

Please read instructions before filling the Form

Application No.:

DISTRIBUTOR INFORMATION

(Only empanelled Distributors/Brokers will be permitted to distribute Units)

Distributor/Broker ARN ARN- 58603 (VRIDHI)	Sub-Broker Code
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

FOR OFFICE USE ONLY

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1 EXISTING UNITHOLDER INFORMATION

Folio No.	Name of Sole/First UnitHolder
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2 APPLICANT'S PERSONAL DETAILS (Please fill in block letters. Use one box for one alphabet leaving one box blank between two words)

First/Sole Applicant Gender (Please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
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Name

Mr.	Ms.	M/s.
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PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

Guardian/change in Guardian (please refer instruction B) (applicable if Sole/First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only)

(Please ✓) Mother Father Court appointed Legal Guardian

Gender (Please ✓) Male Female

Name

Mr.	Ms.	M/s.
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Guardian's PAN* Enclosed copy of (Please ✓) PAN Proof Guardian's KYC Compliance Proof*

Document of Minor submitted (please ✓) Birth Certificate School Leaving Certificate HSC Marksheet Passport Others _____ (please specify) Letter of Authority (LOA) (Mandatory in case of Court Appointed Legal Guardian)

Nationality Country of Residence

Address for Correspondence [P.O. Box Address is not sufficient]

City	State	Pin Code
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Contact Details

Phone O Extn. Fax
Phone R Mobile

I/We wish to receive updates via SMS on my mobile (Please ✓)

e-mail^

^Investors providing e-mail ID would mandatorily receive only E-statement of accounts in lieu of physical statement of accounts.

Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address)

State	Country	City	Zip Code
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Status (Please ✓) Individual Partnership Company Society / Club HUF NRI / FII Trust Minor Body Corporate Others

Occupation of Sole / First Applicant (Please ✓) Private Sector Service Public Sector / Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (Please specify)

Second Applicant (N.A. if the first Applicant is a minor) Gender (Please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
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Name

Mr.	Ms.	M/s.
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PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

Third Applicant (N.A. if the first Applicant is a minor) Gender (Please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
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Name

Mr.	Ms.	M/s.
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PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

Mode of Holding (Please ✓) Single OR Joint OR Anyone OR Survivor

PoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder) Gender (Please ✓) Male Female

Name

Mr.	Ms.	M/s.
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PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

* PAN and KYC Proof is mandatory for all Applicants, irrespective of the amount of investment. Please attach a copy of PAN Card and KYC. (Please refer instructions C & D)

3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (Please refer instructions E & H)

A/c. No. Account Type (Please ✓) Current Savings NRE FCNR NRO

Bank Name

Branch Address

City

MICR Code (9- digit number next to your Cheque No.) IFS Code

Account to Account transfer facility for redemptions available (Please ✓ any one) Please enclose copy of your cheque leaf.

HDFC Bank ICICI Bank Kotak Mahindra Bank Axis Bank RTGS/NEFT (IFS Code is Mandatory)

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr./Ms./M/s

an application for Units of Scheme

Option (Please ✓) Cumulative** Dividend Dividend Facility (Please ✓) Reinvestment** Payout

Lump Sum investment alongwith Cheque / DD No. Dated

Drawn on (Bank) Amount (Rs.)

SIP investment Total Cheque SIP Auto Debit Facility Amount per instalment (Rs.) Total Amount (Rs.)

Please Note : All purchases are subject to realisation of cheques / demand drafts. **Default option/facility.

Signature, Stamp & Date

4 INVESTMENT AND PAYMENT DETAILS (Please see the Ready Reckoner table on page No.20)

Scheme Name _____

Option (Please ✓) Cumulative* Dividend **Dividend Facility** (Please ✓) Reinvestment* Payout (* Default Option / Facility)

4A. LUMP SUM INVESTMENT

Investment Amount (Rs.) _____ DD Charges (Rs.) _____ Net Amount (Cheque/DD amount) (Rs.) _____

Amount in Words _____

Mode of Payment Cheque/DD/Fund Transfer / _____ Cheque/DD* No. _____ Dated _____

Drawn on Bank _____

Branch _____

City _____

A/C. No. _____ Account Type (Please ✓) Current Savings NRE FCNR NRO

The details of the bank Account provided above pertain to my /our own bank account in may/our name Yes No. If No, the bank account holder is Spouse# Parents Grand Parents Guardian Employer Custodian # applicable only if subscription for units of the scheme is remitted through joint bank accounts.

