

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.



KEY PARTNER / ARN HOLDER INFORMATION

(Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

Application No.

Name & ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-257030					E-479794	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. 3)

"I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this is an "execution-only" transaction without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction." (please tick (✓)) and sign ☐

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
--	---	--

TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
--	---

In case the purchase/ subscription amount is ₹ 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 14.)

Folio No. The details in our records under the folio number mentioned alongside will apply for this application

02. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information - If left blank the application is liable to be rejected.)

First Applicant's Name/Minor Name	FIRST	MIDDLE	LAST	KYC
PAN		CKYC No.	Date of Birth (mandatory)	
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN		CKYC No.	Date of Birth (mandatory)	
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN		CKYC No.	Date of Birth (mandatory)	

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)

	FIRST	MIDDLE	LAST	KYC
PAN		CKYC No.	Date of Birth (mandatory)	

Relationship with minor Please (✓) ☐ Father ☐ Mother ☐ Court Appointed Legal Guardian

03. TAX STATUS (Please tick ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIs	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Bank
<input type="checkbox"/> Trust	<input type="checkbox"/> FI	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> FPI	<input type="checkbox"/> Company	<input type="checkbox"/> QFI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Others	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> LLP

04. KYC Details (Mandatory) Occupation Please tick (✓)

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other.....	(please specify)		
SECOND APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other.....	(please specify)		
THIRD APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other.....	(please specify)		

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth
	Net worth (Mandatory for Non-Individual ₹ as on					<input type="text"/> (Not older than 1 year)
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth..... (Not older than 1 year)
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth..... (Not older than 1 year)

For Individual

☐ I am Politically Exposed Person
(Also applicable for authorized signatories/Promoters/
Karta/Trustee/Whole time Directors) please mention)

☐ I am Related to Politically Exposed Person

☐ Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration)

Foreign Exchange / Money Changer Services

Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning

None of the above

Yes No

Yes No

Yes No

Yes No

Yes No

05. GENDER [Please tick (✓)]

☐ Male ☐ Female ☐ Transgender

06. MODE OF HOLDING [Please tick (✓)]

☐ Joint ☐ Single ☐ Anyone or Survivor (Default option is Joint)

07. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark City State Pincode Country

08. GO GREEN INITIATIVE (Mandatory) [Please tick (✓) the mode for receiving the copy of Annual Report/Abridged Summary] (Refer instruction 19)

☐ Opt-in (Physical copy) ☐ Opt-out (Email)

09. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)

Email Id (EMAIL Id to be written in BLOCK letters)

Tel No.: (Resi) (STD Code) (Off) (STD Code) Mobile No.

☐ The email address of one investor should not be allowed / updated against folios of other / multiple investors, unless a specific written request is received in this regard duly signed by the investors, or the investors in such folios belong to the same family (applicable in respect of individual customers only).

SIGN HERE
First/Sole Applicant/Guardian

10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

Landmark City State PO Box No. Country

11. DEMAT ACCOUNT DETAILS* (Optional - refer instruction 13)

	NSDL	CSDL
DP Name		
DP ID		
Beneficiary Account No		

12. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form

Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? ☐ Yes ☐ No
Please tick as applicable and if yes, provide the below mentioned information (mandatory).

Sole/First Applicant/Guardian	Yes	No	2nd Applicant	Yes	No	3rd Applicant	Yes	No or POA	Yes	No
Country of Birth			Country of Birth			Country of Birth				
Country of Citizenship/Nationality			Country of Citizenship/Nationality			Country of Citizenship/Nationality				
Are you e US Specified Person?	Yes	No	Are you e US Specified Person?	Yes	No	Are you e US Specified Person?	Yes	No		
Please provide Tax Payer Id.			Please provide Tax Payer Id.			Please provide Tax Payer Id.				
Country of Tax Residency* (other than India)	Taxpayer Identification No.		Country of Tax Residency* (other than India)	Taxpayer Identification No.		Country of Tax Residency* (other than India)	Taxpayer Identification No.			
1			1			1				
2			2			2				
3			3			3				

* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder should fill form to provide the above details mandatorily.

13. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it's mandatory for investors to provide bank account details

Account No. Name of the Bank

Type of A/c ☐ SB ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify Branch

Bank City IFSC code** MICR No.

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)

Separate cheque/demand draft must be Issued for each Investment, drawn in favour of respective scheme name.
Please write appropriate scheme name as well as the Plan / Option / Sub Option.

*Cheque/DD Favouring Scheme Name/Cash (refer Instruction 2 & 3)	Plan/Option	Amount Invested (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS) TSL No. (in case of CASH)	Bank and Branch and Account Number (for Cheque/DD)	For Cash
LIC MF					Deposited in Bank
					Branch Code

Type of A/c ☐ SB ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR ☐ I/WE DO NOT WISH TO NOMINATE

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee / Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				
			100%	

PAN of the POA holder

Attached ☐ KYC Letter (Mandatory) ☐ Notarized copy of POA

a) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the scheme & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I/We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I/We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I /we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us.

FOR INVESTMENT BY CASH : I have not invested in LIC Mutual Fund more than ₹ 50,000/- in cash including the current investment during the current financial year.

