

# Transaction Form for Financial Transactions



Please refer to the General Instructions 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-				Mobile +91-	
	Sub-Distributor Code			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.

### Transaction Charges

SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-

### Investor's Declaration where EUIN is not furnished

I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

If this is the first time, you are investing in any mutual fund, please tick here

Sole/1st Applicant

2nd Applicant

3rd Applicant

## 1. APPLICANT INFORMATION

Name of Sole/1st 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 letter for all applicants. In case there is any change in KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the Point of Service of any KYC Registration Agency or at the nearest L&T Investor Service Centre (ISC) or CAMS CSC.

Mobile No. +91-  E-mail ID

## 2. KYC INFORMATION

### FOR INDIVIDUAL INVESTORS

	1st Applicant / Guardian		2nd Applicant / Guardian		3rd Applicant / Guardian	
(a) Gender (✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
(b) Father's / Spouse's Name	<input type="text"/>		<input type="text"/>		<input type="text"/>	
(c) Place / Country of Birth (✓)	<input type="checkbox"/> India	<input type="checkbox"/> Other Please specify <input type="text"/>	<input type="checkbox"/> India	<input type="checkbox"/> Other Please specify <input type="text"/>	<input type="checkbox"/> India	<input type="checkbox"/> Other Please specify <input type="text"/>
(d) Tax Residency (If you are resident in any country other than India from a taxation perspective, please furnish Country of Tax Residency and Tax Identification Number (TIN) or equivalent alongside)	<b>Country of Tax Residency</b>	<b>Tax Identification Number (TIN or equivalent)</b>	<b>Country of Tax Residency</b>	<b>Tax Identification Number (TIN or equivalent)</b>	<b>Country of Tax Residency</b>	<b>Tax Identification Number (TIN or equivalent)</b>
	1. <input type="text"/>	<input type="text"/>	1. <input type="text"/>	<input type="text"/>	1. <input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>	2. <input type="text"/>	<input type="text"/>	2. <input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>	3. <input type="text"/>	<input type="text"/>	3. <input type="text"/>	<input type="text"/>
(e) Occupation (✓)	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Pvt. Sector Service	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business	<input type="checkbox"/> Govt. Service	<input type="checkbox"/> Business
	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Others Please specify <input type="text"/>		<input type="checkbox"/> Others Please specify <input type="text"/>		<input type="checkbox"/> Others Please specify <input type="text"/>	
(f) Others (✓) (Applicable for Karta of HUF also)	<input type="checkbox"/> I am a politically exposed person		<input type="checkbox"/> I am a politically exposed person		<input type="checkbox"/> I am a politically exposed person	
	<input type="checkbox"/> I am related to a politically exposed person		<input type="checkbox"/> I am related to a politically exposed person		<input type="checkbox"/> I am related to a politically exposed person	
	<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable	
(g) Gross Annual Income (₹)	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 lac	<input type="checkbox"/> 1-5 Lacs	<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"/> 5-10 Lacs	<input type="checkbox"/> 10-25 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	<input type="checkbox"/> 25 Lacs - 1 crore	<input type="checkbox"/> > 1 Crore	<input type="checkbox"/> 25 Lacs - 1 crore	<input type="checkbox"/> > 1 Crore
(h) Net Worth (₹) (Not older than 1 year)	Mandatory for (a) Individual Investors who have not furnished Gross Annual Income above and (b) Non-Individual Investors.					
	₹ <input type="text"/> as on DD / MM / YYYY		₹ <input type="text"/> as on DD / MM / YYYY		₹ <input type="text"/> as on DD / MM / YYYY	

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Folio No.  Received from  Name of the Sole/First Unit Holder

Scheme/Plan/Option

Additional Purchase Amount (in Rs)  Drawn On  Instrument No.

Switch (Please tick sign)  Amount  OR  No. of units  OR  All Units

Redemption (Please tick sign)  Amount  OR  No. of units  OR  All Units



For Office Use Only

Acknowledgement Stamp & Date

<b>FOR NON-INDIVIDUAL INVESTORS ONLY</b>	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If the Entity involved/providing any of the following services:		
	→ Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	→ Foreign Exchange/ Money Changer Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	→ Money Lending/Pawning	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 3. ADDITIONAL PURCHASE

Scheme Name	L&T	Option (✓)	<input type="checkbox"/> Growth*	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Dividend Payout
Dividend Frequency (✓ wherever applicable)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual^ <input type="checkbox"/> Annual^	Amount (₹): _____ Drawn on: _____			
Investment Mode	<input type="checkbox"/> Instrument No. _____ Instrument Date	<input type="checkbox"/> One Time Mandate			
<i>Please ensure that the cheque complies to CTS 2010 standards</i>					
	<input type="checkbox"/> Electronic Transfer UTR No. _____				
Payment made by (✓)	<input type="checkbox"/> First Unit Holder <input type="checkbox"/> Guardian in case of minor. <input type="checkbox"/> Others _____	Please Specify _____			
<input type="checkbox"/> Demat Account Details					
Depository (✓)	<input type="checkbox"/> NSDL or <input type="checkbox"/> CDSL	Depository Participant (DP) Name _____			
Depository Participant (DP) ID	_____	Beneficiary Account Number _____			
<i>Please enclose copy of the Client Master as provided by your depository</i>					

### 4. SWITCH

Scheme Name	L&T	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Dividend Frequency (✓ wherever applicable)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual^ <input type="checkbox"/> Annual^		
To Scheme	L&T	Option (✓)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Dividend Frequency (✓ wherever applicable)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual^ <input type="checkbox"/> Annual^		
Please tick any one (✓)	<input type="checkbox"/> Amount (₹) _____ OR <input type="checkbox"/> No. of units _____	OR <input type="checkbox"/> All Units	

### 5. REDEMPTION

Scheme Name	L&T	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Dividend Frequency (✓ wherever applicable)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual^ <input type="checkbox"/> Annual^		
Please tick any one (✓)	<input type="checkbox"/> Amount (₹) _____ OR <input type="checkbox"/> No. of units _____	OR <input type="checkbox"/> All Units	
<b>Please note that if the bank account has been changed and not been intimated to us, the proceeds will be credited to the bank account registered with us.</b>			
IFSC of the registered bank account for electronic payment	_____	(Please enclose an original cancelled cheque leaf)	
If you have registered multiple bank mandate and if you want credit in a bank A/c other than the default bank please mention the bank A/c No. below.			
Name of the Bank/ Branch	_____	Account No. _____	
<i>*Default option if not selected ^Available in select schemes only</i>			

### 6. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the aforesaid Scheme(s) of L&T Mutual Fund including the sections on "Who cannot invest", "Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS)" ("Reporting Guidelines") and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any authority in India. I/We hereby authorise L&T Mutual Fund ("the Fund"), its Investment Manager ("LTIM") and its agents to disclose details of my investment to my bank(s)/ Fund's bank(s) and/or Distributor/Broker/Investment Adviser/any governmental or regulatory authority. 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(s) is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

I/We accept and agree to abide by the terms and conditions (as mentioned on www.lntmf.com) with respect to my/our dealings with L&T Mutual Fund/its Investment Manager through various channels.

In case there is any change in the information (especially pertaining to Reporting Guidelines) already provided to LTIM / Fund, I/We agree that I/We shall inform the same to LTIM/ Fund within 30 days of the change. I/We authorize updation of the records (including pertaining to the Reporting Guidelines) basis the information / documents received by LTIM/ Fund/Registrar and Transfer Agent ("RTA") from other SEBI Registered Intermediaries. I/We authorize LTIML/Fund/RTA, to share the information provided by me / us with other SEBI Registered Intermediaries to facilitate single submission / updation. I / We authorize LTIM/ Fund/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from the my/our account or close or suspend my/our account(s) under intimation me/us.

\_\_\_\_\_  
(Sole/First Unit Holder)

\_\_\_\_\_  
(Second Unit Holder)

\_\_\_\_\_  
(Third Unit Holder)

Date

Place \_\_\_\_\_

## GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI & AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

**1. Applicant Information:** Please furnish the Folio Number, Name and PAN of Sole / First Applicant in Section 1 of the Form. Your transaction would be processed in the specified folio.

Your personal information and bank account details would apply to this investment as well.

**Contact Details:** Please provide the Mobile Number and E-Mail Address of the Sole / First Applicant in the form in case of Individuals and Key Contact in case of Non Individuals. This would help us seamlessly communicate with you on your investments.

**2. Additional Purchase Request:**

- Please mention the name of the Scheme where you plan to make your investment and your preferred option. If you do not indicate your preferred option, your application would be processed based on the terms & conditions set out in the Scheme Information Document.
- If you are not investing through a Distributor, please suffix "Direct Plan" after the scheme name.
- Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme
- Please ensure that the investment cheque issued by you complies with CTS 2010 requirements stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- Payments made by Cash/Money Order/Postal Order, Non- MICR cheques Outstation cheques are not accepted. Post dated cheques will not be accepted except for investment made under Systematic investment Plan.
- Third Party Payments for investments are not accepted except in the below cases :
  - Payments made by Parents/Grand Parents/related persons on behalf of a minor in consideration of natural love and affection for value not exceeding Rs 50,000
  - Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense re imbursements.
  - Custodian on behalf of an FPI or Client made by Custodian.
  - Payment by an AMC to its empanelled distributor on account of commission/incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
  - Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.

In the above cases, necessary declaration / banker's certificate needs to be provided confirming the source of funds for the investment. Please refer the SAI for more details.

If you wish to hold your investments in the Dematerialised mode, please provide the name and DP ID of your Depository Participant and your Beneficiary Account Number. Please also attach a copy of the Client Master that you may have received from your Depository Participant.

Please ensure that the sequence of names in the application form matches the sequence in which the Demat account is held. If the sequence of names does not match with the Demat account details provided therein, the Units will not be transferred to the Demat Account and the Units will be held in the physical mode.

Please note that this is an additional facility offered to unit holders who wish to hold units in the dematerialised mode. This is not a mandatory requirement and unit holders can continue holding units physically with the mutual fund. If you do not wish

to hold your mutual fund units in the dematerialised form, please strike off this section.

If the demat account details in the application form are incomplete/incorrect or does not match with the records of the Depository, units would be allotted and held electronically in the Fund's books and an Account Statement confirming the unit allotment would be sent to you.

**3. Switch Request:**

- Please ensure that the Target and Source schemes are correctly indicated.
- Please specify the amount/number of units you wish to switch. If you wish to switch all units, tick against the box provided.
- If your switch request specifies both amount and units for redemption, the latter will be processed.
- If the balance in the source scheme/option, after taking the switch into account falls below the minimum redemption size (either in amount or units whichever is less), the entire balance in the Source scheme will be switched to the Target Scheme.

**4. Redemption Request:**

- Please specify scheme details and the amount/number of units you wish to redeem. If you wish to redeem all units, tick against the box provided.
- If your redemption request specifies both amount and units for redemption, the latter will be processed.
- A redemption will be processed only for the amount which has been realized.
- To safeguard investors against fraudulent action, where the redemption request is received along with Change of address/bank request, the AMC reserves the right to release the payment only after completing necessary additional checks.

**5. Signatures:** All signatures should be in English or any other Indian Language. Thumb impressions should be from the left hand in case of males and right hand in case of females. All such thumb impressions need to be attested by a Magistrate, Notary Public or Special Executive Magistrate under his/her official seal.

**6. Employees Unique Identification Number (EUIIN):** If you are making this investment based on an investment advise received from your distributor, please quote the Employees Unique Identification Number (EUIIN) of your relationship manager in the Application Form.

If your distributor has, however, not given you any advice pertaining to the investment or your investment decision is not withstanding the advice provided by your distributor regarding inappropriateness of the scheme vis-a-vis your investment needs, the EUIIN box may be left blank. In this case, please sign in the space provided in Section B to confirm your acceptance to the declaration stated therein.

**7. KYC Details:**

Date of KYC Submission	Current KYC Status	What is required
Upto June 24, 2015	KYC Registered-New KYC	Section 2(e), (f), (g) and (h) is NOT mandatory. Please complete in case of any change in information
	KYC Verified by CVL MF	Submit the following along with the investment: KYC Modification form along with the required supporting documents. Section 2 completely filled
With effect from June 25, 2015	KYC Registered-New KYC	Section 2 with all sections mandatorily filled
	KYC Under Process/ KYC submitted*	Section 2 with all sections mandatorily filled

\*The Under process status should not be older than 15 days.

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday.

**Mutual Fund investments are subject to market risks, read all scheme related documents carefully.**

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