## **Common Application Form**

Drawn on Bank



1

App. No.						T. 04
ηρρ. №0.						Time Stamp
Please refer to the general instruction						
Distributor/RIA Code	Sub-Distributor	ARN	Sub-Distributor	Code	EUIN	Branch Code
	d by him. The transaction ents. No transaction char	charges dedu ges would be l	ctible are Rs. 150/- if you a	re investing in Mut	ual Funds for the first time.	distributor if your distributor has opted to rec If you are making a SIP Investment, the transac nount is less than Rs.10,000/
Investor's Declaration where EUIN is nather than the employee/relationship manager/sales pe	ot furnished: I/We confi	rm that the EU	IN box has been intentional rithstanding the advice of in	ly left blank by me/o	us as this is an "execution of any, provided by the emplo	only" transaction without any interaction or advic yee/relationship manager/sales person of distrib
and the distributor has not charged any advi	isory fees on this transact	tion.	<b>g</b>			,
∡ Sole/1st Applicant			icant		∡ 3rd Applica	nt
• • • • • • • • • • • • • • • • • • • •	NEODMATION (15.11	•		£		
I. EXISTING UNIT HOLDER'S II	NFORMATION (IT yo	ou noid a Folio	with L&T Mutual Fund, pi	ease turnish the b	elow information and move	e to Investment & Payment Information section
Name of Sole/1st Unit Holder 🗆 Mr.	□ Ms. □ M/s	First Name	Middle	e Name	Last Name	Folio No.
PAN/PEKRN#		KIN'			Date of Bir	th^
Mobile No. +91		E-mail Id				
Applicable for Non-Indivuduals						
Legal Entity Identifier (LEI) Number ^						EI) Expiry Date D D M M Y Y Y
^Legal Entity Identifier (LEI) is applicat	ole for both Inward (Su	bscriptions) δ	& Outward (Redemption	s /IDCWs) remitt	tance of Rs 50 Crores a	nd above from Non Individuals
2. NEW APPLICANT(S) PERSO	NAL INFORMATIO	N				
Name of 1st/Sole Applicant 🗆 Mr. 🗆	□ Ms. □ M/s	First N	lame	Mid	dle Name	Last Name
PAN/PEKRN#	P	KIN'			Date of Birth	
Mobile No. +91	E	E-mail Id				(Mandatory if first applicant is a minor)
Applicable for Non-Indivuduals						
egal Entity Identifier (LEI) Number ^					Legal Entity Identifier (L	EI) Expiry Date D D M M Y Y Y
Legal Entity Identifier (LEI) is applicab	•	. ,	` .	s /IDCWs) remitt	tance of Rs 50 Crores a	nd above from Non Individuals
Guardian (For Minor Investments	•	(For Non-Ir	ndividuals)			
Name   Mr.   Ms.   M/s   Ms.						
PAN/PEKRN#	P	KIN'			Date of Birth	
Mobile No. +91-	E	E-mail Id				(Mandatory if first applicant is a minor)
Relationship with Minor Applicant	Proof of Date of Birth	1		Proof	of the Relationship with	n minor
O Natural Guardian	O Birth Certificate Co	рру	O Passport Copy	○ Bir	th Certificate Copy	Passport Copy O Court Appointment Or
O Court Appointment Guardian	Others			O Ot	hers	
3. DETAILS OF OTHER APPLIC	CANT(S) (Please no	ote that whe	ere the sole/1st applic	cant is a minor,	, no joint holders are	allowed)
Name of 2nd Applicant  Mr.  Ms.	□ M/s	First Nam		Middl	e Name	Last Name
PAN/PEKRN#		KIN^			Date of Birth	^   D   D   14   14   V   V   V   V
		E-mail Id			Date of Billin	(Mandatory if first applicant is a minor)
Name of 3rd Applicant	. □ M/s	First Nam	e	Middle	e Name	Last Name
PAN/PEKRN#	H	KIN'			Date of Birth	
Mobile No. +91-		E-mail Id				(Mandatory if first applicant is a minor)
egistered postal address, please ticl (YC is mandatory. Please enclose copies of 14 digit KYC Identification Number (KIN)	k here  of KYC acknowledgeme and Date of Birth is ma	nt letters for a andatory for In	ill applicants. #PEKRN req dividual(s) who has regist	uired for Micro inv tered under Centra	vestments upto Rs. 50,000 al KYC Records Registry (	-
ACKNOWLEDGEMENT SLIP (To be						L&T Financial Service
eceived from					an application for	Mutual Fo
vestment in Scheme L&T			Opti	on	··	App. No.
nvestment Type (✓)	m OSIP	O Micro SIF	Multi-Scheme	e SIP O Mu	ulti-Scheme Lumpsum	For Office Use Only
nvestment Cheque Details : Instrumen	t number		Rs	Dated		Acknowledgement
rawn on Bank		Branch		City		Stamp & Date

