## **Transaction Form For STP & SWP**

O STP Instalment amount



Please (*) anyone)  Weekly	Distributor/RIA Cod	le Sub	-Distributor ARN	Sub-D	istributor Code		EUIN		Branch Code
interaction Changes. Still Influent Food Spatiation as the desiction of presentation changes of its 3. 50°- from your immediation to prepare to your distribution has good to receive from sections country in the interaction changes of its interaction changes of i	103807						E13307		
intention Changes (ESII) Multial Field Sequence of the care of the section change of the field of the care of the	ial Commission will be paid	d by the investor directl	y to the distributor, ba	sed on assessment	of various factors in	ncluding the service	e rendered by the Dist	ributor.	
Soler Ist Applicant    Applicant   Applica	ansaction Charges: SEBI (Mut	ual Fund) Regulations allow	w deduction of transaction	on charges of Rs. 100/-	from your investment	t for payment to your	distributor if your distrib	utor has opted	to receive transaction charges for
**Second Desire No.   Foot Unit Holder	vestments sourced by him. The o transaction charges would be	transaction charges deduction levied if you are not invest	tible are Rs. 150/- if you ar ing through a Distributor	e investing in Mutual Fur or your investment amo	nds for the first time. If ount is less than Rs.10	f you are making a SIP .000/ If this is the first	Investment, the transaction time, you are investing in	n charges woul any mutual fund.	d be deducted over 3-4 instalment please tick here
** 2nd Applicant	vestor's Declaration where EUIN	is not furnished: I/We confirm	that the EUIN box has bee	n intentionally left blank b	by me/us as this is an "e	xecution only" transact	tion without any interaction	or advice by the	employee/relationship manager/sale
### ADPLICANT INFORMATION  ### ADDRESS OF 1st Unit Holder  ### Engl Unit Holder  ### Eng	rson of the above distributor and	or notwithstanding the advic	e of inappropriateness, if	any, provided by the emplo	oyee/relationship mana	ger/sales person of dis	tributor and the distributor	nas not charged	any advisory fees on this transaction
### APPLICANT INFORMATION  ### APPLICANT INFORMA									
### APPLICANT INFORMATION  ### ANDER KRN**   First Unit Lesipe   Beautiful Holder   First Name   Beautiful Holder   First Name   Beautiful Holder   First Name   Beautiful Holder   First Unit Lesipe   Beautiful Holder	Sole/1st Applicant		≈ 2nd	Applicant					
ame of Sole/1st Unit Holder  First Name  ANPEKRN**  First Unit Holder  First Name  ANPEKRN**  First Unit Holder  First Name  And First Unit Holder	• • • • • • • • • • • • • • • • • • • •	OPMATION		фрисанс			2 ora / tppilodin		
ANPEKRN*   Ping Unit Hedger   Becord Unit Hedger   Deet Unit positive	I. AIT LIOANT IN	ORMATION							
adhaar No.   First Unit Holder   September   September	ame of Sole/1st Unit H	olderFir	st Name	Middl	le Name		ast Name	_ Folio No.	
adhaar No.   Prop Unit Holder   Segood Unit Holder   Segood Unit Holder   Prop Unit Holder   Prop Unit Holder   Prop Unit Holder   Segood Unit Holder   Sego	MAN/DEZDN**	I Firet Unit Hol	ldor I I I	III ii ii	Goodd Llait Uc	ldor I I I			tlUoldbr I I
ale of Birth* (1st Unit Holder)  Date of Birth* (2nd Unit Holder)  Date of	AIN/PERRIN	Filst Offit Hot	qei		Second Office	nuel		THII OTH	Inoidei
The control of Birth* (1st Use Holder)   Date of Birth* (2st Use Holder)	adhaar No.	First Unit	Holder		Second	Unit Holder		Th	iitd Unit Holder
The or Birth* (1st Use Holder)   Delta   Holder)   Delta   Birth* (2nd Unit Hooder)   Delta   Holder   Delta   Holder   Delta   Holder   Delta   Holder   Delta   Delt									
Cobin No. +91.   E-mail ID	IN*	First Unit Holder			Second Unit Hol	der		Third U	nit Holder
Colin No. +91	ate of Rirth* (1st Unit Hold	(er) DIDIMIMIY	IVIVIV Date o	of Rirth* (2nd Unit Ho	older) DIDIMII	//////////////////////////////////////	Date of Birth* (3rd	Unit Holder	DIDIMIMIYIYIYIY
**YC is mandatory. Please enclose copies of NCC acknowledgement letters for all applicants. ***PERRN required for Micro Investments upo Rs. \$0,000 in a year.**  **Jedgink KV Exemination Number (Micro Annual and Dave of Birth is mandatory for Individually) who has registered under Central KYC Records Registry (CKYCR).  **SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000 cheme Name L&T    Option (*')   Growth   Dividend Payout   Dividend Reinvestment   Bonus Widend Frequency (*' wherever applicable)   Daily   Weekly   Monthly*   Quarterly   Annual*   Semi-Annual*    **Intidrawal preference (*')   Amount (*)   OR   Capital Appreciation (Available for GROWTH plan only)    **Intidrawal frequency (*')   Monthly*   Quarterly   Semi-Annual   Annual    **Intidrawal date (*)   1st   5th   10th*   15th   20th   25th   28th   Withdrawal period From   MINITY   Year   Year	ate of Birth (1st offit floid	ei) D D IVI IVI I	Date e	T BIRTI (2110 OTILE 110	idei) D D IVI I	VI I I I I	Date of Birth (sid	Offic Floider)	
SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  cheme Name L&T  Option (*) Growth Dividend Payout Dividend Reinvestment Bonus' invidend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  Withdrawal preference (*) Amount (**)  OR Capital Appreciation (Available for GROWTH plan only)  Withdrawal requency (**) Ist Sin 10th* 15th 20th 25th 28th Withdrawal period From MMYYYYY To MMYYYYY OR Till balance Available in select schemes only  SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  cheme Name L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**)  For Scheme L&T  Option (**) Growth Dividend Payout Dividend Reinvestment Bonus (**									
SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  cheme Name L&T  Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    widend Frequency (*wherever applicable)   Daily   Weekly   Monthly*   Quarterly   Annual*   Semi-Annual*    fithdrawal preference (*) Amount (*)   OR   Capital Appreciation (Available for GROWTH plan only)  fithdrawal frequency (*)   Monthly*   Quarterly   Semi-Annual   Annual*    fithdrawal frequency (*)   Monthly*   Quarterly   Semi-Annual   Annual*    fithdrawal frequency (*)   Monthly*   Quarterly   Semi-Annual   Annual*    fithdrawal frequency (*)   Semi-Annual   Annual*    systematic transfer PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  chemo Name L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend Reinvestment   Bonus    violence   L&T   Option (*) Growth   Dividend Payout   Dividend R	•	•	_		-		•	-	
Cheme Name L&T  Option (*) Growth Dividend Payout Dividend Reinvestment Bonus' Invidend Frequency (*Wherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  Vithdrawal preference (*) Amount (*) Quarterly Semi-Annual Annual	-				<u> </u>				
invidend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  OR Capital Appreciation (Available for GROWTH plan only)  If ithdrawal preference (*) Amount (*) Quarterly Semi-Annual Annual  If ithdrawal frequency (*) Monthly* Quarterly Semi-Annual Annual  If ithdrawal frequency (*) Inst Sth 10th* 15th 20th 25th 28th Withdrawal period From MMYYYYY To MMYYYYY OR Till balance Available in select schemes only  SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  Cheme Name L&T Option (*) Growth Dividend Payout Dividend Reinvestment Bonus Invidend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  OS Scheme L&T Option (*) Growth Dividend Payout Dividend Reinvestment Bonus Invidend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  Option (*) Growth Dividend Payout Dividend Reinvestment Bonus Invidend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  Option (*) Growth Dividend Payout Dividend Reinvestment Bonus Invidend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  Parasfer preference (*) Amount (*) OR Growth Application (Available for GROWTH plan only) From MMYYYYYY OR Till balance and the semi-Annual* Semi-Annual*  Parasfer preference (*) Amount (*) OR Growth Dividend Payout Dividend Reinvestment Bonus Invidend Frequency (*) Semi-Annual* Semi-Annua	. SYSTEMATIC WIT	HDRAWAL PLAN	(SWP) - Please	note that the value	e of the unit bal	ance in the sou	rce scheme shoul	d be at leas	t Rs. 25,000
ividend Frequency (*wherever applicable)   Daily   Weekly   Monthly*   Quarterly   Annual*   Semi-Annual*      OR   Capital Appreciation (Available for GROWTH plan only)      Vithdrawal preference (*)   Amount (₹)   Quarterly   Semi-Annual   Annual      Vithdrawal frequency (*)   Monthly*   Quarterly   Semi-Annual   Annual      Vithdrawal date (*)   1st   5th   10th*   15th   20th   25th   28th   Withdrawal period From   MIMIYIYIY   To   MIMIYIYIY   OR   Till balance      Vithdrawal date (*)   1st   5th   10th*   15th   20th   25th   28th   Withdrawal period From   MIMIYIYIY   To   MIMIYIYIY   OR   Till balance      Vithdrawal frequency (* Semi-Annual*   Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus      Vithdrawal frequency (* Wherever applicable)   Daily   Weekly   Monthly*   Quarterly   Annual*   Semi-Annual*      Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus      Vithdrawal frequency (* Wherever applicable)   Daily   Weekly   Monthly*   Quarterly   Annual*   Semi-Annual*      Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus      Vithdrawal frequency (* Wherever applicable)   Daily   Weekly   Monthly*   Quarterly   Annual*   Semi-Annual*      Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus      Vithdrawal frequency   Amount (*)   QR   Capital Appreciation (Available for GROWTH plan only) From   MIMIYIYYY   To   MIMIYIYYY   OR   Till balance      Vithdrawal frequency   Daily   Weekly   Mon*   Tue   Wed   Thu   Fri      Fortnightly   1st   1sth*   10th*   15th   20th   25th   28th      Declaration for a selected   Available in select schemes only      DECLARATION & SIGNATURES (To be signed as per Mode of Holding)      Declaration for the selected   Available in select schemes only      DECLARATION & SIGNATURES (To be signed as per Mode of Holding)      Declaration for Adultion for updating/linking my Aachara number based on the PAN given in all counts maintained with CAMS serviced Mutual Funds for KYC & other related due	cheme Name I &T				Onti	on (-/) Crowth	O Dividend Payout	Dividon	d Boinvootmont C Bonuo
// Amount (*)	cheme Name Lat				Орш	on (* ) Glowin	O Dividend Fayou	Divident	a Reinvestillent O Bonus
