Transaction Form for Financial Transactions



Please refer to the general instructions for as	sistance and complete all sect	ions in English. For	legibility, please use BLOCK LETTERS	in black or dark ink.		Time Stamp
Distributor/RIA Code	Sub-Distributor A		Sub-Distributor Code	EUIN		Branch Code
ARN-64917				E434563		
Initial Commission will be paid by the inv Transaction Charges: SEBI (Mutual Fund) Re	vestor directly to the distrib	utor, based on ass	essment of various factors includin	ng the service rendered by the	ne Distributor.	d to receive transaction charges for
Transaction Charges: SEBI (Mutual Fund) Re investments sourced by him. The transaction No transaction charges would be levied if you	charges deductible are Rs. 150/	if you are investing i	n Mutual Funds for the first time. If you ar	e making a SIP Investment, the tra	insaction charges wo	uld be deducted over 3-4 instalments.
Investor's Declaration where EUIN is not furnished	ed: I/We confirm that the EUIN box	chas been intentionall	y left blank by me/us as this is an "executio	n only" transaction without any inte	eraction or advice by th	e employee/relationship manager/sales
person of the above distributor and/or notwithsta	anding the advice of inappropriat	eness, if any, provided	by the employee/relationship manager/sale	es person of distributor and the dis	ributor has not charge	d any advisory fees on this transaction.
Sole/1st Applicant APPLICANT INFORMATIO				∠ 3rd Applic	ant	
1. AFFLICANT INFORMATIO						
Name of Sole/1st Unit Holder	First Name		Middle Name	Last Name	Folio N	0.
PAN/PEKRN**	rst Unit Holder		Second Unit Holder		Third U	nit Holder
KIN* First Uhi	t Holder		Se¢ond Ur∣it Holder		Third	Unit Holder
Date of Birth* (1st Unit Holder)		Date of Birth* (2	nd Unit Holder) D D M M Y	YYYYY Date of Birth	* (3rd Unit Holder)	
Mobile No. +91-			E-mail ID			
Applicable for Non-Indivuduals						
Legal Entity Identifier (LEI) Number ^				Legal Entity Identifier (I	EI) Expiry Date	DDMMYYYYY
^Legal Entity Identifier (LEI) is applic						on Individuals
KYC is mandatory. Please enclose copie ^ 14 digit KYC Identification Number (K	es of KYC acknowledgemen IN) and Date of Birth is ma	nt letters for all ap Indatory for Individ	plicants. **PEKRN required for Mic ual(s) who has registered under Ce	ro investments upto Rs. 50,0 entral KYC Records Registry	00 in a year. (CKYCR).	
2. ADDITIONAL PURCHASE	E					
O Lumpsum C	Multi-Scheme Lumpsu	ım (Please issue	e cheque favouring L&T MF Mu	Iti-Scheme Lumpsum)		
Scheme 1 : L&T				Amou	ınt (₹)	
Option (✓) Orowth*	O IDCW@	Payout	IDCW [@] Frequency (✓)	O Daily		O Monthly*
O IDCW [@] Reinvest	tment O Bonus^			O Quarterly	○ Annual^	⊖ Semi-Annual^
Scheme 2 : L&T Option (✓) ○ Growth*	○ IDCW@	Pavout	IDCW [@] Frequency (1)	Amoι Ο Daily	O Weekly	O Monthly*
O IDCW [®] Reinvest		. ujout		O Quarterly	O Annual^	⊖ Semi-Annual^
Scheme 3 : L&T				Amou	.,	
Option (✓) O Growth* O IDCW [@] Reinvest	○ IDCW [@] ○ Bonus [^]	Payout	IDCW [@] Frequency (\checkmark)	 Daily Quarterly 	○ Weekly ○ Annual [^]	○ Monthly* ○ Semi-Annual^
Payment Details: O Cheque / D		Electronic Trar	sfer One Time Mand			
If cheque / DD / Pay Order, please	e fill Instrument No.		Instrument Date	D D M M Y Y	YY	
Instrument Amount		Charges (if app		Net Amo	unt (₹)	
	Name		Bank Branch		Bank	City
Account Type (✓) ○ Savin				◯ Others		<u> </u>
If electronic transfer, please fill U						
Amount	Debit Bank Name	3		Account No.		
If One Time Mandate, Please fill, Amount	Debit Bank Name			Account No.		
	rst Unit Holder		in case of minor Ot		Specify.	
Note: Effective February 1, 2021, un				1 10000	1 2	scheme category/investment
amount. Net Asset Value (NAV) will	be applied based on real	ization of funds	for all purchases including syste	ematic transactions regist	ered prior or pos	t February 1, 2021.
 Demat Account Details Depository Participant. NSDL 	O CDSL					
NSDL/CDSL: Depository Participal	nt Name					
Depository Participant ID Please enclose copy of the Client Ma	aster as provided by your	denository	Beneficiary A/c No* *Default option if not selected.	^Available in select	schemes only	
3. SWITCH	in the president by your					
From Scheme L&T			Ontion (v	´) ◯ Growth ◯ IDCW [@] Pa		
IDCW [@] Frequency (✓ wherever ap	pplicable) 〇 Daily 〇	Weekly O M		emi-Annual [^] O Annua		
To Scheme L&T		-	Option (✓	() ○ Growth* ○ IDCW ⁽	[®] Payout ◯ ID	CW [@] Reinvestment
IDCW [@] Frequency (✓ wherever ap	pplicable) \bigcirc Daily \bigcirc '	Weekly O Me	onthly* OQuarterly OS	emi-Annual^ O Annua	<u>ا</u> م	
Please tick any one (\checkmark) \bigcirc Amo	•		OR O No. of	units		OR O All Units
*Default option if not selected Note: Switch transactions are als			e respective schemes accourt	t with effect from Janua	rv 1 2021.	
[®] Note: IDCW stands for 'Income Distr represents realized gains, as may be c	-		•		•	ich is part of the sale price that
represents realized gains, as may be c	declared by the Trustees at	its discretion from	time to time (subject to the availab	ility of distributable surplus a	s calculated in ac	cordance with the Regulations).
ACKNOWLEDGEMENT S	LIP (To be filled in by	the Applicant)				L&T Financial Services
Folio No F	Received from		Name of the Sole/First Ur	it Holder		For Office Use Only
Scheme/Plan/Option						i el ellios ese elliy
O Additional Purchase Amount (in I	Rs)	Drawn On		Instrument No.		Acknowledgement
(, , ,	O Amount		O No. of units	OR All		Stamp & Date
○ Redemption (Please ✓ anyone) ○	Amount	OR	O No. of units	OR OAII	Units	