Branch \_

City \_

4. Address (Address as per KRA records will overw	rite this address if you are KN	/C compliant)	
	and addition if you are Ki		
Correspondence Address			
City/Town Pi	n S	tate	Country
Overses Address (Mandaton, for NDIs/DIOs)			
Overseas Address (Mandatory for NRIs/PIOs)			
City/Town Pi	n S	tate	Country
Tel (R) (ISD) (STD)	Tel (O) (ISD) (STD)	Fax (ISD) (S'	
(ISD) (STD)			(טו
5. Tax status of Sole/First Applicant (Please ✓)	O Colo Bronsistoschia	O T	O Company of the Found
Resident Indian Individual	Sole Proprietorship	O Trust	O Superannuation Fund
Non Resident Indian Individual (NRI) – Repatriable	Partnership Firm	Limited Liability Partnership (LL	P) Gratuity Fund Overseas Corporate Body
O Non Resident Indian Individual (NRI) –Non Repatriable	Public Ltd. Co.	Financial Institutions	'
○ Minor (Resident Indian)	O Private Ltd. Co.	Foreign Portfolio Investor (FPI)	
○ Minor (NRI - Repatriable)	O Body Corporate	Foreign Institutional Investor (F	of Individuals(BOI)
○ Minor (NRI – Non Repatriable)	O Unlisted Company	O FPI - Category I	○ Bank
○ Hindu Undivided Family (HUF) – Indian	Government Body	O FPI - Category II	Pension and Retirement Fund
O Hindu Undivided Family (HUF) – NRI - Repatriable	O NPS Trust	O FPI - Category III	○ Global Development Network
○ Hindu Undivided Family (HUF) – NRI – Non-		O Insurance Company	Others
Repatriable	O Provident Fund / EPF / PF		Are you a Non Profit Organization
O Person of Indian Origin (PIO)	Mutual Fund	O Society	(NPO) □ Yes □ No
6. BANK ACCOUNT INFORMATION (Mandatory fo	or receiving Redemption/IDC	W payments)	
		Account Type: Saving	S Current ONRE ONRO
Account Number		Please ✓any one ○ FCNR	Others
Bank Name		Branch	
0''	IFSC	MICR	
City If you are not making the investment from the above r	mentioned bank account, pleas	se attach an original cancelled cheque	leaf of the above account with the name
of the first holder printed. Mandatory to attach proof o	of the Minor bank account in c	ase of Minor Investments.	
7. MODE OF HOLDING			
Please ✓ ○ Sole/1st Holder only ○ Any old of the mode of operation is not specified, for folios opene		Joint the mode of operation would be taken as	"Any one or Survivor")
8. POWER OF ATTORNEY (PoA) HOLDER DETA	ILS		
If your investment is being made by a Constituted Attorne registering the same:	ey on your behalf, please furnish	the below details and enclose a original <u>n</u>	otarised copy of the Power of Attorney for
POA Holder's Name   Mr.   Ms.   Firs	t Name	Middle Name	Last Name
POA for O Sole / First Applicant O Second Applicant	○ Third Applicant	E-mail Id	
PAN of POA Holder	KIN <sup>^</sup>		of Birth <sup>^</sup> D D M M Y Y Y Y
(POA Holder needs to comply with applicable KYC re has registered under Central KYC Records Registry (		entification Number (KIN) and Date of	Birth is mandatory for Individual(s) who
9. DEMAT ACCOUNT INFORMATION (Mandatory fo	or crediting units in demat acc	ount)	
If you wish to hold your investment in dematerialised mod Depository Participant. O NSDL O CDSL	de please furnish the below deta	ils and <b>enclose a copy of the Client Ma</b>	ster that you may have received from your
NSDL/CDSL: Depository Participant Name			
Depository Participant ID	Beneficiary A/c N	lo	
Enclosed: Client Master		Statement Copy / DIS Copy	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

This is only acknowledgment of receipt of application and will be processed as per the contents filled in the application, subject to realisation of cheque and furnishing of mandatory information/ documents.