### Annual frequency (*)   Monthly*   Quarterly   Semi-Annual   Annual   ### Annual   ### Annual   Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonus   ### Annual   ### Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonus   ### Annual   ### Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonus   ### Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonus   ### Bonus   ### Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonus   ### Bonus   ### Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonus   ### Bonus   ### Bonus   ### Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonus   ### Bonus   ### Bonus   ### Annual   ### Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus   ### Bonu	ividend Frequency (	wherever applicable)	O Daily O	Weekly O Mon	thly* O Qua	rterly O Annu	ıal^ O Semi-Annı	al^	
### Annual				0.5	0.4				
Available in select schemes only  SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  cheme Name L&T  Option (Y) Growth Dividend Payout Dividend Reinvestment Bonus (Vidend Frequency (Ywherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  Oscheme L&T  Option (Y) Growth Dividend Payout Dividend Reinvestment Bonus (Vidend Frequency (Ywherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  Option (Y) Growth Dividend Payout Dividend Reinvestment Bonus (Vidend Frequency (Ywherever applicable) Daily Weekly Monthly* Quarterly Annual* Semi-Annual*  OR Capital Appreciation (Available for GROWTH plan only) From MINITY (VIT) To MINITY (VIT) OR Till balance (VIT) To MINITY (VIT) To MINITY (VIT) OR Till balance (VIT) (	Ithdrawal preference	( <b>∀</b> ) ○Amount (₹) _		OR	○ Capı	ital Appreciatioi	n (Available for GRO	<b>WIH</b> plan oi	nly)
Available in select schemes only  SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  Incheme Name L&T	Vithdrawal frequency (	✓) ○ Monthly*	<ul> <li>Quarterly</li> </ul>	O Semi-Ann	ual O An	nual			
Available in select schemes only  SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000  Incheme Name L&T							1 1		ı
SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000    Option (*)   Growth   Dividend Payout   Dividend Reinvestment   Bonus Dividend Prequency (*wherever applicable)   Daily   Weekly   Monthly*   Quarterly   Annual^   Semi-Annual^	Vithdrawal date (✓) ○	1st ○ 5th ○ <b>10th*</b> ○	) 15th ○ 20th ○ 2	5th O 28th Withd	frawal period Fro	om MMY	Y   Y   Y   To   M	M Y Y Y	OR O Till balance
Cheme Name L&T Option (*) Growth Dividend Payout Dividend Reinvestment Bonus dividend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^ Se	Available in select sch	emes only							
ividend Frequency (< wherever applicable)	. SYSTEMATIC TRA	NSFER PLAN (S	TP) - Please note	that the value of	the unit balance	e in the source :	scheme should be	at least Rs	. 25,000
ividend Frequency (< wherever applicable)	cheme Name L&T				Ontic	on (🗸) O Growth	n O Dividend Pavou	t O Divider	nd Reinvestment  Ronus
Option (*) Growth Dividend Payout Dividend Reinvestment Bonus invidend Frequency (*wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^ Transfer preference (*) Amount (*) OR Capital Appreciation (Available for GROWTH plan only) From Minimal (*) To Minimal (*) OR Till balance transfer frequency Daily  Please (*) anyone) Weekly Mon* Tue Wed Thu Fri						-	_	it O Dividei	id Neilivestillent 🔾 Bonds
ividend Frequency ( wherever applicable)	ividend Frequency (	wherever applicable)	O Daily O We	ekly O Monthly'	* O Quarterly	√ ○ Annual^	○ Semi-Annual <sup>*</sup>		
ividend Frequency ( wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^ ransfer preference ( ) Amount ( ) OR Capital Appreciation (Available for GROWTH plan only) From MIMINITY TO MIMINITY OR Till balance ransfer frequency Daily Please ( ) anyone) Weekly Mon* Tue Wed Thu Fri Fortnightly 1st 15th* Monthly* Ist 5th 10th* 15th 20th 25th 28th Quarterly 1st 5th 10th* 15th 20th 25th 28th Default option if not selected Available in select schemes only  DECLARATION & SIGNATURES (To be signed as per Mode of Holding) We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. If We have neither received nor be luced by any rebate or gifts, directly or indirectly in making this transaction. If We understand that the upfront commission will be paid directly by me/us to the AMF1 registered distributor has disclosed the commissions to me/us (in the mission or any other), payable to him for different schemes of mutual funds from amongst which we scheme is being recommended to me/us.    We have read Add understood the respective Scheme Information Amount of Various Stactors including the service rendered by the distributor. Associated the commissions to me/us (in the mission or any other), payable to him for different schemes of mutual funds from amongst which we scheme is being recommended to me/us.    We have read and understood the respective Scheme Information and Key Information Amendment of Various Stactors including the service rendered by the distributor. Associated distributor has disclosed the commissions to me/us (in the mission or any other), payable to him for different schemes of mutual funds from amongst which we scheme is being recommended to me/us.    We have read and understood the commission to me/us (in the payon the pay	o Scheme L&T								
ransfer preference (*) Amount (*) OR Capital Appreciation (Available for GROWTH plan only) From MMYYYYYY To MMYYYYYY OR Till balance ransfer frequency Please (*) anyone) Weekly Mon* Tue Wed Thu Fri Fortnightly 1st 15th* Monthly* 1st 5th 10th* 15th 20th 25th 28th Quarterly 1st 5th 10th* 15th 20th 25th 28th Default option if not selected Available in select schemes only  DECLARATION & SIGNATURES (To be signed as per Mode of Holding) We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor be duced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by mefus to the AMFI registered distributes and on mylour assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to mefus (in the mission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to medus.  Deplicable for AADHAAR SUBMISSION: I/We hereby give you mylour consent to validate Aadhaar with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all incounts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)					Ontid		<ul> <li>Dividend Pavor</li> </ul>	t O Divider	nd Reinvestment ( Ronus
