

COMMON APPLICATION FORM



Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / ARN HOLDER INFORMATION

(Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

Application No. **41040342**

Name & ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-93643	DHANANTAY KUMAR				E 097712	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. 3)

I / We hereby confirm that the EUIN 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction." (please tick (✓) and sign)

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is ₹ 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 14.)

Folio No. _____ The details in our records under the folio number mentioned alongside will apply for this application

02. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information - If left blank the application is liable to be rejected.)

First Applicant's Name/Minor Name	FIRST	MIDDLE	LAST	KYC
PAN	_____	_____	_____	_____
CKYC No.	_____	_____	_____	_____
Date of Birth (mandatory)	DD	MM	YYYY	_____
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN	_____	_____	_____	_____
CKYC No.	_____	_____	_____	_____
Date of Birth (mandatory)	DD	MM	YYYY	_____
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN	_____	_____	_____	_____
CKYC No.	_____	_____	_____	_____
Date of Birth (mandatory)	DD	MM	YYYY	_____

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)

NAME OF GUARDIAN / CONTACT PERSON	FIRST	MIDDLE	LAST	KYC
PAN	_____	_____	_____	_____
CKYC No.	_____	_____	_____	_____
Date of Birth (mandatory)	DD	MM	YYYY	_____

Relationship with minor Please tick (✓) Father Mother Court Appointed Legal Guardian

03. TAX STATUS (Please tick ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIs	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Bank
<input type="checkbox"/> Trust	<input type="checkbox"/> FI	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> FPI	<input type="checkbox"/> Company	<input type="checkbox"/> QFI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Others	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> LLP

04. KYC Details (Mandatory) Occupation Please tick (✓)

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (please specify)			
SECOND APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (please specify)			
THIRD APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (please specify)			

GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth
	Net worth (Mandatory for Non-Individual ₹ as on DD MM YYYY (Not older than 1 year)					
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth (Not older than 1 year)
	Net worth (Mandatory for Non-Individual ₹ as on DD MM YYYY (Not older than 1 year)					
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth (Not older than 1 year)
	Net worth (Mandatory for Non-Individual ₹ as on DD MM YYYY (Not older than 1 year)					

For Individual

I am Politically Exposed Person (Also applicable for authorized signatories/Promoters/ Karta/Trustee/Whole time Directors) please mention)

I am Related to Politically Exposed Person

Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration) Yes No

Foreign Exchange / Money Changer Services Yes No

Gaming / Gambling / Lottery / Casino Services Yes No

Money Lending / Pawning Yes No

None of the above Yes No

05. GENDER [Please tick (✓)]

Male Female Transgender

06. MODE OF HOLDING [Please tick (✓)]

Joint Single Anyone or Survivor (Default option is Joint)

07. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark _____ City _____ State _____ Pincode _____ Country _____

08. GO GREEN INITIATIVE (Mandatory) [Please tick (✓) the mode for receiving the copy of Annual Report/Abridged Summary] (Refer instruction 19)

As part of Go-Green initiative, investors are encouraged to register/update their email ID and Mobile Number with us to support paper-less communication. Default communication mode is E-mail only, if you wish to receive following document(s) via physical mode : [please tick (✓)]

Account Statement Annual Report

09. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)

Email Id _____ (EMAIL Id to be written in BLOCK letters)

Tel No.: (Resi) (STD Code) _____ (Off) (STD Code) _____ Mobile No. _____

I declare that Email address and Mobile number provided in this form belongs to (tick one option) Self (or) Family Member, and approve for usage of these contact details for any communication with LIC MF. Please note all kinds of investor communication will be sent through email only instead of physical, for investors who provide their email address. ⊗
SIGN HERE
First/Sole Applicant/Guardian

10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

Landmark _____ City _____ State _____ PO Box No. _____ Country _____

11. DEMAT ACCOUNT DETAILS (Optional - refer instruction 13)

	NSDL	CSDL
DP Name		
DP ID		
Beneficiary Account No		

12. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form

Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? Yes No
Please tick as applicable and if yes, provide the below mentioned information (mandatory).

Sole/First Applicant/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth _____		Country of Birth _____		Country of Birth _____	
County of Citizenship/Nationality _____		County of Citizenship/Nationality _____		County of Citizenship/Nationality _____	
Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide Tax Payer Id. _____		Please provide Tax Payer Id. _____		Please provide Tax Payer Id. _____	
Country of Tax Residency* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)	Taxpayer Identification No.
1		1		1	
2		2		2	
3		3		3	

* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder should fill form to provide the above details mandatorily.

13. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it's mandatory for investors to provide bank account details

Account No. _____ Name of the Bank _____
 Type of A/c SB Current NRE NRO FCNR Others _____ Branch _____
 Bank City _____ IFSC code** _____ MICR No. _____

Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)

14. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 2, 3 & 10) (If this section is left blank, only folio will be created)

Separate cheque/demand draft must be Issued for each Investment, drawn in favour of respective scheme name.
Please write appropriate scheme name as well as the Plan / Option / Sub Option.

*Cheque/DD Favouing Scheme Name/Cash (refer Instruction 2 & 3)	Plan/Option	Amount Invested (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS) TSL No. (in case of CASH)	Bank and Branch and Account Number (for Cheque/DD)	For Cash
LIC MF					Deposited in Bank
					Branch Code

*All purchases are subject to reliazation of fund (Refer to Instruction No. 10) Account Type (Please tick (ü))

Type of A/c SB Current NRE NRO FCNR Others _____ Please specify

15. NOMINATION DETAILS (Refer Instruction No. 15)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS		OR	I/WE DO NOT WISH TO NOMINATE		
	Nominee Name and Address		Guardian Name (in case of Minor)	Allocation %	Nominee / Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3				100%	

16. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

Name of the POA holder

PAN of the POA holder

Attached KYC Letter (Mandatory) Notarized copy of POA

17. DECLARATION & SIGNATURE/S

a) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the scheme & I/We have nor 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, In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I/We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I/We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I /we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) 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. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me /us.

FOR INVESTMENT BY CASH : I have not invested in LIC Mutual Fund more than ₹ 50,000/- in cash including the current investment during the current financial year.

Date :	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Place :	SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

ACKNOWLEDGMENT SLIP

Application No. **41040342**

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF (Scheme Name with option)

from Mr/Mrs/M/s. _____ (Name of the investor) alongwith

Cheque/Draft No./Payment Instrument No. _____ Date Bank _____

Branch _____ Drawn on _____ For ₹ _____

Bank Charges (in cases of Draft) of ₹ _____ Date

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
Karvy Fintech Pvt. Ltd., 46, Road No 4, Street No. 1, Banjara Hills, Hyderabad - 500034.
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customercare@karvy.com
Website: www.karvyfintech.com

SIP REGISTRATION CUM MANDATE FORM (NACH/DIRECT DEBIT/PDC)



New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Existing Investors mention your folio number in point no 1.

Application should be submitted atleast 30 days before the 1st debit

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-93643	Dhananjay Kumar				E 097712	

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund.
By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.
Declaration for "execution-only" transaction (only where EUIN box is left blank). * I/we hereby confirm that the EUIN 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is ₹ 10,000/- or more and if your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

01. INVESTOR NAME AND DETAILS

Folio No. Existing unit holders: Please mention your Folio Number. New applicants: Please/mention Common Application No.

First Applicant's Name/Minor Name FIRST MIDDLE LAST KYC

02. SIP DETAILS (Please ✓ any one)

For multiple Schemes please use the "Multiple SIP Common Application Form".

SIP with first Cheque SIP without Cheque SIP through Post Dated Cheque

Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrollment Period (Please ✓ one)		LIC MF STEP - UP Facility (Optional)		
				Start Date	End Date	Amount	Frequency	Upto Date
		<input type="text"/> DD (Any date from 1 st to 28 th of a given month, Default date is 10th) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/> MMYYYY To <input type="text"/> MMYYYY	<input type="checkbox"/> Perpetual (Default) OR (Specify Date) <input type="text"/> MMYYYY	₹ <input type="text"/> (Multiples of ₹ 1 thereafter)* Please refer Instruction No. <input type="text"/> ix (d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> MMYYYY (Mention End Date) (Default is SIP End Date)

UMRN If you are an existing SIP investor and wish enroll another SIP with the same bank. Please mention the UMRN No. (Please check the maximum amount given earlier)

03. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque Drawn on Bank and Branch

Account type Cheque No. should be in continuous series From To

04. DECLARATION & SIGNATURE/S

I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Mutual Fund. I/We are aware that LIC Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit/ NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). 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. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form. I/We hereby accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form (refer instruction no IX).

<input checked="" type="checkbox"/> Date : <input type="text"/> Place : <input type="text"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



SIP through Auto Debit (NACH / PDC)

Folio No./Application No. Received from: Mr./ Ms./ M/s

Date SIP Mandate Form NACH/PDC/Auto Debit Form

Debit Mandate Form NACH / DIRECT DEBIT



CREATE UMRN Date
 MODIFY Sponsor Bank Code Utility Code
 CANCEL I/We, hereby authorize To debit (Please ✓)
 Bank A/C Number
 with Bank IFSC MICR
 an amount of Rupees ₹
 FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount
 Reference 1 Phone No.
 Reference 2 Email ID

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 Signature Primary Account holder _____
 To Signature Primary Account holder _____
 Or Until cancelled 1. 2. 3.