Note: Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021. Please retain this slip till you receive your account statement.

**call** 1800 4190 200 or 1800 2000 400

email investor.line@Intmf.co.in

www.ltfs.com

10. INVESTMENT	& PAYMENT INFORMAT	ON (Please ensure	that the cheque co	omplies to	the CTS 2010 stand	ards)	
1. Investment Type (	<ul><li>✓) ○ Lumpsum</li><li>○ Micro SIP (For SIP/Mic</li></ul>		Multi-Scheme Lumps	sum	O Multi-Scheme S	SIP (Please fill Multi-Scheme	SIP Investment Form)
For Lumpsum & SI	P Investment (Please issue	cheque favouring so	cheme name)				
Investment Amoun	t (₹)	DD Charges	(if applicable ₹) _			Net Amount (₹)	
Scheme Name L&T	-			Option (✓)	○ Growth* ○ IDCW	/@ Payout ○ IDCW@ Reinve	estment O Bonus^
	(√wherever applicable)			ıly*	O Quarterly C	Annual^ Semi-A	.nnual^
_	P/Multi-Scheme Lumpsum (Pl	-	-	-	SIP and L&T MF Multi	Scheme Lumpsum respecti	vely)
Total Investment An		DD Charo	es (if annlicable ₹)	`		Net Amount (₹)	
Total investment Al	mount (x)	DD Charg	jes (ii applicable \)	, 		Net Amount (1)	
Scheme 1 : L&T				Option (	✓) ○ Growth* ○ IDC	CW <sup>®</sup> Payout ○ IDCW <sup>®</sup> Reir	evestment O Bonus^
Amount (₹)				IDCW@ F	requency		
Scheme 2 : L&T				Option (	✓) ○ Growth* ○ IDC	CW <sup>®</sup> Payout ○ IDCW <sup>®</sup> Reir	vestment O Bonus^
Amount (₹)				IDCW@ F	requency		
/ca (1)					roquonoy		
Scheme 3 : L&T				Option (✓) ○ Growth* ○ IDCW@ Payout ○ IDCW@ Reinvestment ○ Bonus^			
Amount (₹)				1	requency		
<sup>®</sup> Note: IDCW stands sale price that repres in accordance with the	for 'Income Distribution cum sents realized gains, as may the Regulations).	Capital Withdrawal opi be declared by the Tru	tion'. The amounts oustees at its discreti	can be disti ion from tin	ributed out of investors ne to time (subject to t	s' capital (Equalization Reser the availability of distributable	ve), which is part of the e surplus as calculated
2. Payment Details  O Cheque / DD / Pa	: For Lumpsum and SIP/Mu y Order		•		Lumpsum and SIP Ir	nvestment)	
If cheque / DD / Pay	Order, please fill Instrumen	No.	Instru	ument Date	D D M M Y	YYYY	
			pplicable ₹)		Ne	et Amount (₹)	
	Bank Name		Bank Bra			Bank City	
		rent O NRE	O NRO	O FCN	R Others		
	er, please fill UTR No Debit Ba	nk Name			Account No.		
	te, Please fill, Unique Mandat						
Amount	Le, Please IIII, Offique Mandati		(UIVIRIN)		Account No.		
		IN INAITIE		1 1	Account No.		
If electronic transfe	r, please fill UTR No.						
Debit Bank Name			/D f !! ! / !!	, ,	Account No		
Note: Effective Febru	to avoid Third Party Payment lary 1, 2021, units will be allott alue (NAV) will be applied base	ed only upon receipt o	oplicable:  Bank	er's Certific unt by the F	cate for DD	ion irrespective of any schen	n ne category/investment
11. KYC DETAILS	(Mandatory. If left blank the	application is liable	e to be rejected)				
CATEGORIES	First Applicant/	• •		cond App	licant	Third App	licant
	O Below 1 lac	○ 1-5 Lacs	O Below 1 lac		○ 1-5 Lacs	O Below 1 lac	○ 1-5 Lacs
Gross Annual Income	○ 5-10 Lacs ○ 25 Lacs - 1 crore	○ 10-25 Lacs ○ > 1 Crore	○ 5-10 Lacs ○ 25 Lacs - 1 cro	oro.	○ 10-25 Lacs ○ > 1 Crore	○ 5-10 Lacs ○ 25 Lacs - 1 crore	○ 10-25 Lacs ○ > 1 Crore
(For Individuals	Net-worth in (Mandatory for		Net-worth	ле	○ > i Ciole	O 25 Lacs - 1 crore  Net-worth	O / I Clore
and Non	(₹)	as on	(₹)		as on	(₹)	as on
Individuals)				/ v v v			I
	O Private Sector Service	(Not older than 1 year)  Retired	O Private Sector		(Not older than 1 year)  Retired	O Private Sector Service	(Not older than 1 year)  Retired
Occupation	O Public Sector Service	○ Student	O Public Sector S		O Student	O Public Sector Service	○ Student
Details	O Government Service	Forex Dealer     Agriculturiet	O Government S	ervice	O Forex Dealer	O Government Service	O Forex Dealer
(For Individuals only)	Business     Professional	<ul><li>Agriculturist</li><li>Housewife</li></ul>	<ul><li>Business</li><li>Professional</li></ul>		<ul><li>Agriculturist</li><li>Housewife</li></ul>	Business     Professional	<ul><li>○ Agriculturist</li><li>○ Housewife</li></ul>
J.ny,		e specify	Others		se specify		ase specify
Others	I am politically Exposed I		I am politically			I am politically Exposed	
(For Individuals	O I am Related to Politically		O I am Related to	o Politically	/ Exposed Person	O I am Related to Politica	
only)	O Not Applicable		O Not Applicable	•		Not Applicable	
	tails for Non-Individuals  Is the company a Listed Cor	nany or Subsidions o	f Listed Company	r Controlla	d by a Lieted Compan	y OYES	O NO
Others	(If No, please attach Ultimate				a by a Listed Compan	O 1ES	∪ NO
(For Non- Individuals only)	If the Entity involved/providir				S (Please ✓ from belo	,	
	<ul> <li>Gaming/Gambling/Lottery</li> </ul>	/Casino Services	○ Foreign	Exchange	/ Money Changer Serv	vices O Money Lending	g/Pawning

