Systematic Investment Plan (SIP) / Micro SIP Form



lease refer to the general in	nstructions for assistance and comp	lete all sections in English. F	or legibility, please use	BLOCK LETTERS i	n black or dark ink.		Time Stamp	
Distributor/RIA	Code Sub-Dis	stributor ARN	Sub-Distribut	tor Code	EUIN		Branch Code	
vestor's Declaration where	EUIN is not furnished: I/We confirm that	the EUIN box has been intention	nally left blank by me/us a	as this is an "execution	n only" transaction without a	any interaction or adv	nas opted to receive transaction charges rges would be deducted over 3-4 instalmen utual fund, please tick here in a least rich experience by the employee/relationship manager/sait charged any advisory fees on this transactions.	
≤ Sole/1st Applicant			ant		∡ 3rd A	pplicant		
OTM DEBIT MAN	NDATE FORM FOR NA	CH/ECS/AUTO DE	BIT					
L&T Financial Services Mutual Fund	UMRN		Office use only			Date	D D M M Y Y	
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onsor Bank Code	or Bank Code CITI000PIGW		e hereby authorize		L&T Mutual Fund			
debit (✓)	○ CA ○ CC ○ SB-NRE ○	○ SB-NRO ○ Other	Bank A/c I	No.				
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s been carefully read,	understood & made by me/us.	I am authorising the user	entity / Corporate to	debit my accoun	t, based on the instruc	tions as agreed	 This is to confirm that thae declara and signed by me. 3. I have understoank where I have authorized the del 	
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Until Can	ncelled 1.	Name as in Bank	Records	2. Name	as in Bank Records	3.	Name as in Bank Records	
PPLICANT INF	ORMATION							
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IN*	First Uhit Holder		Seçor	ı d Unit Holder			Third Unit Holder	
ate of Birth* (1st Unit	t Holder)	Y Y Date of Birth	(2nd Unit Holder)	DDMMY	Y Y Y Date of	Birth* (3rd Unit	Holder) D D M M Y Y Y	
lobile No. +91-			E-mail ID					
	T DETAILS (Mandatory. If				OTM Dobit Mandato to bo	rogistored in the feli	o. (If selected, Section 4 to be filled in mandatori	
•	ate is already registered in t	•	, ,	,		registered in the foll	o. (ii selected, section 4 to be filled in mandaton	
ebit Bank Name		, ,		Account N				
cheme Name L&T								
	rowth* IDCW [®] Payou for 'Income Distribution cum Ca ns, as may be declared by the	t OIDCW [®] Reinve pital Withdrawal option'. Trustees at its discretion f		e distributed out o oject to the availab	f investors' capital (Eq ility of distributable su	ualization Reser rplus as calculate	ve), which is part of the sale price t ed in accordance with the Regulation	
irst Instalment Detai	ils: Instrument No.	Instrumer	t Date DDMM	Y Y Y Y Ac	count Type (🗸) 🔘 🤄	Savings O Curre	ent O NRE O NRO O Others	
rawn On	Bank Na	ame			<u>Branch</u>		Bank City	
IP Amount ₹		0011 0			onthly* O Quarterly		1 -	
	t O 5th O 7th O 10th* O 15th O		· · ·	Period From M		To M M Y	Y Y Y OR O Until Cancellonsidered.) (For SIP amount Minimum 500	
quity schemes & 1000 for leason for your SIP (r Non Equity schemes) ✓) ○ Children's Education	Children's Marria	ge O House		tirement Other	S	^Available in select schemes o	
	nal) - Available only for investm SIP amount reaches^ ₹	•	ntinue till # D D	MIMIVIVI	Top Up Am		ount in multiples of ₹ 500 only ✓any one) ○ Half Yearly ○ Year l	
SIP Top Up will cease lote: Effective Febru	e once the mentioned amount is uary 1, 2021, units will be allo	s reached. # It is the d tted only upon receipt	ate from which SIP I	Гор-Up amount wi ount by the Fun	Il cease. *Default of the state	option if not selective on irrespective of	cted of any scheme category/investme	
mount. Net Asset Va	alue (NAV) will be applied ba	sed on realization of fu	nds for all purchas	ses including sy	stematic transaction	s registered pr	ior or post February 1, 2021.	
/e have read and understood the plication will result in aggregate il commission or any other), payments referred above the place of th	the respective Scheme Information Docume e investments exceeding Rs. 50,000 in a year syable to him for the different competing sch n participation in ECS/ACH/Auto Debit. If the	ent, Statement of Additional Informer. I/We have neither received no nemes of Mutual Funds from amore transaction is delayed or not effortible. I/We will be a feet of the state of the sta	ation and Key Information M r been induced by any rebat gst which the Scheme is be ected at all for reasons of in	lemorandum of L&T Mut te or gifts directly or indir ing recommended to me complete or incorrect inf	ual Fund. I/We hereby declare ectly in making this Systematic lus. I/We hereby declare that to ormation, I/We would not hold as in my/our back account.	that I/We do not have a c Investment. The ARN he particulars given he L&T Mutual Fund.	any existing Micro SIPs which together with the cu holder has disclosed to me/us all the commission re are correct and express my/our willingness to in Investment Manager - L&T investment Manage to the terms and conditions mentioned overleaf	
any valid business purposes i	including marketing or sales promotion or v	vith any statutory or judicial author	ities, without any prior intim	ciuding all changes, upd	ates to such information as an	d when provided by me	to the terms and conditions mentioned overleaf / us to the group companies of L&T Financial Ser	
IGNATURE/S AS PE	ER L&T MUTUAL FUND (To b	be signed as per Mode	of Holding)					
✓ Sole/First Applicar	nt/Guardian	✓ Second.	Annlicant		 ≪ Thi	rd Applicant		