4. REDEMPTION						
Scheme Name L&T					ent ◯ Bonus^	
IDCW Frequency (✓wherever appl	icable) \bigcirc Daily \bigcirc W	/eekly O Monthly*	◯ Quarterly ◯ S	Semi-Annual^ 🔿 Anni	ual^	
Please (✓) any one ○ Amount (₹	f)		OR O No. of	units		OR O All Units
Please note that if the bank acco	unt has been changed	l and not been intima	ted to us, the proceed	ds will be credited to th	ne bank account regist	ered with us.
IFSC of the registered bank acco If you have registered multiple bank			other than the default	``	close an original cancelle e bank A/c No. below.	ed cheque leaf)
Name of the Bank/ Branch * Default option if not selected	^Available in select so	chemes only	Account No.			
5. KYC INFORMATION						
FOR INDIVIDUAL INVESTORS	1st Applican	nt / Guardian	2nd Applica	int / Guardian	3rd Applican	t / Guardian
(a) Gender (✓)		emale		emale	○ Male ○ Fer	
(b) Father's / Spouse's Name						
(c) Place / Country of Birth (\checkmark)	◯ India ◯ Other	Please specify	○ India ○ Other	Please specify	○ India ○ Other	Please specify
(d) Tax Residency (If you are resident in any country other than India from a taxation perspective, please furnish Country of Tax Residency	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)	Country of Tax Residency	Tax Identification Number (TIN or equivalent)
and Tax Identification Number (TIN) or equivalent alongside)	1.		1.		1.	
	2.		2.		2.	
	3.		3.		3.	
(g) Gross Annual Income (₹)	 Below 1 lac 	\odot 1-5 Lacs	 Below 1 lac 	○ 1-5 Lacs	O Below 1 lac	⊃ 1-5 Lacs
	○ 5-10 Lacs	O 10-25 Lacs	O 5-10 Lacs	10-25 Lacs	○ 5-10 Lacs	10-25 Lacs
	O 25 Lacs - 1 crore	○ > 1 Crore	O 25 Lacs - 1 crore	○ > 1 Crore		> 1 Crore
(h) Net Worth (₹)	Mandatory for (a) Indiv	vidual investors who	nave not furnished Gro	oss Annual Income abov	/e and (b) Non-Individua	i investors.
(Not older than 1 year) (e) Occupation (✓)	Pvt. Sector Service C Govt. Service C Professional C Retired C	 D / M M / Y Y Y Y Public Sector Service Business Housewife Student Agriculturist Ify 	 Pvt. Sector Service Govt. Service Professional Retired 	 Public Sector Service Business Housewife Student Agriculturist ify 	Pvt. Sector Service O Govt. Service O Professional O Retired O	DD/MM/YYYY Public Sector Service Business Housewife Student Agriculturist
(f) Others (✓) (Applicable for Karta of HUF also)	 I am a politically exposi- I am related to a polition Not applicable 		 I am a politically expo I am related to a politi Not applicable 		 I am a politically exposit I am related to a politic Not applicable 	
FOR NON-INDIVIDUAL INVESTORS ONLY	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company O YES O NO (If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)					\bigcirc NO
	If the Entity involved/providing any of the following services: ○ YES (Please ✓ from below) ○ NO ○ Gaming/Gambling/Lottery/Casino Services ○ Foreign Exchange/ Money Changer Services ○ Money Lending/Pawning				ey Lending/Pawning	
6. DECLARATION, CONSEN	T & SIGNATURES	(To be signed as per M	Node of Holding)			

