

INVESTMENT APPLICATION FORM FOR INDIVIDUALS ONLY



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 Code	Branch Code	Relationship Manager's Details	
ARN-	ARN-		Name	EUIN
			Mobile No. +91- _____	
			E-mail ID	

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	Investor's Declaration where EUIN is not furnished
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/-	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/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 <input type="checkbox"/>	<input type="checkbox"/> Sole/1st Applicant <input type="checkbox"/> 2nd Applicant <input type="checkbox"/> 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 of Sole/1st Unit Holder _____

Name of Sole/1st Unit Holder F i r s t _____ M i d d l e _____ L a s t _____

2. NEW APPLICANT(S) PERSONAL INFORMATION

A) 1ST APPLICANT

Name F i r s t _____ M i d d l e _____ L a s t _____

Mobile No. +91- _____ E-mail Id* _____ Date of Birth D D M M Y Y Y Y

(Mandatory if first applicant is a minor)

*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

PAN _____ Aadhaar Card No. _____

Tax Status (✓)	Occupation (✓)	Gross Annual Income (Rs.) (✓)
<input type="checkbox"/> Resident Indian Individual <input type="checkbox"/> Non-Resident Indian Individual (NRI) <input type="checkbox"/> Person of Indian Origin (PIO) <input type="checkbox"/> Foreign Portfolio Investor (FPI) <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____ <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> <= 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 to 1 Crore <input type="checkbox"/> > 1 Crore Net Worth of 1st Applicant as on <u>D D</u> <u>M M</u> <u>Y Y</u> <u>Y Y</u> Rs. _____

Country of Birth (✓)	If you are a politically exposed person or related to a politically exposed person please (✓).	Country of Tax Residence (✓)
<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> I am a politically exposed person. <input type="checkbox"/> I am related to a politically exposed person.	<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) _____ Tax ID _____

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

Correspondence Address	Overseas Address (Mandatory for NRIs/PIOs)
_____ _____ City/Town _____ Pin _____ State _____ Country _____ Tel (R) (ISD) (STD) _____ Tel (O) (ISD) (STD) _____	_____ _____ City/Town _____ Pin _____ State _____ Country _____ Tel (R) (ISD) (STD) _____ Tel (O) (ISD) (STD) _____

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from _____ an application for _____ App. No. _____

investment in Scheme L&T _____ Option _____

Investment Type (✓) Lumpsum SIP Multi-Scheme SIP

Investment Cheque Details: Cheque No. _____ Rs. _____ Dated D D M M Y Y Y Y

Drawn on Bank _____ Branch _____ City _____



For Office Use Only

Acknowledgement Stamp & Date

BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)

Account Number Account Type Savings Current NRE NRO FCNR Others

Bank Name

Branch City

IFSC MICR

If you are not making the investment from this above mentioned bank account, please attach cancelled cheque leaf of the other account

Additional Information for Investments through Attorney

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

PAN of POA Holder for 1st Applicant Aadhaar Card No. of POA Holder for 1st Applicant

(POA Holder needs to comply with applicable KYC requirements)

GUARDIAN INFORMATION (For Minor Investments)

If the Sole/1st Applicant is a minor (i.e. below 18 years of age as on the date of this application, please provide below details) :

Guardian's Name

PAN of Guardian Aadhar Card No. of Guardian

(Mandatory to comply with applicable KYC requirements)

Guardian's Relationship with Applicant (✓)	Proof of Date of Birth of Applicant (✓)	Proof of Relationship of Guardian with Applicant (✓)
<input type="checkbox"/> Father	<input type="checkbox"/> Birth Certificate Copy	<input type="checkbox"/> Birth Certificate Copy
<input type="checkbox"/> Mother	<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Passport Copy
<input type="checkbox"/> Court Appointed Guardian	<input type="checkbox"/> Aadhaar Card Copy	<input type="checkbox"/> Court Appointment Order
	<input type="checkbox"/> Others <input type="text"/> (please specify)	<input type="checkbox"/> Others <input type="text"/> (please specify)

B) 2ND APPLICANT (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)

Name

Mobile No. +91- E-mail Id* Date of Birth

(Mandatory if first applicant is a minor)

PAN Aadhaar Card No.

