Transaction Form for Financial Transactions



Please refer to the general instructions for ass	sistance and complete all sec	tions in English, For le	egibility, please use BLOCK I FTTERS	in black or dark ink			Time Stamp
Distributor/RIA Code	Sub-Distributor		Sub-Distributor Code		UIN		Branch Code
In the I Commented to the I				: # · ·		-4-16-1	
Initial Commission will be paid by the inv Transaction Charges: SEBI (Mutual Fund) Re investments sourced by him. The transaction of	gulations allow deduction of	transaction charges of	Rs. 100/- from your investment for p	ayment to your distrib	utor if your dist	istributor. ributor has opte	d to receive transaction charges for
No transaction charges would be levied if you	are not investing through a Di	istributor or your inves	tment amount is less than Rs.10,000/	. If this is the first time, y	ou are investing i	in any mutual fun	d, please tick here
Investor's Declaration where EUIN is not furnished person of the above distributor and/or notwithsta	d: I/We confirm that the EUIN bo anding the advice of inappropria	ox has been intentionally teness, if any, provided I	left blank by me/us as this is an "executi by the employee/relationship manager/sa	on only" transaction wit les person of distributor	hout any interaction and the distribute	on or advice by the or has not charge	e employee/relationship manager/sales any advisory fees on this transaction.
·							
		∠ 2nd Applicant		€ 3	rd Applicant		
1. APPLICANT INFORMATION	ON						
Name of Sala/1st Unit Holder	First Name		Middle Name	Last N		Folio No	
Name of Sole/1st Unit Holder				Lastin	anne	FOIIO INC	J
PAN/PEKRN**	rst Unit Holder		\$ecorld Unlit Holder			Third Ur	nit Holder
KIN* First Uhit	Holder		Second Unit Holder			Third	nit Holder
Date of Birth* (1st Unit Holder)	IMIMIVIVIVIVI	Date of Birth* (2r	d Unit Holder) D D M M Y	Date	e of Birth* (3r	d Unit Holder)	DIDIMIMIYIYIYIYI
		2410 0. 2 (2.			o o. o (o.	a 0	
Mobile No. +91- Applicable for Non-Indivuduals			E-mail ID				
Legal Entity Identifier (LEI) Number ^				Legal Entity Id	dentifier (LEI)	Expiry Date	D D M M Y Y Y Y
^Legal Entity Identifier (LEI) is applica	able for both Inward (Su			emittance of Rs 50	Crores and	above from N	on Individuals
KYC is mandatory. Please enclose copie ^ 14 digit KYC Identification Number (KI	es of KYC acknowledgeme N) and Date of Birth is ma	ent letters for all app andatory for Individu	licants. **PEKRN required for Mi lial(s) who has registered under C	cro investments upt entral KYC Records	o Rs. 50,000 in Registry (CK)	a year. (CR).	
2. ADDITIONAL PURCHASE			- · · · - · · · · · · · · · · · · · · ·				
O Lumpsum	Multi-Scheme Lumps	um (Please issue	cheque favouring L&T MF M	ulti-Scheme Lum	osum)		
Scheme 1 : L&T					Amount (₹)	
Option (✓) Growth*	O IDCW@		IDCW [®] Frequency (✓)			Weekly	O Monthly*
O IDCW [®] Reinvest	ment O Bonus^	<u> </u>		○ Quarterly		Annual [^]	○ Semi-Annual^
Scheme 2 : L&T Option (✓)	O IDCW@) Pavout	IDCW [®] Frequency (✓)	○ Daily	Amount (₹) Weekly	O Monthly*