Date : Place :	 SIGN HERE First/Sole Applicant/Guardian	 SIGN HERE Second Applicant	 SIGN HERE Third Applicant
-------------------------------	---	--	---

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF (Scheme Name with option)
 from Mr/Mrs/M/s. (Name of the investor) alongwith
 Cheque/Draft No./Payment Instrument No. Date D D M M Y Y Y Y Bank
 Branch Drawn on For ₹
 Bank Charges (in cases of Draft) of ₹ Date D D M M Y Y Y Y

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
 Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
 Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
Karvy Fintech Pvt. Ltd., 46, Road No 4, Street No. 1, Banjara Hills, Hyderabad - 500034.
 Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customercare@karvy.com
 Website: www.karvyfintech.com

SIP REGISTRATION CUM MANDATE FORM (OTM/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.

Application should be submitted atleast 30 days before the 1st debit

☐ New SIP ☐ SIP Cancellation (Please ✓ as appropriate)

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-257030					E-479794	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank). * I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

01. INVESTOR NAME AND DETAILS

Folio No. Existing unit holders: Please mention your Folio Number. New applicants: Please mention Common Application No.

First Applicant's Name/Minor Name FIRST MIDDLE LAST KYC

02. SIP DETAILS (Please ✓ any one) For multiple Schemes please use the "Multiple SIP Common Application Form".

<input type="checkbox"/> SIP with first Cheque	<input type="checkbox"/> SIP without Cheque	<input type="checkbox"/> SIP through Post Dated Cheque	<input type="checkbox"/> SIP through registered OTM		
Scheme Name / Plan / Option LIC MF Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	SIP Installment Amount (₹) 	SIP Date (Please ✓ one) DD (Any date from 1 st to 28 th of a given month, Default date is 10 th) <input type="checkbox"/> 15 th LIC MF ULIS	Frequency (Please ✓ one) <input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	Enrollment Period (Please ✓ one) Start Date End Date From To (Maximum period is allowed only 40 yrs)	LIC MF STEP - UP Facility (Optional) Amount Frequency Upto Date Please refer Instruction No. VIII(d) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) (Mention End Date) (Default is SIP End Date)

Please tick (✓), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund. **As per NPCI Circular dated 29th December, 2023, mandate can be for maximum duration of 40 years from the date of application.

03. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque Drawn on Bank and Branch

Account type Cheque No. should be in continuous series From To

04. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN (First cheque is not mandatory, if you have opted for SIP through registered OTM)

05. SIP THROUGH FIRST CHEQUE

Cheque No. Cheque Amount in Rs. Cheque Date: DDMMYYYY

Bank Name Branch City

06. DECLARATION & SIGNATURE/S

I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Mutual Fund. I/We are aware that LIC Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit/ NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form. I/We hereby accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Date : Place :	<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Second Applicant/POA Holder	<input checked="" type="checkbox"/> SIGN HERE Third Applicant/POA Holder
-------------------	--	---	--

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



SIP through Auto Debit (NACH / PDC)

Folio No./Application No. Received from: Mr./ Ms. /M/s

Date DDMMYYYY ☐ SIP Mandate Form ☐ OTM/PDC

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service_licmf@kfintech.com
Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District
Nanakramguda | Serilingampally Mandal | Hyderabad - 500032 .
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@kfintech.com
Website: www.kfintech.com

ONE TIME MANDATE (OTM) FORM



Application No.

Name of Applicant

PAN No. Mobile No.

Email ID

Bank Name

Account No.

Dated D D M M Y Y Y Y Place

SIGN HERE First/Sole Applicant/Guardian SIGN HERE Second Applicant SIGN HERE Third Applicant

- I/We declare that the particulars furnished here are correct. I/We authorize LIC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and / or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.
- I/We will also inform LIC Mutual Fund about any changes in my bank account.
- I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.
- Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
- I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of LIC Mutual Fund using this facility.
- I/We request you to make provisions for me / us and / or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and / or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from LIC Mutual Fund.
- I give my consent to LIC Mutual Fund Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions / non-commercial transactions / promotional / potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.
- The above signatures have to be as per the bank records.
- The above mentioned PAN holder has to be first unit holder in folio/s and one of the holder in the below mentioned bank account.

UMRN Bank use Date D D M M Y Y Y Y

Utility Code Bank use Create Modify Cancel

Sponsor Bank Code Bank use I/We authorize LIC Mutual Fund

To debit (tick ✓) SB CA CC SB-NRE SB-NRO OTHER

Bank a/c Number

With Bank Name of the customers bank IFSC/MICR

an amount of Rupees ₹

Debit Type Fixed Amount Maximum Amount

Frequency Monthly Quarterly Half Yearly Yearly As & when Presented

Reference 1 PAN No. Reference 2 All Schemes of LIC Mutual Fund

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Form D D M M Y Y Y Y Maximum period of validity of this mandate is 40 years only

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Phone No.

SIGN HERE Signature of primary account holder SIGN HERE Signature of account holder SIGN HERE Signature of account holder

Name as in bank records Name as in bank records Name as in bank records

MANDATORY FIELDS : • Instrument Date • Account Type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records



(To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

Corporate Office: Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020. Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service_licmf@kfintech.com Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents: KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District Nanakramguda | Serilingampally Mandal | Hyderabad - 500032 . Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@kfintech.com Website: www.kfintech.com