

# MULTIPLE SIP COMMON APPLICATION FORM



## For Systematic Investments (for new and existing investors who wish to start a SIP in multiple schemes)

Investors must read the Key Information Memorandum, the instructions and product labeling on cover page before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

### KEY PARTNER / ARN HOLDER INFORMATION

(Investors applying under Direct Plan must mention "Direct" in ARN Code column.)

Application No.

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No.
ARN-153155					E-271894	

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 distributors.

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank). \* I/we hereby confirm that the EUIIN 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 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.

<input type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input type="checkbox"/> SIGN HERE Second Applicant	<input type="checkbox"/> SIGN HERE Third Applicant
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## 01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 4.)

Folio No.  The details in our records under the folio number mentioned alongside will apply for this application

## 02. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information - If left blank the application is liable to be rejected.)

First Applicant's Name (as per PAN (Mandatory))	FIRST	MIDDLE	LAST	KYC
PAN				
CKYC No.				
Date of Birth (mandatory)				
Second Applicant's Name (as per PAN (Mandatory))	FIRST	MIDDLE	LAST	KYC
PAN				
CKYC No.				
Date of Birth (mandatory)				
Third Applicant's Name (as per PAN (Mandatory))	FIRST	MIDDLE	LAST	KYC
PAN				
CKYC No.				
Date of Birth (mandatory)				

NAME OF GUARDIAN (as per PAN (Mandatory)) (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors)

FIRST	MIDDLE	LAST	KYC
PAN			
CKYC No.			
Date of Birth (mandatory)			
Relationship with minor Please (✓)	Father	Mother	Court Appointed Legal Guardian
If the nominee is minor then kindly submit the relevant relationship proof (mandatory).			

## 03. KYC Details (Mandatory) Occupation Please tick (✓)

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other..... (please specify)			
SECOND APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other..... (please specify)			
THIRD APPLICANT	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other..... (please specify)			

## GROSS ANNUAL INCOME [Please tick (✓)]

FIRST APPLICANT/ GUARDIAN (in case of minor)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore OR Net Worth
	Net worth (Mandatory for Non-Individual ₹..... as on					<input type="text"/> (Not older than 1 year)
SECOND APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore As on
						<input type="text"/> (Not older than 1 year)
THIRD APPLICANT	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> > 5-10 Lacs	<input type="checkbox"/> > 10-25 Lacs	<input type="checkbox"/> > 25 Lacs-1 Crore	<input type="checkbox"/> >1 Crore As on
						<input type="text"/> (Not older than 1 year)

## For Individual

<input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/Promoters/ Karta/Trustee/Whole time Directors) please mention)
<input type="checkbox"/> I am Related to Politically Exposed Person
<input type="checkbox"/> Not Applicable

## For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
None of the above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 04. GENDER [Please tick (✓)]

☐ Male ☐ Female ☐ Transgender

## 05. MODE OF HOLDING [Please tick (✓)]

☐ Joint ☐ Single ☐ Anyone or Survivor (Default option is Joint)

## 06. TAX STATUS (Please tick ✓)

## First Applicant's / Guardian Tax Status (Mandatory)

☐ Resident Individual ☐ NRI ☐ Minor ☐ PIO ☐ QFI ☐ Sole Proprietor ☐ FII ☐ HUF ☐ Club/Society ☐ Body Corporate ☐ Bank  
☐ Trust ☐ FI ☐ FPI ☐ Government Body ☐ Partnership Firm ☐ Private Sector ☐ Public Sector ☐ LLP ☐ Others Please specify

## Second Applicant's Tax Status

☐ Resident Individual ☐ NRI ☐ Minor ☐ PIO ☐ QFI ☐ Sole Proprietor ☐ FII ☐ HUF ☐ Club/Society ☐ Body Corporate ☐ Bank  
☐ Trust ☐ FI ☐ FPI ☐ Government Body ☐ Partnership Firm ☐ Private Sector ☐ Public Sector ☐ LLP ☐ Others Please specify

## Third Applicant's Tax Status

☐ Resident Individual ☐ NRI ☐ Minor ☐ PIO ☐ QFI ☐ Sole Proprietor ☐ FII ☐ HUF ☐ Club/Society ☐ Body Corporate ☐ Bank  
☐ Trust ☐ FI ☐ FPI ☐ Government Body ☐ Partnership Firm ☐ Private Sector ☐ Public Sector ☐ LLP ☐ Others Please specify

## 07. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY)

Landmark City State Pincode Country

## 08. GO GREEN INITIATIVE (Mandatory) [Please tick (✓) the mode for receiving the copy of Annual Report/Abridged Summary]

As part of Go-Green initiative, investors are encouraged to register/update their email ID and Mobile Number with us to support paper-less communication.

