

SIP/MICRO SIP APPLICATION FORM FOR EQUITY 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
ARN - 28191

Sub-Broker Code

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/EPPFO.

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)

I/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

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

I/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

Signature of Applicant

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

Telephone No.

Pin code

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)

Signature of Customer (As in Bank Records)

Date

Signature of the Authorised Official from the Bank

Date

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