O IDCW [®] Reinvest			ibow - i requeries (*)	O Quarterly		Annual [^]	○ Semi-Annual^
Scheme 3 : L&T					Amount (₹)	
Option (✓)	O IDCW@		IDCW [®] Frequency (✓)	O Daily		Weekly	O Monthly*
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		· ◯ Electronic Trans	sfer One Time Mand	○ Quarterly date (OTM)	0	Annual [^]	○ Semi-Annual^
If cheque / DD / Pay Order, please	,		Instrument Date	D D M M	YYY	Υ	
) Ob (if)			NI-4 A	(=)	
Instrument Amount		Charges (if appli	,		Net Amount	` '	0.1
Diawii oii	Name	ONDE	Bank Branch	0.011		Bank	City
Account Type (✓) Saving	g Current	O NRE	O NRO O FCNR	Others	1 1	1 1	
If electronic transfer, please fill U							
Amount	Debit Bank Nam	e		Account N	lo	1 1 1	
If One Time Mandate, Please fill, U	Jnique Mandate Refere	ence Number (UN	IRN)				
Amount	Debit Bank Nam	e		Account N	lo		
, , ,	st Unit Holder			thers	Please Spe		
Note: Effective February 1, 2021, un amount. Net Asset Value (NAV) will be	its will be allotted only	upon receipt of s	ubscription amount by the Fu	nd House for utilis	sation irrespe	ective of any	scheme category/investment
O Demat Account Details		nzadon or rands n	or an parenases melaung sys	tematic transactio	no registered	prior or posi	Tobluary 1, 2021.
Depository Participant. O NSDL NSDL/CDSL: Depository Participar							
Depository Participant ID	it italiio		Beneficiary A/c No.				
Please enclose copy of the Client Ma	ster as provided by you		*Default option if not selected	. ^Available	in select sch	emes only.	
3. SWITCH							
From Scheme L&T			Option (✓) ○ Growth ○ I[OCW@ Payou	ut O IDCW@	Reinvestment ○ Bonus^
IDCW [®] Frequency (✓ wherever ap	oplicable) O Daily O	Weekly O Mo	nthly* O Quarterly O	Semi-Annual^	Annual [*]		
To Scheme L&T				,		ayout O ID	CW [@] Reinvestment
IDCW [®] Frequency (✓ wherever ap		Weekly O Mo			Annual [^]		
Please tick any one (✓) ○ Amount *Default option if not selected	• •	schamas anly	OR ○ No. of	r units			OR O All Units
Note: Switch transactions are als			respective schemes accou	nt with effect fro	m January 1	2021.	
[®] Note: IDCW stands for 'Income Distri represents realized gains, as may be d	ibution cum Capital Withc	drawal option'. The	amounts can be distributed out of	of investors' capital	(Equalization	Reserve), whi	ch is part of the sale price that
represents realized gains, as may be d	eclared by the Trustees at	t its discretion from	time to time (subject to the availa 	bility of distributable	surplus as ca	lculated in acc	ordance with the Regulations).
ACKNOWLEDGEMENT S	LIP (To be filled in by	y the Applicant)					L&T Financial Services
Folio No.	Received from		Name of the Sole/First U	nit Holder			Mutual Fund
Scheme/Plan/Option			21 112 2212/1 1131 0				For Office Use Only
O Additional Purchase Amount (in F	Rs)	Drawn On		Instrument No.			Acknowledgement
•	Amount	OR	O No. of units	C	R O All Uni	ts	Stamp & Date
○ Redemption (Please ✓ anyone) ○	Amount	OR	O No. of units	C	R O All Uni	ts	

