





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)

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

<b>Gross Annual Income (For Individuals and Non Individuals)</b>	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)

<b>Occupation Details (For Individuals only)</b>	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 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 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 Please specify _____

<b>Others (For Individuals only)</b>	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

<b>Others (For Non-Individuals only)</b>	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  I/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"/>
Relationship with the Applicant	Name of the Guardian								
Address of the Nominee		Address of the Guardian							
City/Town		City/Town							
State	Pin	State		Pin					
Country		Country							

 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.lntmf.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:

 Sole/First Applicant/Guardian

 Second Applicant

 Third Applicant

**FATCA & CRS DECLARATION**  
**(For Individual Investors including Sole Proprietor & POA Holder)**



Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink. Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

**APPLICANT(S) INFORMATION**

Folio No./Application No.

Name of Sole / 1st Unit Holder  First Name  Middle Name  Last Name  Date of Birth

Name of the 2nd Applicant  First Name  Middle Name  Last Name  Date of Birth

Name of the 3rd Applicant  First Name  Middle Name  Last Name  Date of Birth

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**FATCA & CRS DETAILS**

Category	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Gender			
Father's Name			
Type of address given at the KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business
	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NRE/GA Card	<input type="checkbox"/> Others
Country/Place/City of Birth			
Country of citizenship/nationality			
Are you a tax resident of any country other than India	Yes If Yes, please indicate all countries in which you are a resident for tax purposes and the associated Tax ID numbers below: No	Yes If Yes, please indicate all countries in which you are a resident for tax purposes and the associated Tax ID numbers below: No	Yes If Yes, please indicate all countries in which you are a resident for tax purposes and the associated Tax ID numbers below: No
Country of Tax Residency*	1. 2. 3.	1. 2. 3.	1. 2. 3.
Tax ID No.^	1. 2. 3.	1. 2. 3.	1. 2. 3.

\* To also include USA where the individual is a citizen/green card holder of USA ^In case Tax ID No. is not available, kindly provide its functional equivalent

**CERTIFICATION**

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**Signatures**

Sole / 1st Applicant / Guardian	2nd Applicant	3rd Applicant
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Date:

Place: \_\_\_\_\_

**FATCA & CRS TERMS & CONDITIONS**

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities /appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