Please (V) anyone)						-	_	t O Divider	nd Reinvestment O Bonus
Please (V) anyone)	ividend Frequency (🗸	wherever applicable)	O Daily O We	ekly O Monthly		-	_	t O Divider	nd Reinvestment O Bonus
Please (*) anyone)   Weekly   Mon*   Tue   Wed   Thu   Fri		,,	•	,	* O Quarterly	y ○ Annual^	○ Semi-Annual^		
Fortnightly 1st 15th 10th* Monthly* 1st 5th 10th* 15th 20th 25th 28th Quarterly 1st 5th 10th* 15th 20th 25th 28th  Default option if not selected Available in select schemes only  DeCLARATION & SIGNATURES (To be signed as per Mode of Holding)  We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor be duced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributor has disclosed the commissions to me/us (in templicable for AADHAAR SUBMISSION): I/We hereby give you my/our consent to validate Andara with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all recounts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)	ransfer preference (✓)	Amount (₹)	•	,	* O Quarterly	y ○ Annual^	○ Semi-Annual^		
Monthly* 1st 5th 10th* 15th 20th 25th 28th 28th 28th 20th 25th 28th 28th 20th 25th 28th 28th 20th 25th 28th 20th 25th 28th 20th 20th 25th 20th 25th 28th 20th 20th 25th 20th 25th 28th 20th 25th 20t	ransfer preference (✓) ○	Amount (₹)	OR Ca	pital Appreciation (Av	* Quarterly	y ○ Annual^ (	Semi-Annual <sup>A</sup>		
Quarterly 1st 5th 10th* 15th 20th 25th 28th  Default option if not selected ^Available in select schemes only  DECLARATION & SIGNATURES (To be signed as per Mode of Holding)  We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor be luced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributes sed on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in timeliance), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.  **pilicable for AADHAAR SUBMISSION*: I/We hereby give you my/our consent to validate Aadhaar with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all it counts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOW	ransfer preference (✓) ○	Amount (₹) ○ Daily ○ Weekly	OR Cap	pital Appreciation (Av	* Quarterly	y ○ Annual^ (	Semi-Annual <sup>A</sup>		
DECLARATION & SIGNATURES (To be signed as per Mode of Holding)  We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor be luced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributesed on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in transition any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.  **pilicable for AADHAAR SUBMISSION: I/We hereby give you my/our consent to validate Aadhaar with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all in counts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Appl	ransfer preference (✓) ○	Amount (₹)  Daily  Weekly  Fortnightly	OR Cal	ital Appreciation (Av	* Quarterly vailable for <b>GROWT</b> Wed	Annual H plan only) From	Semi-Annual^  MIMIYIYIYIY  O Fri	o   M   M   Y	OR ○ Till balanc
DECLARATION & SIGNATURES (To be signed as per Mode of Holding)  //e have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor be uced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributes on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in timelistic or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.  pilicable for AADHAAR SUBMISSION: I/We hereby give you my/our consent to validate Aadhaar with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all incommission and the part of the part	ransfer preference (✓) ○	Amount (₹)  Daily  Weekly  Fortnightly  Monthly*	OR Cap  Mon* 1st 1st	opital Appreciation (Av  Tue  15th*  5th	* Quarterly vailable for GROWT  Wed  10th*	Annual  H plan only) From  Thu  15th	Semi-Annual^  M M Y Y Y Y   Fri  20th		OR O Till baland
We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor be luced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distribut as disclosed the commissions to me/us flat or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.  **Policable for AADHAAR SUBMISSION:** I/We hereby give you my/our consent to validate Aadhaar with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all recounts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  **ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)**  **Acknowledgement** (Second Unit Holder)**  **ACKNOWLEDGEMENT SLIP** (To be filled in by the Applicant)**  **Acknowledgement** (Second Unit Holder)**  **Acknowledgement** (Seco	ransfer preference (<) ( ransfer frequency Please (<) anyone)	Amount (₹)  Daily  Weekly  Fortnightly  Monthly*  Quarterly	OR Cap  Mon* 1st 1st 1st	Tue 15th* 5th 5th	* Quarterly vailable for GROWT  Wed  10th*	Annual  H plan only) From  Thu  15th	Semi-Annual^  M M Y Y Y Y   Fri  20th		OR O Till baland
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  Side No. Received from Name of the Sole/First Unit Holder)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  Name of the Sole/First Unit Holder)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  Name of the Sole/First Unit Holder)  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  Name of the Sole/First Unit Holder	ransfer preference (<) (ransfer frequency Please (<) anyone)	Amount (₹)  Daily  Weekly  Fortnightly  Monthly*  Quarterly	OR Cap  Mon* 1st 1st 1st	Tue 15th* 5th 5th	* Quarterly vailable for GROWT  Wed  10th*	Annual  H plan only) From  Thu  15th	Semi-Annual^  M M Y Y Y Y   Fri  20th		OR O Till baland