Default communication mode is E-mail only, if you wish to receive following document(s) via physical mode : [please tick (✓)] ☐ Account Statement ☐ Annual Report

## 09. CONTACT DETAILS OF SOLE/FIRST APPLICANT (EMAIL Id to be written in BLOCK letters)

Email Id (Mandatory - Please tick ✓ the relevant box) ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD

Mobile No. (Mandatory - Please tick ✓ the relevant box) ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD

Tel No.: (Resi) (STD Code) (Off) (STD Code) Mobile No.

☐ I declare that Email address and Mobile number provided in this form belongs to Self (or) Family Member, and approve for usage of these contact details for any communication with LIC MF. Please note all kinds of investor communication will be sent through email only instead of physical, for investors who provide their email address.☒ SIGN HERE  
First/Sole Applicant/Guardian

## 10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

Landmark City State Country (Mandatory)

☒ OR PO Box No. Country (Mandatory)

## 11. DEMAT ACCOUNT DETAILS\* (Optional - refer instruction 13)

	NSDL	CSDL
DP Name		
DP ID		
Beneficiary Account No		

## 12. FATCA Detail (For Individuals &amp; HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form)

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

Sole/First Applicant/Guardian	Yes	No	2nd Applicant	Yes	No	3rd Applicant	Yes	No
Country of Birth			Country of Birth			Country of Birth		
County of Citizenship/Nationality			County of Citizenship/Nationality			County of Citizenship/Nationality		
Are you e US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you e US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you e US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide Tax Payer Id.			Please provide Tax Payer Id.			Please provide Tax Payer Id.		
Country of Tax Residency* (other than India)	Taxpayer Identification No.		Country of Tax Residency* (other than India)	Taxpayer Identification No.		Country of Tax Residency* (other than India)	Taxpayer Identification No.	
1			1			1		
2			2			2		

\* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number.

## 13. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT. As per SEBI Regulations it's mandatory for investors to provide bank account details

Account No. Name of the Bank

Type of A/c ☐ SB ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (Please specify) Branch

Bank City IFSC code\*\* MICR No.

Refer Instruction 8 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (\*\*Mandatory to credit via NEFT/RTGS)

#### 14. INVESTMENT AND PAYMENT DETAILS

First Instalment Details: (Please issue consolidate cheque favouring "LIC Mutual Fund") Please write appropriate scheme name as well as the Plan / Option / Sub option.

Scheme Names	Plan/Option	Amount Invested (₹)	Cheque/DD No./UTR No (in case of NEFT/RTGS) TSL No. (in case of CASH) UMRN No (in case of OTM)	Bank and Branch & Account Number
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout*			
	<input type="checkbox"/> IDCW Re-Investment**			
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout*			
	<input type="checkbox"/> IDCW Re-Investment**			
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout*			
	<input type="checkbox"/> IDCW Re-Investment**			
	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout*			
	<input type="checkbox"/> IDCW Re-Investment**			

\*IDCW Payout Option: Payout of Income Distribution cum capital withdrawal option. \*\*IDCW Re-Investment Option: Reinvestment of income Distribution cum capital withdrawal option.

\*All purchases are subject to reliazation of fund (Refer to Instruction No. 10). Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund.

In case of multiple SIPs, multiple UMRNs are not allowed. Multiple SIP can be registered through Single UMRN only.

