

Please read instructions before filling the Form

Application No.:

DISTRIBUTOR INFORMATION

(Only empanelled Distributors / Brokers will be permitted to distribute Units)

Distributor / Broker ARN ARN- 9225	Sub-Broker Code
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FOR OFFICE USE ONLY

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.

1 EXISTING UNITHOLDER INFORMATION (Please fill in your Folio No. below. Please furnish PAN details in Section 2 and then proceed to Section 3)

Folio No.	Name of Sole / First UnitHolder
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2 APPLICANT'S PERSONAL DETAILS (Please fill in block letters. Use one box for one alphabet leaving one box blank between two words)

First / Sole Applicant	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Name	Enclosed copy of (Please ✓) <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Compliance Proof	

Guardian (if Sole / First Applicant is a Minor) Contact Person (in case of Non-individual Investors only)	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Date of Birth

Date of Birth	Guardian's PAN*	Enclosed copy of (✓) <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Compliance Proof
Nationality	Country of Residence	

Address for Correspondence [P.O. Box Address is not sufficient]

City	State	Pin Code
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Contact Details

Phone O	Extn.	Fax
Phone R	Mobile	

I/We wish to receive updates via SMS on my mobile (Please ✓)

e-mail*

*Investors providing e-mail ID would mandatorily receive only E-statement of accounts in lieu of physical statement of accounts.

Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address)

State	Country	City	Zip Code
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Status (Please ✓) Individual Partnership Company Society / Club HUF NRI / FII Trust Minor Body Corporate Others

Occupation of Sole / First Applicant (Please ✓) Private Sector Service Public Sector / Government Service Business Professional
 Agriculturist Retired Housewife Student Forex Dealer Others (Please specify)

Second Applicant	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Name	Enclosed copy of (Please ✓) <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Compliance Proof	

Third Applicant	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Name	Enclosed copy of (Please ✓) <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Compliance Proof	

Mode of Holding (Please ✓) Single OR Joint OR Anyone OR Survivor

PoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder)	Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Date of Birth

PAN*	Enclosed copy of (Please ✓) <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Compliance Proof
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* PAN Proof is mandatory for all Applicants, irrespective of the amount of investment. Please attach a copy of PAN Card. KYC is mandatory, (or such limits as specified by SEBI/AMFI from time to time) if amount invested is Rs. 50,000 or more.

3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)

A/c. No.	Account Type (Please ✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRO
Bank Name	

Branch Address	City
MICR Code (9-digit number next to your Cheque No.)	IFS Code

Account to Account transfer facility for redemptions available (Please ✓ any one) Please enclose copy of your cheque leaf.

HDFC Bank# ICICI Bank# Axis Bank# Kotak Mahindra Bank# Citibank Bank^ Standard Chartered Bank^ † IDBI Bank^ † DBS Bank^

Available for all Debt Schemes ^ Available for L&T Liquid Fund and L&T Short Term Floating Rate Fund

† Available for L&T Freedom Income Short Term Fund

RTGS/NEFT (IFS Code is Mandatory)

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr./Ms./M/s _____
 an application for Units of Scheme _____

Option (Please ✓) Cumulative Dividend Dividend Facility (Please ✓) Reinvestment Payout

Lump Sum investment alongwith Cheque / DD No. _____ Dated _____

Drawn on (Bank) _____ Amount (Rs.) _____

SIP investment Total Cheque SIP Auto Debit Facility Amount per instalment (Rs.) _____ Total Amount (Rs.) _____

Please Note : All purchases are subject to realisation of cheques / demand drafts.

Signature, Stamp & Date

4 INVESTMENT AND PAYMENT DETAILS (Please see the Ready Reckoner table on Page No. 8)

Scheme Name

Plan # Option #

Dividend Facility (please Reinvestment* Payout) (* Default Facility) Please see the Ready Reckoner table on Page No. 8 for Plans / Options available in the respective Schemes

4A. LUMP SUM INVESTMENT

Investment Amount (Rs.) DD charges (Rs.) Net Amount (Cheque / DD amount) (Rs.)