sed on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in transmission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.  **plicable for AADHAAR SUBMISSION: I/We hereby give you my/our consent to validate Aadhaar with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all recounts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  **Dito No.**  **Received from**  Name of the Sole/First Unit Holder*  **For Office Use Only**  **For Office Use Only**  **For Office Use Only**  **The AMFI registered distributor has disclosed the commissions to me/us (in transmit previous received in the payable to me/us.)  **The ADDITIONAL SERVICE AND THE PARKS OF T	ransfer preference (*) (ransfer frequency Please (*) anyone)	○ Amount (₹)  ○ Daily  ○ Weekly  ○ Fortnightly  ○ Monthly*  ○ Quarterly	OR Cal  Mon*  1st  1st  1st  1st	Tue 15th 5th 5th 5chemes only	* Quarterly vailable for GROWT  Wed  10th*	Annual  H plan only) From  Thu  15th	Semi-Annual^  M M Y Y Y Y   Fri  20th		OR O Till baland
policable for AÁDHAÁR SÚBMISSION: I/We hereby give you my/our consent to validate Aadhaar with UIDAI and for updating/linking my Aadhaar number based on the PAN given in all counts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  **Cole/First Unit Holder**  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)*  **ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)*  **Alica No. Received from Name of the Sole/First Unit Holder*  **For Office Use Only States of the Sole of the S	ransfer preference ( ) ransfer frequency Please (</) anyone)  Default option if not see DECLARATION &</td <td>Daily Weekly Fortnightly Monthly* Quarterly elected AN  SIGNATURES (To</td> <td>OR Cap  Mon*  1st  1st  1st  1st  vailable in select s  be signed as per Neheme Information De</td> <td>Tue 15th* 5th 5th cchemes only locument, Statement</td> <td>* Quarterly vailable for GROWT  Wed  10th*  10th*</td> <td>H plan only) From  Thu  15th  15th</td> <td>Semi-Annual^  MIMIYIYIYI  Fri  20th 20th</td> <td>25th 25th</td> <td>OR O Till balance 28th 28th</td>	Daily Weekly Fortnightly Monthly* Quarterly elected AN  SIGNATURES (To	OR Cap  Mon*  1st  1st  1st  1st  vailable in select s  be signed as per Neheme Information De	Tue 15th* 5th 5th cchemes only locument, Statement	* Quarterly vailable for GROWT  Wed  10th*  10th*	H plan only) From  Thu  15th  15th	Semi-Annual^  MIMIYIYIYI  Fri  20th 20th	25th 25th	OR O Till balance 28th 28th
Counts maintained with CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  ### (Sole/First Unit Holder)  ### (Second Unit Holder)  ### (Second Unit Holder)  ### (Third Unit Holder)  ### (Third Unit Holder)  ### L&T Financial Service Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  ### (Third Unit Holder)  ### L&T Financial Service Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  #### CAMS serviced Mutual Funds for KYC & other related due diligence purpose in line with PMLA requirements and Account enrichment purpose.  ###################################	ransfer preference (<) (ransfer frequency Please (<) anyone)  Default option if not see.  DECLARATION & Ve have read and underst luced by any research in the property of the	Daily Weekly Fortnightly Monthly* Quarterly elected ^AI SIGNATURES (To tood the respective Sc fts, directly or indirectly ent of various factors	OR Cap  Mon*  1st  1st  1st  1st  vailable in select s  be signed as per Netherne Information Do y in making this tran	Tue 15th* 5th 5th schemes only  locument, Statement saction. I/We unders	* Quarterly valiable for GROWT  Wed  10th*  t of Additional Info stand that the upf distributor. Also, t	H plan only) From Thu 15th 15th rmation and Key I	Semi-Annual^ M M Y Y Y Y Y Y  Fri  20th 20th 20th	25th 25th	OR O Till baland  28th 28th 28th
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  L&T Financial Service Mutual For Office Use Only	ransfer preference (<) (ransfer frequency Please (<) anyone)  Default option if not see.  DECLARATION &  We have read and underst duced by any rebate or gised on my/our assessme minission or any other), p	Daily Weekly Fortnightly Monthly* Quarterly elected ^Av  SIGNATURES (To cood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ	OR Cap  Mon*  1st  1st  1st  vailable in select s  be signed as per N  theme Information Du  y in making this tran including the servic rent schemes of mut	Tue 15th* 5th 5th schemes only Mode of Holding) ocument, Statement saction. I/We underse rendered by the ual funds from amon	* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, it	H plan only) From  Thu  15th  15th  mation and Key I ront commission whe AMFI registers me is being reco	Semi-Annual^ MMYYYYYY Fri 20th 20th 20th be paid directly be distributor has dismended to me/us.	25th 25th to me/us to the closed the c	OR Till balance  28th 28th 28th ave neither received nor be e AMFI registered distribute ommissions to me/us (in trees)