* 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 instruction 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 of the bank where I have authorized the debit.

Debit Mandate Form NACH / DIRECT DEBIT



CREATE UMRN Date
 MODIFY Sponsor Bank Code Utility Code
 CANCEL I/We, hereby authorize To debit (Please ✓)
 Bank A/C Number
 with Bank IFSC MICR
 an amount of Rupees ₹
 FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount
 Reference 1 Phone No.
 Reference 2 Email ID

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 Signature Primary Account holder _____
 To Signature Primary Account holder _____
 Or Until cancelled 1. 2. 3.

* 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 instruction 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 of the bank where I have authorized the debit.

TRANSACTION SLIP

Corporate Office: Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020
 Tel: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com | Website: www.licmf.com
 Toll Free: 1800-258-5678



DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN* / RIA Code	Sub Broker Code	EUIN	Registrar Serial No	Date of Receipt	Time of Receipt
ARN-93643		E 097712			

*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.
 By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

INVESTOR DETAILS (Mandatory) Please fill in BLOCK Letters

Folio No.	PAN NO.	KYC	CKYC No.
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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). In case Unit holders do not provide their Demat Account details, an account statement shall be sent to them. Such investors will not be able to trade on the stock exchange. (Refer Inst. - 14)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)		CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)	
Depository Participant Name:		Depository Participant Name:	
DPID No.:	I N	Beneficiary A/c No.	
Beneficiary A/c No.			

SCHEME NAME: _____ **PLAN/OPTION:** _____

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

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. _____

Change of bank mandate (Please provide copy of a cancelled cheque)

Bank Name	
Bank Address	
City	
State	Pin
Account No.	Payment Location
Account Type	9 digit MICR No. IFSC Code

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.
 Amount invested in the Schemes is derived through legitimate source.

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

TRANSACTION SLIP

Corporate Office: Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020

Tel: 022 66016000 | Fax: 022-66016191 | Email ID: service@licmf.com | Website: www.licmf.com | Toll Free: 1800-258-5678

Folio No.	
Received from Mr./Ms./M/s.	
Scheme	Plan
Option	
TRANSACTION Please tick (u)	<input type="checkbox"/> PURCHASE <input type="checkbox"/> SWITCH <input type="checkbox"/> REDEMPTION <input type="checkbox"/> CHANGE OF BANK MANDATE

FOR OFFICE USE (Signature of receiving Authority)
Date/Time of receipt

Registrar & Transfer Agents: Karvy Computershare Pvt. Limited 46, Road No 4, Street No.1 Banjara Hills, Hyderabad - 500 034.
 Phone: 040 - 44677131-40 | Fax No: 040-23388705 | Email: licmf.customer@karvy.com | Website: www.karvycomputershare.com



Auto Premium Payment Service

APPS Mandate Form



For office use only:

Branch Office Name: _____ Business Centre Name: _____ RM Code: _____ **ARN-93643**
ARN Code: _____

To,
LIC Mutual Fund

Mandate Registration Mandate Cancellation (✓ whichever is applicable)

Folio Number : _____ Date of Birth: _____ (DD/MM/YYYY) (mandatory)

Investor Name: _____ (as appearing in LICMF Folio)

Name of the Policyholder: _____ (as per LIC Policy)

Guardian's name: _____ (If policy is in the name of minor)

Mobile Number: _____ Email id: _____ (mandatory)

PAN No.: _____ * **Attach self attested photocopy of PAN Card*

Sr. No.	Policy Number	Premium payment Mode	Premium Amount	Scheme Code (Only Growth Option Allowed) [#]	Plan (Direct/Regular)	Premium Debit Date ^{\$} (✓Tick any one)		Document attached**
						Premium Due Date	5 days prior to last date of Grace period	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Scheme Code: 36-Liquid Fund, 40-Saving Plus Fund, 72-Income Plus Fund

\$ If no option is selected, the default premium debit date will be premium due date.

** Attach Status report or copy of Policy document for each policy which is to be registered

Declaration and Signature:

I hereby declare that the particulars given above are correct and complete. I, being the holder of the above policy/policies, express my willingness to remit the premium/s referred to above through participation in LICMF Scheme and hereby authorize LIC of India to raise debits on LIC MF Scheme Account towards the premium/s due. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of accounts etc., I would not hold LIC, LICMF, the AMC, the Trustees or Karvy responsible for the same. I understand that the first transaction after authorization may take one month time in getting the process commenced. I further declare that the policies mentioned above are on my own life/ I am guardian of the policyholder and authorized to transact on his behalf. I have read and understood the terms and conditions printed on the form and in agreement with the same.