#### 15. SIP DETAILS (Please ✓ any one)

SIP with first Cheque		SIP without Cheque		SIP through Post Dated Cheque		SIP through registered OTM		
Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrollment Period (Please ✓ one)		LIC MF STEP - UP Facility (Optional)		
				Start Date	End Date	Amount	Frequency	Upto Date
LIC MF  Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		<input type="checkbox"/> DD (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month) <input type="checkbox"/> 15 <sup>th</sup> LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/> (Maximum period is allowed only 40 yrs)	₹ <input type="text"/> Please refer Instruction No. VIII(d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
LIC MF  Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		<input type="checkbox"/> DD (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month) <input type="checkbox"/> 15 <sup>th</sup> LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/> (Maximum period is allowed only 40 yrs)	₹ <input type="text"/> Please refer Instruction No. VIII(d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
LIC MF  Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		<input type="checkbox"/> DD (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month) <input type="checkbox"/> 15 <sup>th</sup> LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/> (Maximum period is allowed only 40 yrs)	₹ <input type="text"/> Please refer Instruction No. VIII(d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
LIC MF  Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		<input type="checkbox"/> DD (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month) <input type="checkbox"/> 15 <sup>th</sup> LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/> (Maximum period is allowed only 40 yrs)	₹ <input type="text"/> Please refer Instruction No. VIII(d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)
LIC MF  Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option		<input type="checkbox"/> DD (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month) <input type="checkbox"/> 15 <sup>th</sup> LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/> (Maximum period is allowed only 40 yrs)	₹ <input type="text"/> Please refer Instruction No. VIII(d)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="text"/> (Mention End Date) (Default is SIP End Date)

\*Default SIP date is 10<sup>th</sup>. Please tick (✓), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund. \*\* As per NPCI Circular dated 29th December, 2023, mandate can be for maximum duration of 40 years from the date of application.

#### 16. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN  (First cheque is not mandatory, if you have opted for SIP through registered OTM)

#### 17. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque  Drawn on Bank and Branch

Account type  Cheque No. should be in continuous series From  To

#### 18. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

Name of the POA holder

PAN of the POA holder

Attached ☐ KYC Letter (Mandatory) ☐ Notarized copy of POA

**19. NOMINATION DETAILS (Please note that where the sole/1st applicant is a minor, no nomination is allowed)**

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS (If the nominee is minor then kindly submit the relevant relationship proof (mandatory)).

Particulars	1st Nominee	2nd Nominee	3rd Nominee
Name			
PAN			
Date of Birth (in case nominee is a minor)			
Guardian Name (in case nominee is a minor)			
Address			
Allocation %			
Signature of Guardian (if nominee is minor) (mandatory)			
Signature of Nominee			

OR

☐ I/WE DO NOT WISH TO NOMINATE

**FOR OPTING OUT:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

**20. SIP DECLARATION & SIGNATURE/S**

a) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the scheme & 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. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I/We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I/We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me / us).

I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Mutual Fund. I/We are aware that LIC Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form. I/We hereby accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form (refer instruction no IX).

Date : .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place : .....	SIGN HERE First/Sole Applicant/Guardian/POA Holder	SIGN HERE Second Applicant/POA Holder	SIGN HERE Third Applicant/POA Holder

ACKNOWLEDGMENT SLIP

Application No. ....

(TO BE FILLED IN BY THE INVESTOR)



Received an application for purchase of units of LIC MF ..... (Scheme Name with option)  
from Mr/Mrs/Ms. .... (Name of the investor) ..... alongwith  
Cheque/Draft No./Payment Instrument No. .... Date           Bank .....  
Branch ..... Drawn on ..... For ₹ .....  
Bank Charges (in cases of Draft) of ₹ ..... Date

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.



# ONE TIME MANDATE (OTM) FORM



Application No.

Name of Applicant

PAN No. Mobile No.

Email ID

Bank Name

Account No.

Dated D D M M Y Y Y Y Place

SIGN HERE First/Sole Applicant/Guardian SIGN HERE Second Applicant SIGN HERE Third Applicant

- I/We declare that the particulars furnished here are correct. I/We authorize LIC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and / or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.
- I/We will also inform LIC Mutual Fund about any changes in my bank account.
- I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.
- Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
- I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of LIC Mutual Fund using this facility.
- I/We request you to make provisions for me / us and / or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and / or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from LIC Mutual Fund.
- I give my consent to LIC Mutual Fund Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions / non-commercial transactions / promotional / potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.
- The above signatures have to be as per the bank records.
- The above mentioned PAN holder has to be first unit holder in folio/s and one of the holder in the below mentioned bank account.

UMRN Bank use Date D D M M Y Y Y Y

Utility Code Bank use Create Modify Cancel

Sponsor Bank Code Bank use I/We authorize LIC Mutual Fund

To debit (tick ✓) SB CA CC SB-NRE SB-NRO OTHER

Bank a/c Number

With Bank Name of the customers bank IFSC/MICR

an amount of Rupees ₹

Debit Type Fixed Amount Maximum Amount

Frequency Monthly Quarterly Half Yearly Yearly As & when Presented

Reference 1 PAN No. Reference 2 All Schemes of LIC Mutual Fund

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Form D D M M Y Y Y Y Maximum period of validity of this mandate is 40 years only

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only Phone No.