Re Bu Re Permissible documents are Passport Re Country/Place/City of Birth Country of citizenship/nationality In (Plea am a tax resident of India and not a resident No., please mandatorily enclose the FATC/COR NON-INDIVIDUALS: Please mandatoril  13. NOMINATION DETAILS (Please note to Please V) I/We wish to Nominate I/We do hereby nominate the person(s) name to anyments and settlements made to Nominee(s) crustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Address  City State Country Pincode	ndian O U.S. Others ase, specify) ant of any other country O Yes O A & CRS Declaration for Individual I rily enclose the FATCA, CRS & UBO that where the sole/1st applicant is a //We do not wish to Nominate and below to receive the units allotted to b, and signature(s) of the Nominee(s) a	Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as be	○ Indian ○ U.S. ○ Others (Please, specify)  sections filled.  my/our death. I/We also understand that a
Type of address given at the KRA  Re Re Bu Re Permissible documents are Passport  Country/Place/City of Birth Country of citizenship/nationality  In (Plea am a tax resident of India and not a resident No, please mandatorily enclose the FATC/ OR NON-INDIVIDUALS: Please mandatori  13. NOMINATION DETAILS (Please note to Please ✓) I/We wish to Nominate We do hereby nominate the person(s) name ayments and settlements made to Nominee(s) frustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Address  City  State  Country  Pincode	esidential usiness egistered Office  Election ID Card  PAN Card  Go  adian  U.S.  Others ase, specify    ant of any other country  Yes    A & CRS Declaration for Individual I  arily enclose the FATCA, CRS & UBO  that where the sole/1st applicant is a  //We do not wish to Nominate  ad below to receive the units allotted to  ), and signature(s) of the Nominee(s) a  us nominations made by me/us in resp   1st Nominee	Residential Business Registered Office  Mt. ID Card Driving License UIDAI Card Indian U.S. Others (Please, specify)  No nvestors. Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	Residential Business Registered Office NRE/GA Card Others Indian U.S. Others (Please, specify)  sections filled.  my/our death. I/We also understand that a se a valid discharge by the AMC/Mutual Fundamental Sard Nominee
Re Bu Re Permissible documents are Passport Re Country/Place/City of Birth Country of citizenship/nationality In (Plea am a tax resident of India and not a resider No, please mandatorily enclose the FATC/OR NON-INDIVIDUALS: Please mandatoril 13. NOMINATION DETAILS (Please note to Please V) I/We wish to Nominate I/We do hereby nominate the person(s) name (ayments and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars Name  Date of Birth (in case nominee is a minor)  Address  City State Country Pincode	esidential usiness egistered Office  Election ID Card  PAN Card  Go  adian  U.S.  Others ase, specify    ant of any other country  Yes    A & CRS Declaration for Individual I  arily enclose the FATCA, CRS & UBO  that where the sole/1st applicant is a  //We do not wish to Nominate  ad below to receive the units allotted to  ), and signature(s) of the Nominee(s) a  us nominations made by me/us in resp   1st Nominee	Residential Business Registered Office  Mt. ID Card Driving License UIDAI Card Indian U.S. Others (Please, specify)  No nvestors. Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	Residential Business Registered Office NRE/GA Card Others Indian U.S. Others (Please, specify)  sections filled.  my/our death. I/We also understand that a se a valid discharge by the AMC/Mutual Fundamental Sard Nominee
Permissible documents are Passport ■ Country/Place/City of Birth Country of citizenship/nationality ■ In (Plea am a tax resident of India and not a resider No, please mandatorily enclose the FATC/OR NON-INDIVIDUALS: Please mandatoril  13. NOMINATION DETAILS (Please note to the Please ✓) ■ I/We wish to Nominate ■ I/We do hereby nominate the person(s) name and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	egistered Office  Election ID Card	Business Registered Office  Not. ID Card Driving License UIDAI Card Indian U.S. Others (Please, specify)  No Investors. Declaration for Non Individuals with all the a minor, no nomination is allowed)  or my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	Business Registered Office NRE/GA Card Others Indian U.S. Others (Please, specify)  sections filled.  my/our death. I/We also understand that a be a valid discharge by the AMC/Mutual Fundamental Sard Nominee
