

**COMMON TRANSACTION SLIP**

Corporate Office: Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020  
 Tel: 022-66016000 | Fax: 022-22880633 | Email ID: service@licmf.com | Website: www.licmf.com  
 Toll Free: 1800 258 5678



**KEY PARTNER / DISTRIBUTOR INFORMATION** (Investors applying under Direct Plan must mention "Direct" in the ARN column below.)

ARN	ARN Name	ARN Sub Distributor's ARN/Branch Code	Internal Code for Sub-Distributor/ Employee	Employee Unique Identification Number (EUIN)
ARN -				

#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. In case purchase/ subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

**INVESTOR DETAILS (Mandatory) Please fill in BLOCK Letters**

Folio No.

1st Unit Holder Name

**DEMAT ACCOUNT DETAILS:** (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)		CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)	
Depository Participant Name:	<input type="text"/>	Depository Participant Name:	<input type="text"/>
DPID No.:	<input type="text"/>	Beneficiary A/c No.	<input type="text"/>
Beneficiary A/c No.	<input type="text"/>		

**SCHEME NAME: PLAN: OPTION:**

Nature of Transaction: (Please tick & fill up relevant details)

**Additional Purchase** : I/We would like to purchase units of the above mentioned scheme for amount (In fig.)  (in words)   
 \_\_\_\_\_ Cheque/DD Number \_\_\_\_\_ dated \_\_\_\_\_ Drawn on Bank & Branch \_\_\_\_\_  
 \_\_\_\_\_ A/c. No. \_\_\_\_\_ Bank A/C type (Please ✓)

Savings  Current  NRO  NRE  Mode of Payment (Please ✓)  Cheque  DD  Funds Transfer  RTGS/NEFT

**Switch** : I/We would like to switch All units  or of Partial units  \_\_\_\_\_ units or ₹ (amount in rupees) \_\_\_\_\_  
 (in words) \_\_\_\_\_  
 from above mentioned Scheme to Scheme \_\_\_\_\_ Plan \_\_\_\_\_  
 Option  Growth  Dividend Payout  Dividend Re-Invest

**Redemption** : I/we would like to redeem All units  or of Partial units \_\_\_\_\_ units or ₹ (amount in rupees) \_\_\_\_\_  
 (in words) \_\_\_\_\_  
 from above mentioned Scheme / Fund, redemption proceeds to be credited to the following Bank A/c. registered under this folio.  
 Bank / Branch \_\_\_\_\_ A/c. No. \_\_\_\_\_

**For Investors who have registered for Multiple Bank Accounts facility\* in the above folio:**  
 The redemption should be processed into the following bank account as per the payout mechanism indicated by me / us (This bank account has already been registered in the folio):

Name of the Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Account Type: \_\_\_\_\_ Bank City: \_\_\_\_\_

**\*Important Notice:** If the bank account mentioned above is different from those already registered in your folio **OR** if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. LIC Mutual Fund or LIC Asset Management Limited will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

**DECLARATION**

I/We have read and understood the contents of the Statements of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and addendum. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme (s) as applicable from time to time.

Sole/1st Holder	2nd Holder	3rd Holder
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**ACKNOWLEDGEMENT (TO BE FILLED BY INVESTOR)**

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Folio No.

Received from Mr./Ms./M/s. \_\_\_\_\_

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

TRANSACTION Please tick (✓)  ADDITIONAL PURCHASE  SWITCH  REDEMPTION

**FOR OFFICE USE**  
 (Signature of receiving Authority)

Date/Time of receipt