SIGN HERE Signature of primary account holder SIGN HERE Signature of account holder SIGN HERE Signature of account holder

Name as in bank records Name as in bank records Name as in bank records

MANDATORY FIELDS : • Instrument Date • Account Type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records



(To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

# SIP REGISTRATION CUM MANDATE FORM (OTM/PDC)



New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Existing Investors mention your folio number in point no 1.

Application should be submitted atleast 30 days before the 1st debit

☐ New SIP ☐ SIP Cancellation (Please ✓ as appropriate)

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIN)	Time Stamp No.
ARN-153155					E-271894	

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 #By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund. By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund. Declaration for "execution-only" transaction (only where EUIN box is left blank). \* 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 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.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
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## 01. INVESTOR NAME AND DETAILS

Folio No. Existing unit holders: Please mention your Folio Number. New applicants: Please mention Common Application No.

First Applicant's Name/Minor Name FIRST MIDDLE LAST KYC

## 02. SIP DETAILS (Please ✓ any one) For multiple Schemes please use the "Multiple SIP Common Application Form".

<input type="checkbox"/> SIP with first Cheque	<input type="checkbox"/> SIP without Cheque	<input type="checkbox"/> SIP through Post Dated Cheque	<input type="checkbox"/> SIP through registered OTM
<b>Scheme Name / Plan / Option</b>  LIC MF  Plan: Please tick (✓) <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: Please tick (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	<b>SIP Installment Amount (₹)</b>  <b>SIP Date (Please ✓ one)</b> <input type="checkbox"/> Daily (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month, Default date is 10th) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> 15 <sup>th</sup> LIC MF ULIS <input type="checkbox"/> Quarterly	<b>Frequency (Please ✓ one)</b>  <b>Enrollment Period (Please ✓ one)</b> Start Date From To End Date From To (Maximum period is allowed only 40 yrs)	<b>LIC MF STEP - UP Facility (Optional)</b> Amount Frequency Upto Date Please refer Instruction No. VIII(d) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) (Mention End Date) (Default is SIP End Date)

Please tick (✓), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund. \*\*As per NPCI Circular dated 29th December, 2023, mandate can be for maximum duration of 40 years from the date of application.

## 03. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque Drawn on Bank and Branch

Account type Cheque No. should be in continuous series From To

## 04. SIP THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN (First cheque is not mandatory, if you have opted for SIP through registered OTM)

## 05. SIP THROUGH FIRST CHEQUE

Cheque No. Cheque Amount in Rs. Cheque Date:

Bank Name Branch City

## 06. DECLARATION & SIGNATURE/S

I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Mutual Fund. I/We are aware that LIC Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form. I/We hereby accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Date : Place : SIGN HERE First/Sole Applicant/Guardian/POA Holder	SIGN HERE Second Applicant/POA Holder	SIGN HERE Third Applicant/POA Holder
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## ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



SIP through Auto Debit (NACH / PDC)

Folio No./Application No. Received from: Mr./ Ms. /M/s

Date SIP Mandate Form OTM/PDC

Corporate Office:  
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.  
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service\_lcmf@kfintech.com  
Website: www.lcmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:  
KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District  
Nanakramguda | Serilingampally Mandal | Hyderabad - 500032.  
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: lcmf.customercare@kfintech.com  
Website: www.kfintech.com

# ONE TIME MANDATE (OTM) FORM



Application No.

Name of Applicant

PAN No. Mobile No.

Email ID

Bank Name

Account No.

Dated D D M M Y Y Y Y Place

SIGN HERE First/Sole Applicant/Guardian SIGN HERE Second Applicant SIGN HERE Third Applicant

- I/We declare that the particulars furnished here are correct. I/We authorize LIC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and / or any lumpsum payments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.
- I/We will also inform LIC Mutual Fund about any changes in my bank account.
- I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.
- Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
- I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of LIC Mutual Fund using this facility.
- I/We request you to make provisions for me / us and / or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and / or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from LIC Mutual Fund.
- I give my consent to LIC Mutual Fund Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions / non-commercial transactions / promotional / potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.
- The above signatures have to be as per the bank records.
- The above mentioned PAN holder has to be first unit holder in folio/s and one of the holder in the below mentioned bank account.