Amount in words

Mode of Payment Cheque / DD / Fund Transfer / Cheque / DD* No. Dated

Drawn on Bank Branch City

A/c. No. Account Type (please Current Savings NRE FCNR NRO

The details of the bank account provided above pertain to my/our own bank account in my/our name Yes No. If No, my relationship with the bank account holder is Spouse Child Parent Relative Sibling Friend Others. **Application Form without this information may be rejected.**

* Please mention the application No. on the reverse of the Cheque / DD. Please ensure there is only one Cheque / DD per Application Form. Cheque/DD must be drawn in favour of Scheme as applicable and crossed 'account payee only'.

4B. SIP INVESTMENT (Please see the Load Structure of respective Schemes)

I/We would like to enroll for Systematic Investment Plan under L&T Mutual Fund subject to terms and conditions of the Scheme/Plan and subsequent amendments thereto.

Enrolment Period Months From To Frequency Monthly SIP Date : 5th or 15th or 25th

Amount per Instalment (Rs.) Number of Instalments Total Amount (Rs.)

(Minimum 6 instalments of Rs.1,000 each or more for all Schemes and minimum of Rs. 500 or in multiples of Rs. 500 for L&T Tax Saver Fund)

Payment Mechanism (please any one only)

Cheques (please provide the Cheques details below) All Cheques should be drawn in favour of Scheme name and crossed 'account payee only'.

Total number of Cheques Cheque No. From To

Each Cheque Amount (Rs.) (in words)

Drawn on Bank Branch City A/c. No.

SIP Auto Debit Facility (please fill the SIP Auto Debit Form provided and submit it together with the Cheque for first SIP transaction and provide the First SIP instalment cheque details below)

First instalment Cheque No. Amount (Rs.)

Bank Branch City A/c. No.

5 ELECTRONIC CLEARING SERVICES (ECS) FOR DIVIDEND PAYMENTS*

You may choose to receive dividends in your bank account through the Electronic Clearing Service (only in select cities). Unitholders who do not opt for the ECS facility will receive dividends by cheques payable at par/DD

I/We authorise L&T Mutual Fund to credit my/our dividend through ECS (Please) * Please enclose photocopy of your cheque leaf.

The 9-digit MICR Code number of my/our Bank & Branch is ◀ This is a 9-digit number next to your Cheque No.

6 OTHER SERVICES (Optional)

E-mail Services (please)
I/We wish to receive the following documents via e-mail in lieu of physical document(s)
 Account Statement* All other Statutory Communications Marketing Updates

e-mail

* Will be sent Monthly After every transaction

Other E-mail Services (Please)
 Daily NAV Weekly Market Review Event Updates

T-PIN Services (Please)
Would you like a T-PIN assigned?
(T-PIN : For Internet based Transactions)

7 FOR INVESTORS WHO WISH TO OPT FOR NOMINATION (For Nomination Form, Please refer to last page)

Nomination Form is enclosed Yes No

8 DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document of the Scheme(s) of L&T Mutual Fund. I/We hereby apply to the trustee of L&T Mutual Fund for units of respective Schemes of L&T Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We hereby declare and confirm that the amount invested in the Scheme(s) indicated above is in no way in contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme and 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. If the fund is not satisfied with regard to the completion of the "Know Your Customer" process for me/us, I/We hereby authorize the Mutual Fund to redeem the funds invested in the Scheme at the applicable NAV prevailing on the date of such redemption and initiate such other action that may be required by the law.

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.