4. REDEMPTION							
Scheme Name L&T			Option (🗸)	Option (✓) ○ Growth ○ IDCW Payout ○ IDCW Reinvestment ○ Bonus^			
IDCW Frequency (✓ wherever app	olicable) O Daily O N	Weekly O Monthly*	• O Quarterly O S	Semi-Annual^ O Ann	ual^		
Please (✓) any one ○ Amount (OR ○ No. of	OR O No. of units OR O All Units					
Please note that if the bank acco	ount has been change	d and not been intima	ated to us, the proceed	ls will be credited to the	he bank account registe	ered with us.	
IFSC of the registered bank account if you have registered multiple bank			other than the default	•	nclose an original cancelle ne bank A/c No. below.	ed cheque leaf)	
Name of the Bank/ Branch *Default option if not selected	^Available in select s	schemes only	Account No.				
5. KYC INFORMATION							
FOR INDIVIDUAL INVESTORS	1st Applica	nt / Guardian	2nd Applica	nt / Guardian	3rd Applican	t / Guardian	
(a) Gender (✓)	O Male O F	emale	O Male O Fe	emale	○ Male ○ Female		
(b) Father's / Spouse's Name							
(c) Place / Country of Birth (✓)	○ India ○ Other	Please specify	○ India ○ Other	Please specify	O India O Other	Please specify	
(d) Tax Residency (If you are resident in any country other than India from a taxation perspective, please furnish Country of Tax Residency	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	
and Tax Identification Number (TIN) or equivalent alongside)	1.		1.		1.		
	2. 2.			2.			
	3.		3.		3.		
(g) Gross Annual Income (₹)	Below 1 lac5-10 Lacs25 Lacs - 1 crore	1-5 Lacs10-25 Lacs> 1 Crore	Below 1 lac5-10 Lacs25 Lacs - 1 crore	○ 1-5 Lacs○ 10-25 Lacs○ > 1 Crore	O 5-10 Lacs	○ 1-5 Lacs ○ 10-25 Lacs ○ > 1 Crore	
(h) Net Worth (₹) (Not older than 1 year)	_ , , ,	n D D / M M / Y Y Y Y	_	ss Annual Income abo	ve and (b) Non-Individua ₹ as on	I Investors.	
(e) Occupation (✓)		Public Sector Service Business		Public Sector Service Business		Public Sector Service Business	
		O Housewife		Housewife		Housewife	
		Student Agriculturist		Student Agriculturist		Student Agriculturist	
	Others Please spe	-	Others Please speci	-	Others Please specify	-	
(f) Others (√)	I am a politically exposed person		I am a politically exposed person		I am a politically exposed person		
(Applicable for Karta of HUF also)	I am related to a politically exposed person Not applicable		I am related to a politically exposed person Not applicable		I am related to a politically exposed person Not applicable		
FOR NON-INDIVIDUAL		ted Company or Subsid	diary of Listed Company	or Controlled by a Liste	•	O NO	
INVESTORS ONLY (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily) If the Entity involved/providing any of the following services: ○ YES (Please ✓ from below) ○ Gaming/Gambling/Lottery/Casino Services ○ Foreign Exchange/ Money Changer Services ○ Money Lending/Pawning							
6. DECLARATION, CONSEN		•	ū	ango, wioney onang	S. SOLVISOS VIVIOLIE	,, Londing, awining	
I/We have read and understood the contents o	of the Scheme Information Doo	cument, Statement of Addition	al Information and Key Informa	tion Memorandum of the afore	esaid Scheme(s) of L&T Mutual F	und including the sections of	
"Who cannot invest", "Foreign Account Tax Coll/We hereby apply for allotment/purchase of Ur	mpliance Act (FATCA) / Comm	non Reporting Standard (CRS	6)" ("Reporting Guidelines")" and	d "Important Note on Anti Mon	ey Laundering, Know-YourCusto	omer and Investor Protection	
invested in the Scheme(s) is through legitimate in India. I/We hereby authorise L&T Mutual Fu	sources only and does not inv	olve and is not designed for the	he purpose of any contravention	or evasion of any Act, Rules,	Regulations, Notifications or Dire	ections issued by any authorit	
governmental or regulatory authority. The ARN from amongst which the Scheme(s) is being re	I holder has disclosed to me/u	us all the commissions (in the	form of trail commission or any	y other mode), payable to him	for the different competing sche	emes of various Mutual Fund	
this application form is correct, complete and t Investment Manager through various channels	truly stated. I/We accept and a	agree to abide by the terms a	nd conditions and privacy polic	y (as mentioned on www.ltfs.c	com) with respect to my/our deali	ings with L&T Mutual Fund/i	
Fund within 30 days of the change. I/We authorized Intermediaries. I/We authorized Intermediaries.	rize updation of the records (in	cluding pertaining to the Repo	orting Guidelines) basis the info	rmation / documents received	by LTIM/Fund/Registrar and Trar	nsfer Agent ("RTA") from other	
provide relevant information to upstream payor	rs to enable withholding to occ	cur and pay out any sums fror	m the my/our account or close of	or suspend my/our account(s)	under intimation me/us.		
I/We hereby accord my/our consent to disclose group companies of L&T Financial Services for	r any valid business purposes	including marketing or sales p	promotion or with any statutory	or judicial authorities, without a	any prior intimation to me/us, unt	il notified by me/us otherwise	
APPLICABLE FOR INVESTMENT THROUGH etc. in respect of my/our investments under Di					hare/provide the transactions da	.a feed/portfolio holdings/NA	
💋 (Sole/First Unit	Holder)	K (8	Second Unit Holder)				
Date D D M M Y Y Y					Place		
[D D M M 1 1 1	 -						

