

App. No. _____

Time Stamp _____

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name	
ARN-102495 (Meri Punji IMF Pvt Ltd)	Sub-Distributor Code	E-145320		Mobile +91-	_____
				E-mail	_____

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges

SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-

Investor's Declaration where EUIN is not furnished

I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

If this is the first time, you are investing in any mutual fund, please tick here

Sole/1st Applicant

2nd Applicant

3rd Applicant

1. EXISTING UNIT HOLDER'S INFORMATION (If you hold a Folio with L&T Mutual Fund, please furnish the below information and move to Investment & Payment Information section.)

Folio No. _____

PAN/PEKRN# of Sole/1st Unit Holder _____

Name of Sole/1st Unit Holder Mr. Ms. M/s _____

2. NEW APPLICANT(S) PERSONAL INFORMATION

Sole /1st Applicant

Name Mr. Ms. M/s _____

PAN/PEKRN# _____ Date of Birth/Incorporation (Mandatory if first applicant is a minor)

Guardian (For Minor Investments) / Contact Person (For Non-Individuals)

Name Mr. Ms. _____

PAN/PEKRN# _____ Relationship with Minor Applicant Natural Guardian Court Appointment Guardian

Proof of Date of Birth Birth Certificate Copy Passport Copy Aadhaar Card Copy Others _____ (please specify)

Proof of Relationship of Guardian Birth Certificate Copy Passport Copy Court Appointment Order Others _____ (please specify)

Mobile No. +91- _____ E-mail Id* _____

*Investors providing e-mail id will receive Account Statements, Annual Report & other communication over e-mail. If you however wish to receive this communication in your registered postal address, please tick here

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. #PEKRN required for Micro investments upto Rs. 50,000 in a year.

ADDRESS (Address as per KRA records will overwrite this address if you are KYC compliant)

Correspondence Address		Overseas Residence Address (Mandatory for NRIs/PIOs)	
_____	_____	_____	_____
City/Town _____	Pin _____	City/Town _____	Pin _____
State _____	Country _____	State _____	Country _____

Tel (R) (ISD) (STD) _____ Tel (O) (ISD) (STD) _____ Fax (ISD) (STD) _____

Tax status of Sole/First Applicant (Please ✓)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Resident Indian Individual | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Hindu Undivided Family (HUF) | <input type="checkbox"/> Society |
| <input type="checkbox"/> Non Resident Indian Individual (NRI) | <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Non Govt. Organization (NGO) | <input type="checkbox"/> Mutual Fund |
| <input type="checkbox"/> Person of Indian Origin (PIO) | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Association of Persons (AOP)/Body of Individuals(BOI) | <input type="checkbox"/> Others |
| <input type="checkbox"/> Foreign Portfolio Investor (FPI) | <input type="checkbox"/> Foreign Institutional Investor (FII) | <input type="checkbox"/> Trust | |
| <input type="checkbox"/> Company/Body Corporate | <input type="checkbox"/> Defence Establishment | <input type="checkbox"/> Bank | |

Are you a Non Profit Organization (NPO) Yes No

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from _____ an application for investment in Scheme L&T _____ Option _____

Investment Type (✓) Lumpsum SIP Micro SIP Multi-Scheme SIP

Investment Cheque Details : Cheque No. _____ Rs. _____ Dated

Drawn on Bank _____ Branch _____ City _____

BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)Account Number Account Type Savings Current NRE NRO FCNR OthersBank Name Branch City IFSC MICR **If you are not making the investment from the above mentioned bank account, please attach an original cancelled cheque leaf of the above account with the name of the first holder printed.****3. MODE OF HOLDING**Please Sole/1st Holder only Any one or Survivor Joint*(If the mode of operation is not specified above, for folios opened with more than one applicant, the mode of operation would be taken as "JOINT")***4. DETAILS OF OTHER APPLICANT(S) (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)****2nd Applicant**Name Mr. Ms. F i r s t M i d d l e L a s tPAN/PEKRN# Date of Birth D D M M Y Y Y Y E-mail Id **3rd Applicant**Name Mr. Ms. F i r s t M i d d l e L a s tPAN/PEKRN# Date of Birth D D M M Y Y Y Y E-mail Id **KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. #PEKRN required for Micro investments upto Rs. 50,000 in a year.****5. POWER OF ATTORNEY (PoA) HOLDER DETAILS**If your investment is being made by a Constituted Attorney on your behalf, please furnish the below details and enclose a **notarised copy** of the Power of Attorney for registering the same:POA Holder's Name Mr. Ms. F i r s t M i d d l e L a s tPOA for Sole / First Applicant Second Applicant Third Applicant E-mail Id PAN of POA Holder Date of Birth D D M M Y Y Y Y**(POA Holder needs to comply with applicable KYC requirements)****6. INVESTMENT & PAYMENT INFORMATION (Please ensure that the cheque complies to the CTS 2010 standards)**Investment Type (✓) Lumpsum SIP Micro SIP (Also fill & attach SIP Investment Form) Multi-Scheme SIP (Please fill Multi-Scheme SIP Investment Form)**For Lumpsum & SIP Investment (Please issue cheque favouring scheme name)**Scheme Name **L&T** Option (✓) Growth* Dividend Reinvestment Dividend PayoutDividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^Payment Mode : Cheque / DD / Pay Order Electronic Transfer One Time Mandate (OTM)

(Default plan / option / sup option will be applied incase of no information, ambiguity or discrepancy)

Instrument No. <input type="text"/>	Instrument Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Drawn On <input type="text"/> Bank Name <input type="text"/> Bank Branch <input type="text"/> Bank City Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
UTR No. <input type="text"/>		
Investment Amount (₹) <input type="text"/>		
DD Charges (if applicable ₹) <input type="text"/>		
Net Amount (₹) <input type="text"/>		

***Default option if not selected ^Available in select schemes only**

Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday

Document attached to avoid Third Party Payment rejection, where applicable : Banker's Certificate, for DD Third Party Declaration

For Multi-Scheme SIP (Please issue cheque favouring L&T MF Multi-Scheme SIP)

Scheme 1 Dividend Frequency	L&T _____ _____	Option (✓) SIP Amount (₹) _____	Growth* Dividend Payout Dividend Reinvestment
Scheme 2 Dividend Frequency	L&T _____ _____	Option (✓) SIP Amount (₹) _____	Growth* Dividend Payout Dividend Reinvestment
Scheme 3 Dividend Frequency	L&T _____ _____	Option (✓) SIP Amount (₹) _____	Growth* Dividend Payout Dividend Reinvestment

Payment Mode : <input type="checkbox"/> Cheque / DD / Pay Order <input type="checkbox"/> Electronic Transfer Instrument No. _____ Instrument Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> UTR No. _____ Investment Amount (₹) _____ DD Charges (if applicable ₹) _____ Net Amount (₹) _____	Drawn On _____ Bank Name _____ _____ Bank Branch _____ Bank City _____ Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
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*Default option if not selected ^Available in select schemes only

7. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and **enclose a copy of the Client Master** that you may have received from your Depository Participant.

Depository (Please ✓ any one) NSDL **OR** CDSL

Depository Participant Name _____

Depository Participant ID _____ Beneficiary A/c No. _____

8. KYC DETAILS (Mandatory. If left blank the application is liable to be rejected)

Gross Annual Income (For Individuals and Non Individuals)	For First Applicant/ Guardian	<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 Net-worth (₹) _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year) (Mandatory for Non-Individuals)
	For 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 Net-worth (₹) _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)
	For 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 Net-worth (₹) _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)

Occupation Details (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <input type="text" value="Please specify"/>
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <input type="text" value="Please specify"/>
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others <input type="text" value="Please specify"/>

Others (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable

Others (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)	
	If the Entity involved/providing any of the following services:	
→ Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	
→ Foreign Exchange/ Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	
→ Money Lending/Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO	

9. INFORMATION REQUIRED FOR TAX REPORTING (Mandatory. If left blank the application is liable to be rejected)

FOR INDIVIDUALS:

The below information is required for all applicant(s)/Guardian including Sole proprietor and POA Holder.

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant	POA Holder
I am a tax resident of India and not a resident of any other country	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If No, please mandatorily enclose the **FATCA & CRS Declaration for Individual Investors**.

FOR NON-INDIVIDUALS: Overseas Corporate Investors should enclose FATCA, CRS & UBO Declaration with all sections filled. Domestic Corporates to enclose the form and fill **ONLY** the UBO Declaration.

10. NOMINATION DETAILS Please note that where the sole/1st applicant is a minor, no nomination is allowed

(Please ✓) I/We wish to Nominate I/We do not wish to Nominate /We wish to appoint Multiple Nominees (Please fill the Nomination Form separately)

Name of the Nominee		In case nominee is a minor, please fill : Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship with the Applicant		Name of the Guardian	<input type="text"/>
Address of the Nominee		Address of the Guardian	<input type="text"/>
City/Town		City/Town	<input type="text"/>
State	Pin <input type="text"/>	State	Pin <input type="text"/>
Country		Country	<input type="text"/>

Signature of the Nominee

Signature of the Guardian

9. DECLARATION & SIGNATURES

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the aforesaid Scheme of L&T Mutual Fund including the sections on "Who cannot invest", "FATCA" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise L&T Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/L&T Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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 neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

I/We accept and agree to abide by the terms and conditions (as mentioned on www.ltmf.com) with respect to my/our dealings with L&T Mutual Fund/its Investment Manager through various channels.

APPLICABLE FOR NON-ADVISORY TRANSACTIONS ONLY:

I/We, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI Circular No. CIR/IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same. On such transaction(s), I am not being charged any kind of transaction fee(s) by the AMFI registered distributor. On this transaction, the distributor would be compensated by the Mutual Fund House/Asset Management Company concerned in lines with the commission rate(s) disclosed by the distributor.

***APPLICABLE FOR NRIs/PIOs/FIIs/FPIs INVESTING ON REPATRIATION BASIS ONLY:** I/We confirm that I am/we are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

Date:

(x)

Sole/First Applicant/Guardian

(x)

Second Applicant

(x)

Third Applicant