Applicants other than Individuals/HUF: I/We certify that as per the Memorandum and Articles of Association of the Company, byelaws, trust deed, Partnership Deed and resolutions passed by the Company/Firm/Trust. I/We are authorized to enter into this transaction for and on behalf of the Company/Firm/Trust. Please Yes No

For NRIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account.
I/We confirm that details provided by me/us are true and correct. Date:

SIGNATURES

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

L&T Investment Management Limited - Branches

Bangalore: 9902577577/9008655226/32952142 Baroda: 9898598644/2351740 Bhopal: 0755-2552452/3 Chandigarh: 9878406940/3068051
Chennai: 25307402/5 Cochin: 9895168160/6533130 Coimbatore: 9994995799/3067929/30 Durgapur: 9932241935 Goa: 9923285799 Hyderabad: 9849523638
Indore: 9826012555/4286032 Jaipur: 4043108 Jalandhar: 9872838208 Jamshedpur: 9334289963 Kanpur: 9839296100 Kolhapur: 9923539066/6614834/5
Kolkata: 66262709/66262710/66262711/66262712 Lucknow: 4003245/9838119887 Ludhiana: 9888300348 Madurai: 9865966013
Mumbai: 61366600/66104946/9821118597 Nagpur: 9372695617 Nashik: 9960025000/6611791 New Delhi: 9811595033/66134274 Pune: 32912911/9960822206
Raipur: 4044496/9926808555 Rourkela: 9437648485 Siliguri: 2545474/9800202292 Tiruchirappalli: 9952142228
Vijayawada: 9676785656 Vishakhapatnam: 9676970777

Toll Free: 1800 209 7575

SIP/MICRO SIP APPLICATION FORM FOR DEBT SCHEMES



Please read instructions before filling the Form

SIP/MICRO SIP Facility is available in L&T Triple Ace Fund, L&T Monthly Income Plan and L&T Gilt Fund

Application No.:

DISTRIBUTOR INFORMATION

(Only empanelled Distributors/Brokers will be permitted to distribute Units)

Distributor/Broker ARN

Sub-Broker Code

ARN - 9225

FOR OFFICE USE ONLY

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.

1 APPLICANT'S INFORMATION (Please fill in block letters. Use one box for one alphabet leaving one box blank between two words)

Folio No. (In case of Existing Investor)

Form No. (In case of New Investor)

Only for MICRO SIP (Document Submitted) (Tick any one) (PAN No./PAN Proof not required for MICRO SIP)

Voter Identity Card; Driving License; Government/Defense Identification card; Passport; Photo Ration Card; Photo Debit Card; Employee ID cards issued by companies registered with Registrar of Companies; Photo Identification issued by Bank Managers of Scheduled Commercial Banks/Gazetted Officer/Elected Representatives to the Legislative Assembly/Parliament; ID card issued to employees of Scheduled Commercial/State/District Co-operative Banks; Senior Citizen/Freedom Fighter ID card issued by Government; Cards issued by Universities/deemed Universities or institutes under statutes like ICAI, ICWA, ICSI; Permanent Retirement Account No. (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL); Any other photo ID card issued by Central Government/State Governments /Municipal authorities/Government organizations like ESIC/EPFO.

The photo identification document has to be current and valid and also to be either self-attested or attested by the ARN holder (AMFI Registered Distributor).

* PAN/PAN Proof is mandatory for all Applicants, (only in case of SIP).

2 SIP/MICRO SIP INVESTMENT DETAILS (Please see the Load Structure of respective Schemes)

We would like to enrol for Systematic Investment Plan under L&T Mutual Fund subject to terms and conditions of the Scheme/Plan and subsequent amendments thereto.

Scheme Name

Option (Please ✓)

Cumulative*

Dividend

Dividend Facility (Please ✓)

Reinvestment*

Payout

(* Default Option / Facility)

Enrolment Period

Months

From

M

M

Y

Y

Y

Y

Y

To

M

M

Y

Y

Y

Y

SIP/MICRO SIPs Date:

5th or

15th or

25th

3 SIP/MICRO SIP PAYMENT DETAILS (MANDATORY as per SEBI Guidelines)

Amount per Instalment (Rs.)

Number of Instalments

Total Amount (Rs.)

(Minimum 6 instalments of Rs.1,000 each or more for all Schemes and minimum of Rs. 500 or in multiples of Rs. 500 for L&T Tax Saver Fund)

Payment Mechanism (Please ✓ any one only)

SIP/MICRO SIPs Auto Debit Facility (Please fill the SIP/MICRO SIPs Auto Debit Form provided and submit it together with the Cheque for first SIP/MICRO SIPs transaction)

Cheques (Please provide the Cheques details below) All Cheques should be drawn in favour of Scheme name and crossed 'account payee only.'