UMRN Bank use Date D D M M Y Y Y Y

Utility Code Bank use Create Modify Cancel

Sponsor Bank Code Bank use I/We authorize LIC Mutual Fund

To debit (tick ✓) SB CA CC SB-NRE SB-NRO OTHER

Bank a/c Number

With Bank Name of the customers bank IFSC/MICR

an amount of Rupees ₹

Debit Type Fixed Amount Maximum Amount

Frequency Monthly Quarterly Half Yearly Yearly As & when Presented

Reference 1 PAN No. Reference 2 All Schemes of LIC Mutual Fund

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Form D D M M Y Y Y Y Maximum period of validity of this mandate is 40 years only

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Phone No.

SIGN HERE Signature of primary account holder SIGN HERE Signature of account holder SIGN HERE Signature of account holder

Name as in bank records Name as in bank records Name as in bank records

MANDATORY FIELDS : • Instrument Date • Account Type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records



(To be filled by the investor)

Investor Name

PAN No.

Stamp & Signature

Corporate Office: Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020. Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service\_licmf@kfintech.com Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents: KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District Nanakramguda | Serilingampally Mandal | Hyderabad - 500032 . Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@kfintech.com Website: www.kfintech.com

# CKYC & KRA KYC FORM

## KNOW YOUR CLIENT APPLICATION FORM (For Individuals only)



(Please fill the form in English and in BLOCK Letters) Application Type\* ☐ New ☐ Update KYC Number\*   
Fields marked with \* are mandatory fields KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

### 01. IDENTITY DETAILS (Please refer instruction A at the end)

PAN	<input type="text"/>	Please enclose a duly attested copy of your PAN Card		
	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)		
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**  
  
Signature / Thumb Impression

### 02. PROOF OF IDENTITY (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity(PoI) needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- Aadhaar Card	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Aadhaar Number to be masked by the customer	
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

### 03. PROOF OF ADDRESS (POA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address	
Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
State/UT*	<input type="text"/>
City / Town / Village*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State / U.T Code*	<input type="text"/>
Country*	<input type="text"/>
Country Code	<input type="text"/>
Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
(Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)	
<input type="checkbox"/> Passport Number	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>
<input type="checkbox"/> Aadhaar Card	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/> NREGA Job Card	<input type="text"/>
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>
Passport Expiry Date	<input type="text"/>
Driving Licence Expiry Date	<input type="text"/>
Aadhaar Number to be masked by the customer	
Identification Number	<input type="text"/>

☐ 3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Additional Form', Submit relevant documentary proof)	
Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
State/UT*	<input type="text"/>
City / Town / Village*	<input type="text"/>
Zip / Post Code*	<input type="text"/>
State / UT Code*	<input type="text"/>
Country*	<input type="text"/>
Country Code	<input type="text"/>

### 04. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email ID) (Please refer instructions F at the end)

Email ID*	<input type="text"/>
Mobile*	<input type="text"/>
Tel. (Off)	<input type="text"/>
Tel. (Res)	<input type="text"/>





# FATCA / Foreign Tax Laws Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)  
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

## First / Sole Applicant / Guardian

Name																												
PAN								Folio No.																				
Address <sup>1</sup>																												
City								State											Country									
Pincode								Mobile																				
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																				
City of Birth																												
Country of Birth																												

Are you a tax resident of any country other than India? ☒ Yes ☒ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>1</sup>Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent

## Second applicant

Name																												
PAN								Folio No.																				
Address <sup>1</sup>																												
City								State											Country									
Pincode								Mobile																				
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																				
City of Birth																												
Country of Birth																												

Are you a tax resident of any country other than India? ☒ Yes ☒ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>1</sup>Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent



### Third applicant

Name																													
PAN										Folio No.																			
Address <sup>1</sup>																													
City										State										Country									
Pincode										Mobile																			
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																					
City of Birth																													
Country of Birth																													
Are you a tax resident of any country other than India?	Yes <input checked="" type="checkbox"/>									No <input checked="" type="checkbox"/>																			

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>1</sup>Address would be taken as per the data available in KRA database. In case of any change in address please approach KRA.

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent

### Certification

I have understood the information requirements of this Form (read along with the FATCA Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions given under and hereby accept the same.

#### Signatures

<div></div>	<div></div>	<div></div>
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First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Date	d	d	m	m	y	y	y	y	Place																		
------	---	---	---	---	---	---	---	---	-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### INSTRUCTIONS

**Details under FATCA / Foreign Tax Laws:** Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. **Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

**If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number.** Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.

LIC MUTUAL FUND ASSET MANAGEMENT LTD.  
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400 020  
[www.licmf.com](http://www.licmf.com)  
Toll free : 1800 258 5678

Blank space for your branch  
or any other details.