Transaction Form



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 ARN	Branch Code	Relationship M	anager's Name		EUIN
ARN-	Sub-Distributor Code		Mobile +91-			
	Sub-Distributor Code		E-mail			
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.						
Investor's declaration whe I/We herby confirm that t relationship manager/sale person of the distributor a	ere EUIN is not furnished. he EUIN box has been inter	ntionally left blank by m butor or notwithstanding arged any advisory fees	e/us as this is an the advice of the	"execution only" tra in appropriateness, n.	insaction without any interaction if any, provided by the employed	n or advice by the employee
1. APPLICANT IN	•••		(11
Name of Sole/1st Unit Ho			Viddle Name	L	ast Name Folio N	No.
PAN Firşt Unit Holder Tihird Unit Holder						
KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.						
2. CONTACT DETAILS OF SOLE/1ST UNIT HOLDER						
Mobile No. +91-		E-mail ID				
3. ADDITIONAL P	URCHASE (Please ensure	that the cheque compli	es to CTS 2010 st	andards)		
Scheme Name L&T						
Option (✓) Investment Mode	Growth* Bonus^ Dividend Reinvestment Dividend Payout Dividend Frequency (✓) Monthly Quarterly Cheque/DD/Pay order No RTGS/NEFT/Online Transfer/Fund Transfer					
	Amount (in ₹):	Drawn or	1:	Cheq	ue/DD/Payment Instrument No	
Payment made by (√)	First/Second/Third Un	t Holder	Guardian		Others	
4. SWITCH						
Scheme Name	L&T					
Option (✓)	Growth Bonus	Dividend Reinvestme	ent Dividend I	Payout	Dividend Frequency (\checkmark)	Monthly Quarterly
To Scheme Option (✓)	L&T Bonus^	Dividend Reinvestm	ent Dividend	Pavout	Dividend Frequency (✓)	Monthly* Quarterly
Please tick any one (\checkmark)	Amount (₹)		OR No. of un			• _ •
5. REDEMPTION						
From Scheme	L&T					
Option (\checkmark)		Dividend Reinvestm	ent Dividend	Payout	Dividend Frequency (✓)	Monthly Quarterly
Please tick any one (1)	Amount (₹)		OR No. of un		OR All Units	S
	-		proceeds will be	credited to the ba	nk account registered with us	
IFSC Code of the register If you have multiple bank	ered bank account for elec accounts registered with us	and wish to receive the	proceeds in a regi	stered bank accoun	(Please enclose an origina t other than your default accourt	al cancelled cheque leaf) It please provide the below
details. Please note that the proceeds will not be paid out to an unregistered bank account.						
Name of the bank				Account No.		
		VP) - Please note that	the value of the	unit balance in the	source scheme should be at	least Rs. 25,000
From Scheme	L&T Repus	Dividend Deinvestme		Devent	Dividend Frequency (//)	
Option (\checkmark) Withdrawal preference (Growth Bonus (✓) Amount (₹)	Dividend Reinvestme OR Capital Appre			Dividend Frequency (✓) nly) Withdrawal frequency (✓)	Monthly Quarterly Monthly* Quarterly
Withdrawal date (\checkmark)						OR Till balance
Withdrawal date (1st 5th 10th* 15th 25th Withdrawal period From M Y						
	. ,	- Please note that the	value of the unit	balance in the sou	rce scheme should be at leas	5t KS. 25,000
From Scheme Option (✓) To Scheme	L&T Growth Bonus L&T	Dividend Reinvestme	ent Dividend I	Payout	Dividend Frequency (\checkmark)	Monthly Quarterly
Option (\checkmark)	Growth* Bonus^	Dividend Reinvestm	ent Dividend	Payout		Monthly* Quarterly
Transfer preference (✓)	Amount (₹)	R Capital Appreciation	on (Available for GRC	WTH plan only) From		OR Till balance
Transfer frequency (🗸) Monthly* Weekly (🗸) Mon* Tue Wed Thu Fri Fortnightly (🗸) 1st 15th* Quarterly (<) 1st 5th 10th* 15th 25th						
*Default option if not sele		select schemes only				
8. DECLARATION			Read of the t		and the late of the late	a franciska se statistica de la companya de la comp
directly or indirectly in making t	this transaction. I/We understand the tributor. Also, the AMFI registered d	at the upfront commission wi	Il be paid directly by m	ne/us to the AMFI registe	randum. I/We have neither received not ered distributors based on my/our asse y other), payable to him for different sch Date	essment of various factors including
-						
X (Sole/	First Unit Holder)	Х	(Second Unit Ho		X (Third L	Jnit Holder)
ACKNOWLEDGE	MENT SLIP (To be filled in	n by the Applicant)				L&T Mutual Fund
Folio No.	Received from		Name of the So	le/First Unit Holder		\checkmark
Scheme/Plan/Option						
Additional Purchase	D		Chamina /DD /D	mont Instrum		
Amount (in Rs) Switch Request	Drawn On		Cneque/DD/Pa	yment Instrument No	J	For Office Use Only
Please tick any one (✓)	Amount	OR No. of	units	C	OR All Units	
Redemption Request Please tick any one (\checkmark)	Amount	OR No. of	units	C	OR All Units	
SWP	Instalment amount	Frequ	ency(✓)	ly Quarterly		Acknowledgement Stamp & Date
STP	Instalment amount	Frequ	ency(✓) Month	ly Quarterly	Weekly Fortnightly	Stamp & Date

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 Section 1 of the Form. Your investment 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.

3. 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 :
 - Payments made by Parents/Grand Parents/related persons on behalf of a minor in consideration of natural love and affection for value not exceeding Rs 50,000\
 - Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions
 - Custodian on behalf of an FII or Client made by Custodian.

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.

4. Redemption Request:

- a. 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.

5. 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.
- c. If your switch request specifies both amount and units for redemption, 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.

6. Systematic Withdrawal Plan (SWP):

- a. The minimum withdrawal size is Rs 1000 or 100 units.
- b. SWP will be processed within 7 calendar days from the date of your request.
- c. You can cancel a registered SWP at any time by submitting a written request. The cancellation will be processed within 15 days.
- d. If your SWP request specifies both amount and units, the SWP will be processed for the amount.
- e. If the scheme/plan/option is not mentioned and there is only one scheme/plan/option available in the folio, the same will be processed.

7. Systematic Transfer Plan (STP):

- a. The minimum transfer size is Rs 1000 or 100 units.
- b. STP will be processed within 7 calendar days from the date of your request.
- c. You can cancel a registered STP at any time by submitting a written request. The cancellation will be processed within 15 days.
- d. If the plan/option if the source scheme is not mentioned and there is only one plan/ option available in the folio, the STP will be processed.
- e. If the plan/option of the target scheme is not mentioned, the STP will be processed as per the default options mentioned in the Scheme Information Document of the respective scheme.
- f. If the minimum balance criteria are not met when processing an installment, the entire available unit balance will be transferred and the STP will be ceased.
- 8. 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.
- 9. 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.

call 1800 2000 400 or 1800 4190 200

email investor.line@Intmf.co.in

www.Intmf.com

Our lines are open from 9.00 am to 6.00 pm, Monday to Friday

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.