Total number of Cheques

Cheque No.

From

To

Drawn on

Bank

Branch

City

We do not have any existing MICRO SIPs which together with the current application resulting in aggregate investments exceeding Rs. 50,000 in a year.

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.

Date

SIGNATURES

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

SIP/MICRO SIP AUTO DEBIT FORM (Registration cum Mandate Form for ECS)

First SIP/MICRO SIP cheque and subsequent via Auto Debit in select cities as given on reverse of this Form.

DEBIT MANDATE [Electronic Clearing Service (Debit Clearing)]

The Manager

Bank Name

Branch Address

City

Pin code

Telephone No.

Name

Copy to the User Company

Address

Tel. No.

I, hereby authorise you to debit my account for making payment to L&T Mutual Fund through ECS (Debit) clearing as per the details given as under.

A) Name of Bank Account Holder

Mr. Ms. M/s.

(As in Bank Records)

B) 9-Digit MICR Code of the Bank and Branch

(Appearing on MICR Cheque issued by the bank.)

C) Account Type (Please ✓)

Current

Savings

Cash Credit

D) Ledger No. / Ledger Folio No.

E) A/c. No.

Name of the Scheme	Date of effect (5/15/25)	Periodicity (Monthly)	Amount of Instalments (Rs.)	Number of Instalments
	DD / MM / YY			
	DD / MM / YY			

DECLARATION AND SIGNATURE(S)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the Scheme.

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date

Signature of Customer (As in Bank Records)

Date

Signature of the Authorised Official from the Bank

Note:- Mandate to be obtained in 3 copies, Original for Bank, One for User Company and other for Customer)

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr. / Ms. / M/s

an application for SIP enrolment in the Scheme

Option (Please ✓)

Cumulative

Dividend

Dividend Facility (Please ✓)

Reinvestment

Payout

Total Cheque

Cheque No.

Dated

Drawn on (Bank)

Amount (Rs.)

SIP Auto Debit Facility Amount per Instalment (Rs.)

Total Amount (Rs.)

Signature, Stamp & Date

**SYSTEMATIC TRANSFER PLAN (REGULAR STP)
ENROLMENT FORM**



Please read instructions before filling the Form

To,
The Trustee
L&T Mutual Fund

Date

I/We have read and understood the contents of the Offer Document of the Scheme(s) and the terms and conditions of the Scheme/ Plan and subsequent amendments thereto. I/We hereby apply for the STP Enrolment under the following Scheme/Plan (please your choice).

INVESTOR DETAILS

Name of Sole / First Investor / Guardian

Mr. Ms. M/s.

Folio No.

(Existing Investor)

1 REGULAR STP DETAILS. 5, 15 AND 25 OF THE MONTH (Please tick choice of your Scheme/Plan/Option)

From any of the following Schemes

To any of the following Scheme

L&T Liquid Fund

- Regular Plan Cumulative* Dividend Reinvestment* Payout
 Institutional Plus Plan Cumulative* Dividend Reinvestment* Payout
 Institutional Plan Daily Dividend Reinvestment
 Super Institutional Plan Cumulative* Weekly Dividend Reinvestment* Payout

L&T Freedom Income-Short Term Fund

- Regular Cumulative* Monthly Dividend Semi-annually Dividend
 Reinvestment* Payout
 Institutional Cumulative* Monthly Dividend Weekly Dividend
 Reinvestment* Payout
 DDRIP Daily Dividend Reinvestment*

L&T Short Term Floating Rate Fund

- Cumulative* Monthly Dividend Weekly Dividend Daily Dividend
 Reinvestment* Payout

L&T Select Income Fund-Flexi Debt Fund

- Institutional Option Retail Option
 Dividend Growth Quarterly Dividend Bonus

L&T Monthly Income Plan**

- Cumulative* Monthly Dividend Quarterly Dividend Reinvestment* Payout

* Default Plan/Option

** STP facility under L&T MIP is available only for equity schemes viz. L&T Growth Fund, L&T MidCap Fund, L&T Opportunities Fund, L&T Multi-Cap Fund, L&T Global Advantage Fund, L&T Contra Fund, L&T Tax Saver Fund and L&T Hedged Equity Fund.

