SIP Investment Form

(Registration-cum-Mandate Form for Auto-debit and ECS)



				Time Stamp
Distributor/Broker Code	Sub-Broker ARN	Relationship Manager's		Branch Code
ARN-97821 stamp here)	Sub-Broker Code	Name Mobile		
And - (Aver stamp here)	Sub-broker code	EUIN		
as this is an "execution-only" transacti of in-appropriateness, if any, provided I Signature/s (To be signed by all app	on without any interaction or adv by the employee/relationship mar plicants) (see note 7)	ice by the employee/relationship mana lager/sales person of the distributor an	ger/sales person of the abov	c has been intentionally left blank by me/us e distributor or notwithstanding the advice rged any advisory fees on this transaction.
X (Sole/First Application Initial commission will be paid by the inv	estor directly to the distributor, ba			X (Third Applicant)
Please refer to the guidance notes fo		ections in English. For legibility, plea	se use BLOCK LETTERS in	black or dark ink.
PERSONAL DETAILS (see no	ote 1)			
First Unit Holder	1	1.1		Folio No.
PAN First Unit Holder	Secon	I Uhit Holder	Third Unit Holder	
KYC is mandatory. Please enclose a co	py of KYC acknowledgement lette	rs for all applicants.		
INVESTMENT DETAILS (see	note 2)			
New SIP Registration ☐ SIP R	enewal Change in Bank I	Details (for an existing SIP)		
Option (4) Growth Ground	wailable in celect echemos only)	☐ Dividend Payout ☐ Dividend Re	investment A Defaul	t ention if not colected
Option (✓) ☐ Growth^ ☐ Bonus (a Dividend Frequency	ivaliable in select scriemes only)	Dividend Payout Dividend Re	investment Deraul	t option if not selected
First instalment details	nus Demand Death De-	Order Instrument No.		Date D D M M Y Y Y Y
Mode of Payment (Please ✓) ☐ Che	que Demand Draft Pay Bank	Order Instrument No.	Bra	
Drawn on				
NRI Investor, please specify account t		□ NRO □ FCNR	_	se specify
Reason for your SIP Children's YOUR SIGNATURE/S (To be:		en's Marriage House	☐ Car	Retirement
ECS. If the transaction is delayed or n	ot effected at all for reasons of i ny of their appointed service pro	ncomplete or incorrect information, I/N viders or representatives responsible.	We would not hold L&T Muti I/We will also inform L&T In	above through direct debit/participation in ual Fund, their Investment Manager - L&T vestment Management Limited about any
X (Sole/First Unit Ho		X (Second Unit Holder)		X (Third Unit Holder)
AUTO-DEBIT AUTHORISATI	ON (see note 4)			
The Manager, I/We authorize L&T Mu	tual Fund and their authorised s	ervice providers to debit my account v	via ECS/Direct Debit/Standir	ng Instructions.
Name of Bank				
Branch		City		
Bank Account Number		Account Typ	e (Please ✓) ☐ Savings ☐	Current Cash Credit NRE NR
Scheme			ption	
SIP Auto-debit Date (Please ✓) ☐ 1st			SIP Instalment Amount Rs.	
Frequency (Please ✓) Monthly^	Quarterly SIP Auto-debit	Period Till I instruct discontinuatio	n^ [OR] From DIDI	(IYIYIY To DIDIYIYIYIY
MICR Code	,3	next to your cheque no.)	^ Default option	
I/We hereby declare that the informa would not hold L&T Mutual Fund or it Name(s) & Signature(s) of Bank Acco	s authorised service providers r	esponsible. Mandate verification char	ot carried through courtesy i ges, if any, may be charged	ncomplete or incorrect information, I/We to my/our account.
Name of Sole/1st Bank Acc	ount Holder	Name of 2nd Bank Account Holder	Name	of 3rd Bank Account Holder
X X Signature of Sole/1st Bank	Account Holder XX	Signature of 2nd Bank Account Hold	ler XXSiana	iture of 3rd Bank Account Holder
(To be signed by all holders if mode of	of operation of Bank Account is	Joint')	Date	D D M M Y Y Y Y
Attestation by the Banker (Mandatory, if your First SIP Instalment	t is through a Demand Draft/Pay (Order)	Signature and Stamp of the Aut	horised Official from Bank
I/We certify that the signature of accour	nt holder(s) and the details of bank	account are correct as per our records.		nk Stamp & Date
FOR OFFICE USE				
Recorded on D D M M Y Y We confirm that we have taken the ab		on our records.	Credit A/c. No	
Stamp of Bank Branch Man	ager	Signature		Name