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  L&T Financial Service Mutual For Office Use Only	ransfer preference ( ) ransfer frequency Please (</) anyone)  Default option if not se  DECLARATION &  Ve have read and under or gi sed on my/our assessme mmission or any othen, p  upicable for AADHAAR s</td <td>Daily Weekly Fortnightly Monthly* Quarterly elected ^AI SIGNATURES (To ood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h</td> <td>OR Cap  Mon*  1st  1st  1st  vailable in select s  be signed as per N  ty in making this tran including the servicent schemes of multi- ereby give you my/or</td> <td>Tue 15th* 5th 5th schemes only  Mode of Holding) occument, Statement saction. I/We unders be rendered by the ual funds from amour consent to validate</td> <td>* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upfi distributor. Also, t igst which the sub.</td> <td>H plan only) From Thu 15th 15th tront commission whe AMFI registere eme is being record</td> <td>Semi-Annual^ M M Y Y Y Y Y Y  Fri  20th 20th 20th distributor has dismmended to me/us. ng/linking my Aadhae</td> <td>25th 25th 25th dum. I/We ha</td> <td>28th 28th 28th in the received nor be a AMFI registered distributommissions to me/us (in the sed on the PAN given in all its s</td>	Daily Weekly Fortnightly Monthly* Quarterly elected ^AI SIGNATURES (To ood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h	OR Cap  Mon*  1st  1st  1st  vailable in select s  be signed as per N  ty in making this tran including the servicent schemes of multi- ereby give you my/or	Tue 15th* 5th 5th schemes only  Mode of Holding) occument, Statement saction. I/We unders be rendered by the ual funds from amour consent to validate	* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upfi distributor. Also, t igst which the sub.	H plan only) From Thu 15th 15th tront commission whe AMFI registere eme is being record	Semi-Annual^ M M Y Y Y Y Y Y  Fri  20th 20th 20th distributor has dismmended to me/us. ng/linking my Aadhae	25th 25th 25th dum. I/We ha	28th 28th 28th in the received nor be a AMFI registered distributommissions to me/us (in the sed on the PAN given in all its s
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  L&T Financial Service Mutual For Office Use Only	ransfer preference ( ) ( ransfer frequency Please (</) anyone)  Default option if not see  DECLARATION & //e have read and under or gived on my/our assessment mission or any other), plicable for AADHAAR *</td <td>Daily Weekly Fortnightly Monthly* Quarterly elected ^AI SIGNATURES (To ood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h</td> <td>OR Cap  Mon*  1st  1st  1st  vailable in select s  be signed as per N  ty in making this tran including the servicent schemes of multi- ereby give you my/or</td> <td>Tue 15th* 5th 5th schemes only  Mode of Holding) occument, Statement saction. I/We unders be rendered by the ual funds from amour consent to validate</td> <td>* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upfi distributor. Also, t igst which the sub.</td> <td>H plan only) From Thu 15th 15th tront commission whe AMFI registere eme is being record</td> <td>Semi-Annual^ M M Y Y Y Y Y Y  Fri  20th 20th 20th distributor has dismmended to me/us. ng/linking my Aadhae</td> <td>25th 25th 25th dum. I/We ha</td> <td>28th 28th 28th in the received nor be a AMFI registered distributommissions to me/us (in the sed on the PAN given in all its s</td>	Daily Weekly Fortnightly Monthly* Quarterly elected ^AI SIGNATURES (To ood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h	OR Cap  Mon*  1st  1st  1st  vailable in select s  be signed as per N  ty in making this tran including the servicent schemes of multi- ereby give you my/or	Tue 15th* 5th 5th schemes only  Mode of Holding) occument, Statement saction. I/We unders be rendered by the ual funds from amour consent to validate	* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upfi distributor. Also, t igst which the sub.	H plan only) From Thu 15th 15th tront commission whe AMFI registere eme is being record	Semi-Annual^ M M Y Y Y Y Y Y  Fri  20th 20th 20th distributor has dismmended to me/us. ng/linking my Aadhae	25th 25th 25th dum. I/We ha	28th 28th 28th in the received nor be a AMFI registered distributommissions to me/us (in the sed on the PAN given in all its s
lio No. Received from Name of the Sole/First Unit Holder For Office Use Only	ransfer preference (<) (ransfer frequency Please (<) anyone)  Default option if not see.  DECLARATION &  Ve have read and understuced by any rebate or gived on my/our assessmemmission or any other), phicable for AADHAAR sounts maintained with Co.	Daily Weekly Fortnightly Monthly* Quarterly elected ^Au SIGNATURES (To cood the respective Sc fis, directly or indirectly and of the respective Sc fis, directly or indirectly and of various factors ayable to him for differ SUBMISSION: I/We h AMS serviced Mutual in	OR Cap  Mon*  1st  1st  1st  vailable in select s  be signed as per N  ty in making this tran including the servicent schemes of multi- ereby give you my/or	Tue 15th* 5th 5th schemes only  lode of Holding) coument, Statement saction. I/We under we rendered by the ual funds from amonur consent to validate er related due dilige	* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t get which the sch te Aadhaar with Ull ence purpose in lin	H plan only) From  Thu  15th  15th  tront commission ver AMFI registers eme is being reco	Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account	25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment	28th 28th 28th ave neither received nor be e AMFI registered distribut ommissions to me/us (in treatment of the PAN given in all repurpose.
