

4 INVESTMENT AND PAYMENT DETAILS (Please see the Ready Reckoner table on Page No. 10)

Scheme Name _____	
Option (Please ✓) <input type="radio"/> Cumulative* <input type="radio"/> Dividend	Dividend Facility (Please ✓) <input type="radio"/> Reinvestment* <input type="radio"/> Payout (* Default Option/Facility)
4A. LUMP SUM INVESTMENT	
Investment Amount (Rs.) _____	DD charges (Rs.) _____
Net Amount (Cheque / DD Amount) (Rs.) _____	
Amount in words _____	
Mode of Payment <input type="checkbox"/> Cheque/DD/Fund Transfer / _____	Cheque / DD* No. _____ Dated _____
Drawn on Bank _____	_____
Branch _____	_____
_____	City _____
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
The details of the bank account provided above pertain to my/our own bank account in my/our name <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, my relationship with the bank account holder is <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> 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 enrol 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 ✓)	Other E-mail Services (Please ✓)
I/We wish to receive the following documents via e-mail in lieu of physical document(s)	<input type="checkbox"/> Daily NAV <input type="checkbox"/> Weekly Market Review <input type="checkbox"/> Event Updates
<input type="checkbox"/> Account Statement* <input type="checkbox"/> All other Statutory Communications <input type="checkbox"/> Marketing Updates	
e-mail _____	T-PIN Services (Please ✓)
	Would you like a T-PIN assigned? <input type="checkbox"/>
* Will be sent <input type="checkbox"/> Monthly <input type="checkbox"/> After every transaction	(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



Please read instructions before filling the Form

Application No.:

DISTRIBUTOR INFORMATION

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

Distributor/Broker ARN

Sub-Broker Code

ARN-29333

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.

FOR OFFICE USE ONLY**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 **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 ✓) ☐ Male ☐ Female Date of Birth Name Mr. Ms. M/s. PAN* Enclosed copy of (Please ✓) ☐ PAN Proof ☐ KYC Compliance ProofGuardian (if Sole/First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Gender (Please ✓) ☐ Male ☐ FemaleName Mr. Ms. M/s. Date of Birth Guardian's PAN* Enclosed copy of (✓) ☐ PAN Proof ☐ KYC Compliance ProofNationality Country of Residence

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

City State Pin Code **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)

City State Country Zip Code 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 ✓) ☐ Male ☐ Female Date of Birth Name Mr. Ms. M/s. PAN* Enclosed copy of (Please ✓) ☐ PAN Proof ☐ KYC Compliance ProofThird Applicant Gender (Please ✓) ☐ Male ☐ Female Date of Birth Name Mr. Ms. M/s. PAN* Enclosed copy of (Please ✓) ☐ PAN Proof ☐ KYC Compliance ProofMode of Holding (Please ✓) ☐ Single OR ☐ Joint OR ☐ Anyone OR SurvivorPoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder) Gender (Please ✓) ☐ Male ☐ FemaleName Mr. Ms. M/s. PAN* Enclosed copy of (Please ✓) ☐ PAN Proof ☐ KYC Compliance Proof

* 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 ✓) ☐ Current ☐ Savings ☐ NRE ☐ FCNR ☐ NROBank 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 ☐ Kotak Mahindra Bank ☐ Axis Bank☐ 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. 10)

Scheme Name

Option (Please ✓)

☐ Cumulative*☐ Dividend

Dividend Facility (Please ✓)

☐ Reinvestment*☐ Payout

(* Default Option/Facility)

4A. LUMP SUM INVESTMENTInvestment
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 enrol 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

M

M

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

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

M

M

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

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 model), 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 /
GuardianSecond
ApplicantThird
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 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

DISTRIBUTOR INFORMATION

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

Distributor/Broker ARN
ARN - 29333

Sub-Broker Code

Application No.:

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)

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

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.

Copy to the User Company

Name

Address

Tel. No.

Pin code

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

D D / M M / Y Y

D D / M M / Y Y

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