SIGN HERE 1 st unit holder/ Guardian	SIGN HERE 2 nd unit holder	SIGN HERE 3 rd unit holder
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Request For Cancellation Of SIP / STP / SWP {Apply [] whichever applicable}

AMC/Mutual Fund: _____

<p>Cancellation of SIP { }</p> <p>Folio No: _____</p> <p>Scheme Name: _____ Plan: _____</p> <p>Option: _____</p> <p>SIP Start Date: _____ End Date: _____</p> <p>Cancellation Effective Date: _____ Amount: _____</p> <p>Investors Bank Name: _____</p> <p>Bank AC.No: _____</p>	<p>Cancellation of STP { }</p> <p>Folio No: _____</p> <p>From Transferor Scheme:</p> <p>_____</p> <p>_____</p> <p>To Transferee Scheme:</p> <p>_____</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>Frequency: _____</p> <p>Amount: _____</p>
<p>Cancellation of SWP { }</p> <p>Folio No: _____</p> <p>Scheme Name: _____ Plan: _____</p> <p>Option: _____ Amount: _____</p> <p>Frequency: { } Monthly / { } Quarterly</p>	

SIGNATURE (S)	Date:
SOLE / FIRST APPLICANT	SECOND APPLICANT
THIRD APPLICANT	

ACKNOWLEDGEMENT SLIP (To be filled by the investor)	
<p>We acknowledge the receipt of the request for Cancellation of SIP / STP / SWP from Mr. /Ms. / M/s.</p> <p>_____ in the Folio No _____</p> <p>Scheme name _____ Plan _____ in</p> <p>_____ Mutual Fund. Amount _____ with effect From _____</p>	<p>Service Centre Signature and Stamp</p>

SYSTEMATIC TRANSFER PLAN



Investor must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form.

Enrolment Form No. _____

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

FOR OFFICE USE ONLY
(TIME STAMP)

ARN/RIA Code*	ARN/RIA Name	Sub-broker code	Sub broker ARN code	RM code	Employee Unique Identification Number (EUIIN)
ARN-93643	Dhananjay Kumar				E 097712

Date: _____

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund
Declaration for "execution-only" transaction (only where EUIIN box is left blank)

I/We hereby confirm that the EUIIN 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 distributors broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provide by the employee/relationship manager/sales persons of the distributor/sub broker.

I/We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & condition mentioned overleaf of Systematic transfer Plan (STP) and the relevant Scheme(s) and hereby apply for enrolment under the Systematic Transfer Plan or the following Scheme(s) Options(s). The ARN holder (AMF) registered Distributor has disclosed to me/us all the commissions (in the for of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Sign Here
First / Sole Unit Holder / Guardian

Sign Here
Second Unit Holder

Sign Here
Third Unit Holder

Please (✓) any one. NEW REGISTRATION CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)

Name of the Applicant	PAN# or PEKRN# Aadhaar No.	KYC # (Please ✓)	CKYC
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Please attach Proof. If PAN/PEKRN/KYC is already validated, please don't attach any proof.

Name of 'Transferor' Scheme/Plan/Option

Name of 'Transferee' Scheme/Plan/Option

Plan (Please ✓ any one) Fixed Systematic Transfer Plan (FSTP) (Refer Instruction No.9) Capital Appreciation Systematics Transfer Plan (CASTP) (Refer Instruction No.10)

Amount _____

STP Date (Please ✓ one) 1st** 7th 10th 15th 21st 25th 28th 15th***

Frequency (Please ✓ any one) Daily Weekly Monthly* Quarterly Monthly* Quarterly

Enrolment Period From [] [] [] [] [] [] To [] [] [] [] [] []

In case of multiple registrations, please fill up separate Enrolment Forms.

*Refer Instruction No. 7 **Refer Instruction No. 9 ***Refer Instruction No. 10

I/we hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made there under for (i) collecting, storing and usage (ii) validating, authenticating and re-updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and Part 4.1. We hereby provide my/our consent for sharing, disclosure of the Aadhaar related details including demographic information with the asset management companies or SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folio with my/our PAN.

SIGNATURE(S)

First / Sole Unit Holder / Guardian

Second Unit Holder

Third Unit Holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order.
(In case the mode of holding is joint, all Unit holders are required to sign.)

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

LIC MUTUAL FUND

Enrolment
Form No./Folio No.

Date

Received from Mr./Ms./M/s.
from Scheme / Plan / Option
to Scheme / Plan / Option

'STP' application for transfer of Units;

ISC Stamp & Signature