Occupation (✓)	Gross Annual Income (Rs.) (✓)
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist	<input type="checkbox"/> <= 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs
<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <input type="text"/> (please specify)	<input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs to 1 Crore <input type="checkbox"/> > 1 Crore
<input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Housewife	Net Worth of 2nd Applicant as on <input type="text"/>
	Rs. <input type="text"/>

Country of Birth (✓)	If you are a politically exposed person or related to a politically exposed person please (✓).	Country of Tax Residence (✓)
<input type="checkbox"/> India	<input type="checkbox"/> I am a politically exposed person.	<input type="checkbox"/> India
<input type="checkbox"/> U.S.A.	<input type="checkbox"/> I am related to a politically exposed person.	<input type="checkbox"/> U.S.A.
<input type="checkbox"/> Others <input type="text"/> (please specify)		<input type="checkbox"/> Others <input type="text"/> (please specify)
		Tax ID <input type="text"/>

Additional Information for Investments through Attorney

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

PAN of POA Holder for 2nd Applicant Aadhaar Card No. of POA Holder for 2nd Applicant

(POA Holder needs to comply with applicable KYC requirements)

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.

C) 3RD APPLICANT (Please note that where the sole/1st applicant is a minor, no joint holders are allowed)

Name

Mobile No. +91- E-mail Id* Date of Birth
 (Mandatory if first applicant is a minor)

PAN Aadhaar Card No.

Occupation (✓)	Gross Annual Income (Rs.) (✓)
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (please specify) <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Housewife	<input type="checkbox"/> <= 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 to 1 Crore <input type="checkbox"/> > 1 Crore Net Worth of 3rd Applicant 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"/> Rs. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Country of Birth (✓)	If you are a politically exposed person or related to a politically exposed person please (✓).	Country of Tax Residence (✓)
<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) <input type="text" value=""/>	<input type="checkbox"/> I am a politically exposed person. <input type="checkbox"/> I am related to a politically exposed person.	<input type="checkbox"/> India <input type="checkbox"/> U.S.A. <input type="checkbox"/> Others (please specify) <input type="text" value=""/> Tax ID <input type="text" value=""/>

Additional Information for Investments through Attorney

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

PAN of POA Holder for 3rd Applicant Aadhaar Card No. of POA Holder for 3rd Applicant

(POA Holder needs to comply with applicable KYC requirements)

3. MODE OF OPERATION (✓)

Sole/1st Holder only **Either 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. NOMINATION DETAILS

Please (✓) I/We Wish to appoint a Single nominee (Please fill the details below) DO NOT wish to appoint a nominee for my investments

Wish to appoint Multiple nominees (Please fill separate nomination form)

I/We, (First Applicant) _____ (Second Applicant)* _____ and
 (Third Applicant)* _____ do hereby nominate the following persons(s) more particularly described hereunder
 and*/cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. _____ (*strike out which is not applicable)

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

5. 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: NSDL **OR** CDSL Please (✓)

Depository Participant Name

Depository Participant (DP) ID

Beneficiary Account Number

6. INVESTMENT & PAYMENT INFORMATION

Investment Type (✓)

Lumpsum 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	Scheme Name		
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Investment Amount		Instrument/ UTR No.	Instrument dated	<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"/>
DD charges (if applicable)		Drawn on Bank		
Net Amount		Bank Branch	City	

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

Scheme 1	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Scheme 2	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Scheme 3	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency	
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment		
Investment Amount		Instrument/ UTR No.	Instrument dated	<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"/>
DD charges(if applicable)		Drawn on Bank		
Net Amount		Bank Branch	City	

^ Default option if not selected * Available in select schemes only (Cheque should conform to CTS 2010 standards)

7. 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 above Scheme of L&T Mutual Fund including the sections on "Who cannot invest" 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/FirstApplicant/Guardian

Second Applicant

Third Applicant

INVESTMENT APPLICATION FORM FOR NON-INDIVIDUALS ONLY



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 Code	Branch Code	Relationship Manager's Details	
ARN-	ARN-		Name	EUIN
			Mobile No. +91- _____	
			E-mail ID	

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	Investor's Declaration where EUIN is not furnished
<p>SEBI (Mutual Funds) 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/-.</p> <p>If this is the first time, you are investing in any mutual fund, please tick here <input type="checkbox"/></p>	<p>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/employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.</p> <p>_____ Applicant's Signature</p>