Permissible documents are Passport ■ Country/Place/City of Birth Country of citizenship/nationality □ In (Plea am a tax resident of India and not a resident No, please mandatorily enclose the FATC/OR NON-INDIVIDUALS; Please mandatoril 13. NOMINATION DETAILS (Please note to Please ✓) □ I/We wish to Nominate □ I/We do hereby nominate the person(s) name ayments and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	egistered Office  Election ID Card	Registered Office  Indian U.S. Others (Please, specify )  No nvestors. Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	Registered Office  NRE/GA Card Others  Indian U.S. Others (Please, specify )  sections filled.  my/our death. I/We also understand that a se a valid discharge by the AMC/Mutual Fundance
Permissible documents are Passport Ecountry/Place/City of Birth Country/Place/City of Birth Country of citizenship/nationality In (Plea am a tax resident of India and not a resider No, please mandatorily enclose the FATC/OR NON-INDIVIDUALS; Please mandatoril 13. NOMINATION DETAILS (Please note to Please ✓) I/We wish to Nominate I/We do hereby nominate the person(s) name and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	Election ID Card PAN Card Go  adian U.S. Others ase, specify  ant of any other country Yes  A & CRS Declaration for Individual I aily enclose the FATCA, CRS & UBO  that where the sole/1st applicant is a //We do not wish to Nominate ad below to receive the units allotted t ), and signature(s) of the Nominee(s) a us nominations made by me/us in resp	No nvestors.  Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	NRE/GA Card Others  Indian U.S. Others (Please, specify )  sections filled.  my/our death. I/We also understand that are a valid discharge by the AMC/Mutual Fundance of the control of th
Country/Place/City of Birth Country of citizenship/nationality  In (Plea am a tax resident of India and not a resident No, please mandatorily enclose the FATC/OR NON-INDIVIDUALS; Please mandatoril 13. NOMINATION DETAILS (Please note to Please ✓)    I/We wish to Nominate    We do hereby nominate the person(s) name (s) anyments and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	ndian O U.S. Others ase, specify) Int of any other country O Yes O A & CRS Declaration for Individual I rily enclose the FATCA, CRS & UBO Ithat where the sole/1st applicant is a We do not wish to Nominate ad below to receive the units allotted to a long and signature(s) of the Nominee(s) a us nominations made by me/us in responsitions.	O Indian O U.S. O Others (Please, specify)  No nvestors. Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as be ect of the folio indicated above.  2nd Nominee	O Indian O U.S. O Others  (Please, specify)  sections filled.  my/our death. I/We also understand that a se a valid discharge by the AMC/Mutual Fundance.  3rd Nominee
Country of citizenship/nationality  On (Plea arm a tax resident of India and not a resident No, please mandatorily enclose the FATC/OR NON-INDIVIDUALS: Please mandatorils. Please mandatorils. NOMINATION DETAILS (Please note to Please ✓)    I/We wish to Nominate    I/We do hereby nominate the person(s) name and settlements made to Nominee(s) trustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	int of any other country Yes  A & CRS Declaration for Individual I ily enclose the FATCA, CRS & UBO that where the sole/1st applicant is a //We do not wish to Nominate and below to receive the units allotted t ), and signature(s) of the Nominee(s) a us nominations made by me/us in resp	(Please, specify)  No nvestors.  Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as be ect of the folio indicated above.  2nd Nominee	(Please, specify)  sections filled.  my/our death. I/We also understand that a se a valid discharge by the AMC/Mutual Fundamental Strategies and Nominee