lio No. Received from Name of the Sole/First Unit Holder For Office Use Only	ransfer preference (<) ransfer frequency Please (<) anyone)  Default option if not see DECLARATION & The have read and underst uced by any rebate or gived on my/our assessment mission or any other), p plicable for AADHAAR s counts maintained with C.	Daily Weekly Fortnightly Monthly* Quarterly elected ^Au SIGNATURES (To cood the respective Sc fis, directly or indirectly and of the respective Sc fis, directly or indirectly and of various factors ayable to him for differ SUBMISSION: I/We h AMS serviced Mutual in	OR Cap  Mon*  1st  1st  1st  vailable in select s  be signed as per N  ty in making this tran including the servicent schemes of multi- ereby give you my/or	Tue 15th* 5th 5th schemes only  lode of Holding) coument, Statement saction. I/We under we rendered by the ual funds from amonur consent to validate er related due dilige	* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t get which the sch te Aadhaar with Ull ence purpose in lin	H plan only) From  Thu  15th  15th  tront commission ver AMFI registers eme is being reco	Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account	25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment	OR Till balance  28th 28th 28th  ave neither received nor be e AMFI registered distribut ommissions to me/us (in treatment of the PAN given in all repurpose.
lio No. Received from Name of the Sole/First Unit Holder For Office Use Only	ransfer preference ( ) ransfer frequency Please (</) anyone)  Default option if not see DECLARATION & The have read and underst uced by any rebate or gived on my/our assessme mission or any other), p plicable for AADHAAR soounts maintained with Co</td <td>Daily Weekly Fortnightly Monthly* Quarterly elected ^An SIGNATURES (To cood the respective Sc fts, directly or indirectly and of the respective Sc submission: I/We h AMS serviced Mutual f</td> <td>OR Cap  Mon*  1st  1st  1st  1st  sailable in select s  be signed as per Netherne Information Do y in making this tran including the servicent schemes of mutuereby give you my/or Funds for KYC &amp; oth</td> <td>Tue 15th* 5th 5th schemes only  Mode of Holding) ocument, Statement saction. I/We underse rendered by the ual funds from amon ur consent to validate er related due dilige</td> <td>* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t get which the sch te Aadhaar with Ull ence purpose in lin</td> <td>H plan only) From  Thu  15th  15th  tront commission ver AMFI registers eme is being reco</td> <td>Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account</td> <td>25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment</td> <td>OR Till balance  28th 28th 28th  ave neither received nor be e AMFI registered distribut ommissions to me/us (in treatment of the PAN given in all repurpose.</td>	Daily Weekly Fortnightly Monthly* Quarterly elected ^An SIGNATURES (To cood the respective Sc fts, directly or indirectly and of the respective Sc submission: I/We h AMS serviced Mutual f	OR Cap  Mon*  1st  1st  1st  1st  sailable in select s  be signed as per Netherne Information Do y in making this tran including the servicent schemes of mutuereby give you my/or Funds for KYC & oth	Tue 15th* 5th 5th schemes only  Mode of Holding) ocument, Statement saction. I/We underse rendered by the ual funds from amon ur consent to validate er related due dilige	* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t get which the sch te Aadhaar with Ull ence purpose in lin	H plan only) From  Thu  15th  15th  tront commission ver AMFI registers eme is being reco	Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account	25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment	OR Till balance  28th 28th 28th  ave neither received nor be e AMFI registered distribut ommissions to me/us (in treatment of the PAN given in all repurpose.
heme/Plan/Option For Office Use Only	ransfer preference (<) ransfer frequency Please (<) anyone)  Default option if not see DECLARATION & //e have read and underst uced by any rebate or gived on my/our assessme mmission or any other), p plicable for AADHAAR soounts maintained with Co	Daily Weekly Fortnightly Monthly* Quarterly elected ^An SIGNATURES (To cood the respective Sc fts, directly or indirectly and of the respective Sc submission: I/We h AMS serviced Mutual f	OR Cap  Mon*  1st  1st  1st  1st  sailable in select s  be signed as per Netherne Information Do y in making this tran including the servicent schemes of mutuereby give you my/or Funds for KYC & oth	Tue 15th* 5th 5th schemes only  Mode of Holding) ocument, Statement saction. I/We underse rendered by the ual funds from amon ur consent to validate er related due dilige	* Quarterly vailable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t get which the sch te Aadhaar with Ull ence purpose in lin	H plan only) From  Thu  15th  15th  tront commission ver AMFI registers eme is being reco	Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account	25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment	OR O Till balance  28th 28th 28th 28th In the control of the control of the PAN given in all repurpose.
