

# Systematic Investment Plan (SIP) Form



Please refer to the General Instructions & Checklist provided overleaf for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name	
ARN- 79391	Sub-Distributor Code	E027871		Mobile +91-	
				E-mail	

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Investor's declaration where EUIN is not furnished. 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 the 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.

(Sole/First Applicant/Guardian)

(Second Applicant)

(Third Applicant)

## 1. APPLICANT INFORMATION (Mandatory. If left blank, the application is liable to be rejected)

Name of Sole/First Unit Holder  First Name  Middle Name  Last Name  Folio No.

PAN  First Unit Holder  Second Unit Holder  Third Unit Holder

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

Mobile No. +91-  E-mail ID

## 2. SIP & INVESTMENT DETAILS (Mandatory. If left blank, the application is liable to be rejected)

New SIP Registration  SIP Renewal  Update new bank details for SIP Debits (If selected, move to Section 4)

Scheme Name L&T

Option (✓)  Growth\*  Dividend Payout  Dividend Reinvestment

Dividend Frequency (wherever applicable)  Monthly\*  Quarterly  Annual^

### First Instalment Details:

Instrument No.

Instrument Date

Account Type (✓)  Savings  Current  NRE  NRO  Others

Drawn On

SIP Amount

₹   
(Minimum 500 for Equity schemes & 1000 for Non Equity schemes)

SIP Debit Date (✓)

1st  5th  10th\*  15th  25th  
 All five dates

SIP Frequency (✓)

Monthly\*  Quarterly

SIP Period

From  To   
OR  Until Cancelled

(Note: Minimum gap of 30 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered.)

Reason for your SIP (✓)  Children's education  Children's marriage  House  Car  Retirement

SIP Top Up (Optional)

Top Up Amount ₹  Amount in multiples of ₹ 500 only  Top Up Frequency  Half Yearly  Yearly\*

\*Default option if not selected

^Available in select schemes only

## 3. DECLARATION & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of L&T Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in ECS/ACH/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold L&T Mutual Fund, their Investment Manager - L&T Investment Management Limited, or any of their appointed service providers or representatives responsible. I/We will also inform L&T Investment Management Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

### SIGNATURE/S AS PER L&T MUTUAL FUND (To be signed as per Mode of Holding)

Sole/First Applicant/Guardian

Second Applicant (Not applicable if first applicant is minor)

Third Applicant (Not applicable if first applicant is minor)

## 4. DEBIT MANDATE FORM FOR NACH/ECS/AUTO DEBIT



UMRN

Office use only

Date

Tick (✓)

CREATE

Sponsor Bank Code

Office use only

Utility Code

Office use only

MODIFY

I/We hereby authorize

L&T Mutual Fund

to debit (✓)

SB  CA  CC  SB-NRE  SB-NRO  Other

CANCEL

Bank A/c No.:

With Bank:  Bank Name  IFSC  or MICR

an amount of Rs  Amount in words  ₹

Frequency  Monthly  Quarterly  Half Yearly  As & when presented  Debit Type  Fixed Amount  Maximum Amount

Scheme  Email Id

Folio No.  Phone No.

Period From  To  or  Until Cancelled

Signature of First Account Holder

Signature of Second Account Holder

Signature of Third Account Holder

1. Name as per Bank Records

2. Name as per Bank Records

3. Name as per Bank Records

Name & Sign as per Bank Records

Name & Sign as per Bank Records

Name & Sign as per Bank Records