(Plea am a tax resident of India and not a reside No, please mandatorily enclose the FATC/ OR NON-INDIVIDUALS: Please mandatori 13. NOMINATION DETAILS (Please note to Please ✓) ○ I/We wish to Nominate ○ I/ We do hereby nominate the person(s) name ayments and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars Name  Date of Birth (in case nominee is a minor)  Address  City  State  Country  Pincode	int of any other country Yes  A & CRS Declaration for Individual I ily enclose the FATCA, CRS & UBO that where the sole/1st applicant is a //We do not wish to Nominate and below to receive the units allotted t ), and signature(s) of the Nominee(s) a us nominations made by me/us in resp	(Please, specify)  No nvestors.  Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as be ect of the folio indicated above.  2nd Nominee	(Please, specify)  sections filled.  my/our death. I/We also understand that a se a valid discharge by the AMC/Mutual Fun  3rd Nominee
am a tax resident of India and not a resident No, please mandatorily enclose the FATCAOR NON-INDIVIDUALS: Please mandatoril 13. NOMINATION DETAILS (Please note to Please ✓) ○ I/We wish to Nominate ○ I/We do hereby nominate the person(s) namedayments and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	A & CRS Declaration for Individual I rily enclose the FATCA, CRS & UBO that where the sole/1st applicant is a rive do not wish to Nominate do below to receive the units allotted to a nominations made by me/us in respons	No nvestors. Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as be ect of the folio indicated above.  2nd Nominee	sections filled.  my/our death. I/We also understand that a e a valid discharge by the AMC/Mutual Fun  3rd Nominee
No, please mandatorily enclose the FATCAOR NON-INDIVIDUALS: Please mandatorily and Non-INDIVIDUALS: Please mandatorily and Nominate (13. NOMINATION DETAILS (Please note to Please *)   I/We wish to Nominate (14. Please *)   I/We wish to Nominate (15. Pl	A & CRS Declaration for Individual I rily enclose the FATCA, CRS & UBO that where the sole/1st applicant is a /We do not wish to Nominate d below to receive the units allotted t ), and signature(s) of the Nominee(s) a us nominations made by me/us in resp	nvestors.  Declaration for Non Individuals with all the a minor, no nomination is allowed)  o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	my/our death. I/We also understand that a ee a valid discharge by the AMC/Mutual Fun 3rd Nominee
Please  Please	/We do not wish to Nominate ad below to receive the units allotted t ), and signature(s) of the Nominee(s) a us nominations made by me/us in resp	o my/our credit in my/our folio in the event of cknowledging receipt thereof, will be noted as be ect of the folio indicated above.  2nd Nominee	e a valid discharge by the AMC/Mutual Fun  3rd Nominee
We do hereby nominate the person(s) name ayments and settlements made to Nominee(s) rustee. This instruction supercedes all previous Particulars  Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	ed below to receive the units allotted t ), and signature(s) of the Nominee(s) a us nominations made by me/us in resp 1st Nominee	cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	e a valid discharge by the AMC/Mutual Fundaria
ayments and settlements made to Nominee(s) rustee. This instruction supercedes all previou Particulars  Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	), and signature(s) of the Nominee(s) a us nominations made by me/us in resp 1st Nominee	cknowledging receipt thereof, will be noted as beet of the folio indicated above.  2nd Nominee	e a valid discharge by the AMC/Mutual Fun  3rd Nominee
Name  Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode			
Date of Birth (in case nominee is a minor)  Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	D D M M Y Y Y Y		D D M M Y Y Y Y
Guardian Name (in case nominee is a minor)  Address  City  State  Country  Pincode	D D M M Y Y Y Y		D D M M Y Y Y
Address  City  Country  Cincode			
City State Country Pincode			
City State Country Pincode			
Country Pincode			
Country			
Pincode			
Pincode			
M (* 0/			
Allocation %			
Signature of Guardian f nominee is minor) (mandatory)			
Signature of Nominee			
14. DECLARATION, CONSENT & SIGNAT	TURES	·	