	ransfer preference ( ) ransfer frequency Please (</) anyone)  Default option if not see DECLARATION & The have read and underst uced by any rebate or gived on my/our assessment mission or any other), plicable for AADHAAR sounts maintained with Counts maintained with Counts</td <td>Daily Weekly Fortnightly Monthly* Quarterly elected ^Av SIGNATURES (To cood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h AMS serviced Mutual if</td> <td>OR Cap  Mon* 1st 1st 1st vailable in select s  be signed as per N theme Information Do y in making this tran including the servic rent schemes of mutuereby give you my/or Funds for KYC &amp; oth</td> <td>Tue 15th* 5th 5th schemes only  Mode of Holding) ocument, Statement saction. I/We under see rendered by the land funds from amon ur consent to validate er related due dilige</td> <td>* Quarterly valiable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t ngst which the sch le Aadhaar with Ull ence purpose in lin  cond Unit Holder</td> <td>H plan only) From  Thu  15th  15th  tont commission whe AMFI registereme is being reco</td> <td>Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account</td> <td>25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment</td> <td>28th 28th 28th 28th 1000 28th 28th 28th 28th 28th 28th 28th 28th</td>	Daily Weekly Fortnightly Monthly* Quarterly elected ^Av SIGNATURES (To cood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h AMS serviced Mutual if	OR Cap  Mon* 1st 1st 1st vailable in select s  be signed as per N theme Information Do y in making this tran including the servic rent schemes of mutuereby give you my/or Funds for KYC & oth	Tue 15th* 5th 5th schemes only  Mode of Holding) ocument, Statement saction. I/We under see rendered by the land funds from amon ur consent to validate er related due dilige	* Quarterly valiable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t ngst which the sch le Aadhaar with Ull ence purpose in lin  cond Unit Holder	H plan only) From  Thu  15th  15th  tont commission whe AMFI registereme is being reco	Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account	25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment	28th 28th 28th 28th 1000 28th 28th 28th 28th 28th 28th 28th 28th
	ransfer preference ( ) ransfer frequency Please (</) anyone)  Default option if not see DECLARATION & The have read and underst uced by any rebate or gived on my/our assessment ministon or any other), pilicable for AADHAAR sounts maintained with Counts maintained with Count</td <td>Daily Weekly Fortnightly Monthly* Quarterly elected ^Av SIGNATURES (To cood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h AMS serviced Mutual if</td> <td>OR Cap  Mon* 1st 1st 1st vailable in select s  be signed as per N theme Information Do y in making this tran including the servic rent schemes of mutuereby give you my/or Funds for KYC &amp; oth</td> <td>Tue 15th* 5th 5th schemes only  Mode of Holding) ocument, Statement saction. I/We under see rendered by the land funds from amon ur consent to validate er related due dilige</td> <td>* Quarterly valiable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t ngst which the sch le Aadhaar with Ull ence purpose in lin  cond Unit Holder</td> <td>H plan only) From  Thu  15th  15th  tont commission whe AMFI registereme is being reco</td> <td>Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account</td> <td>25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment</td> <td>28th 28th 28th 28th Pave neither received nor be a AMFI registered distributommissions to me/us (in the sed on the PAN given in all in purpose.  28th 28th 28th L&amp;T Financial Service Mutual Financi</td>	Daily Weekly Fortnightly Monthly* Quarterly elected ^Av SIGNATURES (To cood the respective Sc fits, directly or indirectly ent of various factors ayable to him for differ SUBMISSION: I/We h AMS serviced Mutual if	OR Cap  Mon* 1st 1st 1st vailable in select s  be signed as per N theme Information Do y in making this tran including the servic rent schemes of mutuereby give you my/or Funds for KYC & oth	Tue 15th* 5th 5th schemes only  Mode of Holding) ocument, Statement saction. I/We under see rendered by the land funds from amon ur consent to validate er related due dilige	* Quarterly valiable for GROWT  Wed  10th*  10th*  t of Additional Info stand that the upf distributor. Also, t ngst which the sch le Aadhaar with Ull ence purpose in lin  cond Unit Holder	H plan only) From  Thu  15th  15th  tont commission whe AMFI registereme is being reco	Semi-Annual^ MMYYYYYY Fri 20th 20th 20th distributor has dismended to me/us. ng/linking my Aadhaa irements and Account	25th 25th 25th dum. I/We hay me/us to the closed the cur number bast terrichment	28th 28th 28th 28th Pave neither received nor be a AMFI registered distributommissions to me/us (in the sed on the PAN given in all in purpose.  28th 28th 28th L&T Financial Service Mutual Financi

Frequency(✓) ○ Daily ○ Weekly ○ Fortnightly ○ Monthly ○ Quarterly