call 1800 4190 200 or 1800 2000 400

whatsapp @ 9326929294

email investor.line@Intmf.co.in

www.lntmf.com

Join us on WhatsApp @ 9326929294 for financial and non-financial transactions, account statements, etc or you can connect with us on Chatbot as well by visiting our website (https://www.ltfs.com/companies/Int-investment-management/Int-mutual-fund.html) (For Resident individual investors only with mode of holding as single).

Note: Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021.

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



GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI & AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

 Applicant Information: Please furnish the Folio Number, Name and PAN of Sole / First Applicant in Section 1 of the Form. Your transaction would be processed in the specified folio.

Your personal information and bank account details would apply to this investment as well.

Contact Details: Please provide the Mobile Number and E-Mail Address of the Sole / First Applicant in the form in case of Individuals and Key Contact in case of Non Individuals. This would help us seamlessly communicate with you on your investments

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.

* 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

Permanent Account Number (PAN): Furnishing of PAN is mandatory for all applicants except where specific dispensation is provided under law.

2. Additional Purchase Request:

- a. Please mention the name of the Scheme where you plan to make your investment and your preferred option. If you do not indicate your preferred option, your application would be processed based on the terms & conditions set out in the Scheme Information Document.
- b. If you are not investing through a Distributor, please suffix "Direct Plan" after the scheme name
- c. Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme
- d. Please ensure that the investment cheque issued by you complies with CTS 2010 requirements stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- e. Payments made by Cash/Money Order/Postal Order, Non-MICR cheques Outstation cheques are not accepted. Post dated cheques will not be accepted except for investment made under Systematic investment Plan.
- f. Third Party Payments for investments are not accepted except in the below cases :
 - Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense re imbursements.
 - · Custodian on behalf of an FPI or Client made by Custodian.
 - Payment by an AMC to its empanelled distributor on account of commission/ incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
 - Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.
- g. Effective February 1, 2021, units will be allotted to the investors only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021.

In the above cases, necessary declaration / banker's certificate needs to be provided confirming the source of funds for the investment. Please refer the SAI for more details

If you wish to hold your investments in the Dematerialised mode, please provide the name and DP ID of your Depository Participant and your Beneficiary Account Number. Please also attach a copy of the Client Master that you may have received from your Depository Participant.

Please ensure that the sequence of names in the application form matches the sequence in which the Demat account is held. If the sequence of names does not match with the Demat account details provided therein, the Units will not be transferred to the Demat Account and the Units will be held in the physical mode.

Please note that this is an additional facility offered to unit holders who wish to hold units in the dematerialised mode. This is not a mandatory requirement and unit holders can continue holding units physically with the mutual fund. If you do not wish to hold your mutual fund units in the dematerialised form, please strike off this section.

If the demat account details in the application form are incomplete/incorrect or does not match with the records of the Depository, units would be allotted and held electronically in the Fund's books and an Account Statement confirming the unit allotment would be sent to you.

3. Switch Request:

- a. Please ensure that the Target and Source schemes are correctly indicated.
- b. Please specify the amount/number of units you wish to switch. If you wish to switch all units, tick against the box provided.
- If your switch request specifies both amount and units for switch, the latter will be processed
- d. If the balance in the source scheme/option, after taking the switch into account falls below the minimum redemption size (either in amount or units whichever is less), the entire balance in the Source scheme will be switched to the Target Scheme.
- e. Note: Switch transactions are also subject to realization of funds in the respective schemes account with effect from February 1, 2021.

4. Redemption Request:

- Please specify scheme details and the amount/number of units you wish to redeem.
 If you wish to redeem all units, tick against the box provided.
- b. If your redemption request specifies both amount and units for redemption, the latter will be processed.
- c. A redemption will be processed only for the amount which has been realized.
- d. To safeguard investors against fraudulent action, where the redemption request is received along with Change of address/bank request, the AMC reserves the right to release the payment only after completing necessary additional checks.
- If your redemption request is followed within 10 days from your request for change in bank account, payout of redemption proceeds is subject to applicable cooling off period.
- 5. Signatures: All signatures should be in English or any other Indian Language. Thumb impressions should be from the left hand in case of males and right hand in case of females. All such thumb impressions need to be attested by a Magistrate, Notary Public or Special Executive Magistrate under his/her official seal.
- 6. Employees Unique Identification Number (EUIN): If you are making this investment based on an investment advise received from your distributor, please quote the Employees Unique Identification Number (EUIN) of your relationship manager in the Application Form.

If your distributor has, however, not given you any advice pertaining to the investment or your investment decision is not withstanding the advice provided by your distributor regarding inappropriateness of the scheme vis-a-vis your investment needs, the EUIN box may be left blank. In this case, please sign in the space provided in Section B to confirm your acceptance to the declaration stated therein.

7. KYC Details:

Date of KYC Submission	Current KYC Status	What is required
Upto June 24, 2015	KYC Registered-New KYC	Section 5(e), (f), (g) and (h) is NOT mandatory. Please complete in case of any change in information
	KYC Verified by CVL MF	Submit the following along with the investment: KYC Modification form along with the required supporting documents. Section 5 completely filled
With effect from June 25, 2015	KYC Registered-New KYC	Section 5 with all sections mandatorily filled
	KYC Under Process/ KYC submitted*	Section 5 with all sections mandatorily filled

^{*}The Under process status should not be older than 15 days.