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 of Unit Holder _____

Name of Unit Holder _____

2. NEW APPLICANT'S INFORMATION

Name of the Applicant _____

PAN of the Applicant _____

Name of Contact Person _____

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

Tax Status (✓)				
<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Hindu Undivided Family (HUF)	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Foreign Institutional Investor (FII)	<input type="checkbox"/> Non-Govt. Organisation(NGO)	<input type="checkbox"/> Bank	<input type="checkbox"/> Others (please specify) _____
<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Association of Persons (AOP)/Body of Individuals (BOI)	<input type="checkbox"/> Society	

Gross Annual Income (Rs.) (✓)	Is the Entity involved/ providing any of the following services :
<input type="checkbox"/> <= 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 to 1 Crore <input type="checkbox"/> > 1 Crore	→ 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
Net Worth (Mandatory) Rs. _____ as on DDMMYYYY	

If you are a U.S. Person, please tick (✓) if you qualify under any of the below heads of classification under Foreign Account Tax Compliance Act (FATCA) and associated regulations (Refer Note Y)

<input type="checkbox"/> Specified US Person	<input type="checkbox"/> Active Non-Financial Foreign Entity	<input type="checkbox"/> Exempt Beneficial Owner
<input type="checkbox"/> Other Partner Jurisdiction Financial Institution	<input type="checkbox"/> FATCA Partner Financial Institution	<input type="checkbox"/> Passive Non-Financial Foreign Entity
<input type="checkbox"/> Deemed Compliant Foreign Financial Institution	<input type="checkbox"/> Participating Foreign Financial Institution	

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Received from _____ an application for _____ App. No. _____

investment in Scheme L & T _____ Option _____

Investment Type (✓) Lumpsum SIP Multi-Scheme SIP

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

Drawn on Bank _____ Branch _____ City _____

For Office Use Only

Acknowledgement Stamp & Date

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company YES NO

Ultimate Beneficiary Owner Details (✓)
 (Not applicable if you are a company / Body Corporate and your answer above is 'Yes').

I/We are the Ultimate Beneficiary Owner(s) of this investment^

I/We are not the Ultimate Beneficiary Owner(s) of this investment (Please submit the declaration for 'Ultimate Beneficial Ownership' along with this form)

^Will be taken as default where the applicant/investor is assumed to be the beneficial owner

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

City/Town _____ State _____ Pin _____

Country _____ Tel (O) _____ (ISD) (STD) _____ Tel (F) _____ (ISD) (STD) _____

4. BANK ACCOUNT INFORMATION (Mandatory for receiving Redemption/Dividend payments)

Account Number _____ Account Type Current Others _____ (please specify)

Bank Name _____

Branch _____ City _____

IFSC _____ MICR _____

If you are not making the investment from this above mentioned bank account, please attach cancelled cheque leaf of the other account

5. 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 Client Master** that you may have received from your Depository Participant

Depository: NSDL OR CDSL Please (✓)

Depository Participant Name _____

Depository Participant (DP) ID _____

Beneficiary Account Number _____

6. INVESTMENT & PAYMENT INFORMATION

Investment Type (✓)

Lumpsum 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	Scheme Name	
Options (✓)	<input type="checkbox"/> Growth^	<input type="checkbox"/> Dividend Payout	Dividend Frequency
	<input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Reinvestment	
Investment Amount		Instrument/ UTR No.	Instrument dated D D M M Y Y Y Y
DD charges (if applicable)		Drawn on Bank	
Net Amount		Bank Branch	City

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.

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

Scheme 1	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency	
Scheme 2	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency	
Scheme 3	L&T	Scheme Name	Amount	
Options (✓)	<input type="checkbox"/> Growth [^] <input type="checkbox"/> Bonus*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency	
Investment Amount		Instrument/ UTR No.	Instrument dated	<input type="text" value="D D M M Y Y Y Y"/>
DD charges(if applicable)		Drawn on Bank		
Net Amount		Bank Branch	City	

[^] Default option if not selected * Available in select schemes only **(Cheque should conform to CTS 2010 standards)**

7. DECLARATION & SIGNATURES

We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the above Scheme of L&T Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. We hereby declare that We 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. 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 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 us. We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. We declare that the information given in this application form is correct, complete and truly stated.

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

APPLICABLE FOR NON-ADVISORY TRANSACTIONS ONLY:

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), We are 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 FIIs/FPIs INVESTING ON REPATRIATION BASIS ONLY:** We confirm that we have remitted funds from abroad through approved banking channels or from funds in our FCNR Account. 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 FCNR Account.

Applicant's Signature _____

Date: