

# Systematic Investment Plan (SIP) / Micro SIP Form



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

Time Stamp

Distributor Code <b>ARN9992</b>	Sub-Distributor ARN	EUIIN	Branch Code	Relationship Manager's Name
	Sub-Distributor Code			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.

### 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 EUIIN is not furnished

I/We confirm that the EUIIN 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 (Mandatory. If left blank, the application is liable to be rejected)

Name of Sole/1st Unit Holder: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Folio No. \_\_\_\_\_

PAN/PEKRN\*\* \_\_\_\_\_ KIN^ \_\_\_\_\_ Date of Birth^ [D][D][M][M][Y][Y][Y][Y]

KIN^ \_\_\_\_\_ First Unit Holder \_\_\_\_\_ Second Unit Holder \_\_\_\_\_ Third Unit Holder \_\_\_\_\_

Date of Birth^ (1st Unit Holder) [D][D][M][M][Y][Y][Y][Y]    Date of Birth^ (2nd Unit Holder) [D][D][M][M][Y][Y][Y][Y]    Date of Birth^ (3rd Unit Holder) [D][D][M][M][Y][Y][Y][Y]

**KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. \*\*PEKRN required for Micro investments upto Rs. 50,000 in a year.**  
**^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).**

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 OTM debit mandate for already registered SIP (If selected, move to Section 4)

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN) \_\_\_\_\_

Debit Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_

OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)

Scheme Name L&T \_\_\_\_\_

Option (✓)  Growth\*     Dividend Payout     Dividend Reinvestment

Dividend Frequency \_\_\_\_\_

**First Instalment Details:**

Instrument No. \_\_\_\_\_ Instrument Date [D][D][M][M][Y][Y][Y][Y]

Account Type (✓)  Savings     Current     NRE     NRO     Others

Drawn On \_\_\_\_\_ Bank Name \_\_\_\_\_ Bank Branch \_\_\_\_\_ Bank City \_\_\_\_\_

SIP Amount ₹ \_\_\_\_\_ (Minimum 500 for Equity schemes & 1000 for Non Equity schemes)

SIP Debit Date (✓)  1st     5th     10th\*     15th     20th     25th     All six dates

SIP Frequency (✓)  Monthly\*     Quarterly

SIP Period From [M][M][Y][Y][Y][Y] To [M][M][Y][Y][Y][Y]

Until Cancelled    OR

(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) - Available only for investments effected through Auto Debit.

Top Up Amount ₹ \_\_\_\_\_ Amount in multiples of ₹ 500 only

Top Up Frequency  Half Yearly     Yearly\*

Top Up to continue till SIP amount reaches^ ₹ \_\_\_\_\_ OR \_\_\_\_\_ Top Up to continue till # [D][D][M][M][Y][Y][Y][Y] (Please ✓ any one)

^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. \*Default option if not selected

## 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     Third Applicant

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

UMRN \_\_\_\_\_ Office use only \_\_\_\_\_ Date [D][D][M][M][Y][Y][Y][Y]

Tick (✓)  CREATE    Sponsor Bank Code \_\_\_\_\_ CITI000PIGW    Utility Code \_\_\_\_\_ CITI00002000000037

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 \_\_\_\_\_ All schemes of L&T Mutual Fund    Email Id \_\_\_\_\_

Folio No. \_\_\_\_\_ Mobile No. +91- \_\_\_\_\_

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.

Period From [D][D][M][M][Y][Y][Y][Y] To [3][1][1][2][2][0][9][9] 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

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. 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.

**FATCA – CRS DECLARATION & SUPPLEMENTARY INFORMATION**  
(For Individual Investors including Sole Proprietor & POA Holder)



Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink. Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

**APPLICANT(S) INFORMATION**

Folio No./Application No.

Name of Sole/1st Unit Holder  First Name  Middle Name  Last Name

Name of 2nd Applicant  First Name  Middle Name  Last Name

Name of 3rd Applicant  First Name  Middle Name  Last Name

PAN/PEKRN\*\*  First Unit Holder  Second Unit Holder  Third Unit Holder

KIN^  First Unit Holder  Second Unit Holder  Third Unit Holder

Date of Birth^ (1st Unit Holder)  DD MM YY YY Date of Birth^ (2nd Unit Holder)  DD MM YY YY Date of Birth^ (3rd Unit Holder)  DD MM YY YY

**\*\*PEKRN required for Micro investments upto Rs. 50,000 in a year.**  
^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

Mobile No. +91-  E-mail ID

**FATCA & CRS DETAILS**

Category	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Gender			
Father's Name			
Type of address given at the KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card	<input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License	<input type="checkbox"/> UIDAI Card <input type="checkbox"/> NRE/GA Card <input type="checkbox"/> Others
Country/Place/City of Birth			
Country of citizenship/nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)

If 'No', please proceed for signature of declaration.

If 'Yes', please fill, for All countries (other than India) in which you are resident for tax purposes, i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in respective countries.

Country of Tax Residency			
Tax Identification No or Functional Equivalent			
Identification Type (TIN or other, please specify)			
If TIN is not available, please tick <input type="checkbox"/> the reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/> [As defined below]	Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/>
	Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/>	Reason A <input type="checkbox"/> B <input type="checkbox"/> or C <input type="checkbox"/>

- Reason A: The country where the Account holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B: No TIN required (Select this reason only, if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C: Others please state the reason thereof.

**DECLARATION**

I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA and CRS Terms and condition below and hereby accept the same. I also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators /tax authorities.

**Signatures**

Sole / 1st Applicant / Guardian	2nd Applicant	3rd Applicant
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Date:  DD MM YY YY

Place:  9