

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

Time Stamp

Distributor Code	Sub-Distributor ARN	Branch Code	Relationship Manager's Name		EUIN
			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 where EUIN is not furnished.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of the in appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

(Sole/First Applicant/Guardian)

(Second Applicant)

(Third Applicant)

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder First Name Middle Name Last Name Folio No.

PAN First Unit Holder Second Unit Holder Third 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 PURCHASE (Please ensure that the cheque complies to CTS 2010 standards)

Scheme Name L&T

Option Growth* Bonus^ Dividend Reinvestment Dividend Payout Dividend Frequency Monthly Quarterly

Investment Mode Cheque/DD/Pay order No. RTGS/NEFT/Online Transfer/Fund Transfer

Amount (in ₹): Drawn on: Cheque/DD/Payment Instrument No.

Payment made by First/Second/Third Unit Holder Guardian Others

4. SWITCH

Scheme Name L&T

Option Growth Bonus Dividend Reinvestment Dividend Payout Dividend Frequency Monthly Quarterly

To Scheme L&T

Option Growth* Bonus^ Dividend Reinvestment Dividend Payout Dividend Frequency Monthly* Quarterly

Please tick any one Amount (₹) OR No. of units OR All Units

5. REDEMPTION

From Scheme L&T

Option Growth Bonus Dividend Reinvestment Dividend Payout Dividend Frequency Monthly Quarterly

Please tick any one Amount (₹) OR No. of units OR All Units

If the bank account has been changed and not been intimated to us, the proceeds will be credited to the bank account registered with us.

IFSC Code of the registered bank account for electronic payment (Please enclose an original cancelled cheque leaf) If you have multiple bank accounts registered with us and wish to receive the proceeds in a registered bank account other than your default account 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.

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

From Scheme L&T

Option Growth Bonus Dividend Reinvestment Dividend Payout Dividend Frequency Monthly Quarterly

Withdrawal preference Amount (₹) OR Capital Appreciation (Available for GROWTH plan only) Withdrawal frequency Monthly* Quarterly

Withdrawal date 1st 5th 10th* 15th 25th Withdrawal period From To OR Till balance

7. SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

From Scheme L&T

Option Growth Bonus Dividend Reinvestment Dividend Payout Dividend Frequency Monthly Quarterly

To Scheme L&T

Option Growth* Bonus^ Dividend Reinvestment Dividend Payout Dividend Frequency Monthly* Quarterly

Transfer preference Amount (₹) OR Capital Appreciation (Available for GROWTH plan only) From To 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 selected ^Available in select schemes only

8. DECLARATION & SIGNATURES

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced 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 distributors based 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 trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us

Date

(Sole/First Unit Holder)

(Second Unit Holder)

(Third Unit Holder)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Folio No. Received from Name of the Sole/First Unit Holder

Scheme/Plan/Option

Additional Purchase

Amount (in Rs) Drawn On Cheque/DD/Payment Instrument No.

Switch Request

Please tick any one Amount OR No. of units OR All Units

Redemption Request

Please tick any one Amount OR No. of units OR All Units

SWP Instalment amount Frequency Monthly Quarterly

STP Instalment amount Frequency Monthly Quarterly Weekly Fortnightly

For Office Use Only

Acknowledgement Stamp & Date