L&T Growth Fund

L&T MidCap Fund

L&T Multi-Cap Fund

L&T Opportunities Fund

L&T Contra Fund

L&T Global Advantage Fund

L&T Tax Saver Fund

L&T Hedged Equity Fund

Cumulative* Dividend Reinvestment* Payout

L&T Triple Ace

Cumulative* Bonus Quarterly Dividend Semi-Annual Dividend
 Reinvestment* Payout

L&T Monthly Income Plan

Cumulative* Bonus Monthly Dividend Quarterly Dividend
 Reinvestment* Payout

* Default Plan / Option

Enrolment Period Months

STP Date : 5th or 15th or 25th From To

Frequency : Monthly

Fixed Amount (Rs.) or Capital Appreciation

(Minimum transfer amount - Rs. 1,000 x 6)

The STP facility can only be availed on 5th, 15th or 25th of a month. If the 5th, 15th or 25th of the month falls on non-business day then STP falling on such non-business day will be effected on the succeeding business day.

Signature(s)

Sole/First Unitholder/Guardian

Second Unitholder

Third Unitholder

Please Note : Signature(s) should be as it appears on the Application Form and in the same order.

FORM FOR NOMINATION / CANCELLATION OF NOMINATION

[To be filled in by individual(s) applying for / holding units singly or jointly]



Please read instructions on page 11 before filling the Form

Date

Application No. (In case of New Investor) Folio No. (Existing Investor)

Scheme

Plan Option

I/We _____ and _____

do hereby nominate the person(s) more particularly described hereunder/and/cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. mentioned above.

1. FIRST NOMINEE	
Name of the Nominee <input type="text" value="Mr. Ms. M/s."/>	Date of birth (If Nominee is Minor) <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Address of Nominee (Please provide full address) <input type="text"/> <input type="text"/> <input type="text"/>	Percentage of allocation/share <input type="text"/>
Name of the Guardian (If Nominee is Minor) <input type="text" value="Mr. Ms. M/s."/>	Relationship with Nominee <input type="text"/>
Address of Guardian <input type="text"/> <input type="text"/> <input type="text"/>	Signature of Guardian <input type="text"/>
2. SECOND NOMINEE	
Name of the Nominee <input type="text" value="Mr. Ms. M/s."/>	Date of birth (If Nominee is Minor) <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Address of Nominee (Please provide full address) <input type="text"/> <input type="text"/> <input type="text"/>	Percentage of allocation/share <input type="text"/>
Name of the Guardian (If Nominee is Minor) <input type="text" value="Mr. Ms. M/s."/>	Relationship with Nominee <input type="text"/>
Address of Guardian <input type="text"/> <input type="text"/> <input type="text"/>	Signature of Guardian <input type="text"/>
3. THIRD NOMINEE	
Name of the Nominee <input type="text" value="Mr. Ms. M/s."/>	Date of birth (If Nominee is Minor) <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Address of Nominee (Please provide full address) <input type="text"/> <input type="text"/> <input type="text"/>	Percentage of allocation/share <input type="text"/>
Name of the Guardian (If Nominee is Minor) <input type="text" value="Mr. Ms. M/s."/>	Relationship with Nominee <input type="text"/>
Address of Guardian <input type="text"/> <input type="text"/> <input type="text"/>	Signature of Guardian <input type="text"/>

NAME & SIGNATURE(S) OF APPLICANT(S)		
First Applicant	<input type="text" value="Mr. Ms. M/s."/>	
Second Applicant	<input type="text" value="Mr. Ms. M/s."/>	
Third Applicant	<input type="text" value="Mr. Ms. M/s."/>	
Sole / First Applicant	Second Applicant	Third Applicant

The address as per our records, under the folio, is applicable for this form.