* Please mention the Application No. on the reverse of the cheque/DD. Please ensure there is only one cheque / DD per Application Form cheque/DD must be drawn in favour of scheme as applicable and crossed 'account payee only'.

Application Form without this Information may be rejected. Investors are requested to note that w.e.f. November 15, 2010, third party instruments can not be used for Mutual Fund subscription. Please refer to instruction 'H' on "Transaction through Third Party instruments" in General Information above.

4B. NOMINATION DETAILS (please refer instruction F)

• **Mandatory for new folios / accounts • Every new nomination shall overwrite the existing nomination in the folio / account**

I/ We _____ (First Applicant), _____ (Second Applicant) and _____ (Third Applicant)* do hereby nominate the following person(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 and Address of Nominee(s)	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Signature of Guardian	Proportion* (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

If the investors/ unitholders, do not wish to nominate:
(Please ✓) I / We do not intend to appoint a nominee in respect of our investments

5 ELECTRONICS CLEARING SERVICES (ECS) FOR DIVIDEND PAYMENTS*

You may choose to receive dividends in your bank account through the Electronic Clearing Service (only in select cities). Unitholders who do not opt for the ECS facility will receive dividends by cheques payable at par/DD.

I/we authorise L&T Mutual Fund to credit my/our dividend through ECS (Please ✓) *please enclose photocopy of your cheque leaf

The 9 - digit MICR Code number of my/our bank & branch is _____ < This is a 9-digit number next to your cheque No.

6 OTHER SERVICES (Optional) (Please refer instruction L)

E- mail Services (Please ✓)

I/we wish to receive the following documents via e-mail in lieu of physical document(s)

Account Statement All other Statutory Communications Marketing Updates

e-mail _____

Other E-mail Service (Please ✓)

Daily NAV Weekly Market Review Event Updates

T-PIN Services (Please ✓)

Would you like a T-PIN assigned?
(T-PIN : For Internet Based Transaction)

7 DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the scheme Information Document of the scheme(s) of L&T Mutual Fund. I/We hereby apply to the trustee of L&T Mutual Fund for units of respective Schemes of L&T Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant scheme(s). I/We hereby declare and confirm that the amount invested in the Scheme(s) indicated above is in no way in contravention of any Act, Rules, Regulations, Notifications or directions of the provisions of the Income Tax Act, Anti-Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time I/We have understood the details of the scheme and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment, I/We confirm that the funds invested in the Scheme, legally belong to me/us. If the fund is not satisfied with regard to the completion of the "Know Your Customer" process for me/us, I/We hereby authorize the Mutual Fund to redeem the funds invested in the Scheme at the applicable NAV prevailing on the date of such redemption and initiate such other action that may be required by the law. I/We understand that, if I/We have not ticked in Section 4B of the Application Form for not appointing a Nominee, then the Application Form shall be processed as without Nomination.

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 Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Applicants other than Individuals /HUF : I/We certify that as per the Memorandum and Articles of Association of the Company, Byelaws, Trust Deed, Partnership Deed and Resolutions passed by the company/firm/Trust. I/We are authorized to enter into this transaction for and on behalf of the company/firm/trust. Please (✓) Yes No

For NRIs Only: I/We confirm that I am /we are Non-Residents of Indian nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-resident Ordinary/FCNR Account.

I/We Confirm that details provided by me/us are true and correct. Date : _____

Sole/First Applicant/ Guardian

Second Applicant (N.A. if the first Applicant is a minor)

Third Applicant (N.A. if the first Applicant is a minor)

SIGNATURES