We have read and understood the contents of the Scheme I Who cannot invest", "Foreign Account Tax Compliance Act (F We hereby apply for allotment/purchase of Units in the Schewested in the Scheme(s) is through legitimate sources only a I India. I/We hereby authorise L&T Mutual Fund ("the Fund" overnmental or regulatory authority. The ARN holder has diom amongst which the Scheme(s) is being recommended to pplication form is correct, complete and truly stated. I/We acund/its Investment Manager through various channels. In ce TIMI/Fund within 30 days of the change. I/We authorize upda ther SEBI Registered Intermediaries. I/We authorize LTIMI/TA to provide relevant information to upstream payors to en We hereby accord my/our consent to disclose, share, remit roup companies of L&T Financial Services for any valid busi PPLICABLE FOR NON-ADVISORY TRANSACTIONS ONL his investment is being made notwithstanding the advice of its transaction, the distributor would be compensated by the APPLICABLE FOR NRIs/PIOs/FIIs/FPIS INVESTING ON proved banking channels or from funds in my/our NRE/FCN account.	Information Document, Statement of Additional InfATCA) / Common Reporting Standard (CRS)" ("Feme(s) and agree to abide by the terms and condi and does not involve and is not designed for the put"), its Investment Manager ("LTIM") and its agent isclosed to me/us all the commissions (in the form o me/us. I/We have neither received nor been inducept and agree to abide by the terms and conditions there is any change in the information (especiation of the records (including pertaining to the Rep ("Fund/RTA, to share the information provided by note that the information provided by note that the information provided by the manual of the information provided by the information provided by the information provided by the information in the information of the records (including marketing or sales prom LLY: I/We, hereby acknowledge and confirm that the information is the information in the information in the information in the information in the information is the information in the information i	formation and Key Information Memorandum of the aforesaic Reporting Guidelines")" and "Important Note on Anti Money L tions applicable thereto. I/We hereby declare that I/We am/a urpose of any contravention or evasion of any Act, Rules, Reg is to disclose details of my investment to my bank(s)/ Fund's no fitrail commission or any other mode), payable to him for coded by any rebate or gifts, directly or indirectly, in making this ons and privacy policy (as mentioned on HYPERLINK "www ally pertaining to Reporting Guidelines) already provided to loorting Guidelines) basis the information / documents receive to / us with other SEBI Registered Intermediaries to facilitate from the my/our account or close or suspend my/our account mation provided by me/us, including all changes, updates tool on or with any statutory or judicial authorities, without any above transaction is "Execution Only" as explained vide SEI ne. On such transaction(s), I am not being charged any kind ny concerned in lines with the commission rate(s) disclosed be at I am/we are Non-Resident(s) of Indian Nationality/Origin chases made under this folio will also be from funds receive MANAGER: I/We hereby give you my/our consent to share Addviser/ Portfolio Manager.	aundering, Know-Your-Customer and Investor Protection re authorised to make this investment and that the amou ulations, Notifications or Directions issued by any authori bank(s) and/or Distributor/Broker/Investment Adviser/at the different competing schemes of various Mutual Func investment. I/We declare that the information given in the lifts.com/) with respect to my/our dealings with L&T Mutu. TIM / Fund, I/We agree that I/We shall inform the same dby LTIM/Fund/Registrar and Transfer Agent ("RTA") fro single submission /updation. I / We authorize LTIM/ Fund (s) under intimation me/us.  s such information as and when provided by me/us otherwiss BI Circular No. CIR/IMD/DF/13/2011 dated 22 August 201 of transaction fee(s) by the AMFI registered distributor. Cy the distributor.  and that I/We have remitted funds from abroad through of from abroad through approved banking channels or from a provided or from a provided or from a provided through approved banking channels or from a provided through approved banking through appro
			Date: D D M M T T T T

Second Applicant

Third Applicant