.

- Account Type
- Bank A/c. number
- Bank Name
- IFSC code or MICR code (As per the Cheque / Pass book)
- · Amount in Words (Maximum amount)
- Amount in Figures (Maximum amount)
- Period Start Date and End Date or until cancelled
- Account Holder Signature
- Account Holder Name as per Bank Record.
- Do not write any extra details on the mandate.
- Investor can change his bank mandate by sending the new mandate with option selected and 'modify mandate'.
- Please attach a copy of canceled cheque along with mandate.
- AMC do not charge investor for enrolling SIP however Bank may levy charges to investor's bank account for NACH registration