QR code and say

IDECLARATION, CONSENT & SIGNATURES (To be signed as per Mode of Holding) I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the aforesaid Scheme(s) of L&T Mutual Fund including the sections on "Who cannot invest", "Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS)" ("Reporting Guidelines")" and "Important Note on Anti Money Laundering, Know-YourCustomer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Distributor/Broker/Investment Adviser/any governmental or regulatory authority. 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(s) is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. If we dacare that the information given in this application form is correct, complete and truly stated. I/We accept and agree to abide by the terms and conditions and privacy policy (as mentioned on www.ltfs.com) with respect to my/our dealings with L&T Mutual Fund (We shall inform the same to LTIM/ Fund within 30 days of the change. I/We authorize updation of the records (including pertaining to Reporting Guidelines) already provided to LTIM / Fund, I/We agree that I/We shall inform the same to LTIM/ Fund within 30 days of the change. I/We authorize updation of the neorods (including pertaining to the SEBI Registered Intermediaries to facilitate

We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/ us to the group companies of L&T Financial Services for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise. APPLICABLE FOR INVESTMENT THROUGH SEBI REGISTERED INVESTMENT ADVISER / PORTFOLIO MANAGER : I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan to the above mentioned SEBI Registered -Investment Adviser/ Portfolio Manager.

	🛋 (Sole/First Unit Holder)	🛋 (Second Unit Hol	der) 📧	(Third Unit Holder)
Date	D D M M Y Y Y Y			Place
	call 1800 4190 200 or 1800 2000 400	whatsapp @ 9326929294	email investor.line@Intmf.co.in	www.Intmf.com
0	Join us on WhatsApp @ 9326929294 for fina		Int statements, etc or you can connect with us of Resident individual investors only with mo	

(https://www.ltfs.com/companies/Int-investment-management/Int-mutual-fund.html) (For Resident individual investors only with mode of holding as single). Note: Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021.

Please note our lines are open from 9 am to 6 pm, Monday to Friday and 9 am to 1 pm on Saturday.

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

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 in Section 1 of the Form. Your transaction 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.

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year.

* 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

Permanent Account Number (PAN): Furnishing of PAN is mandatory for all applicants except where specific dispensation is provided under law.

- 2. 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 :
 - Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense re imbursements.
 - · Custodian on behalf of an FPI or Client made by Custodian.
 - Payment by an AMC to its empanelled distributor on account of commission/ incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
 - Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.
- g. Effective February 1, 2021, units will be allotted to the investors only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021.

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.

3. 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 switch, 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.
- e. Note: Switch transactions are also subject to realization of funds in the respective schemes account with effect from February 1, 2021.

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.
- e. If your redemption request is followed within 10 days from your request for change in bank account, payout of redemption proceeds is subject to applicable cooling off period.
- 5. 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.
- 6. 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.

7. KYC Details:

Date of KYC Submission	Current KYC Status	What is required			
Upto June 24, 2015	KYC Registered-New KYC	Section 5(e), (f), (g) and (h) is NOT mandatory. Please complete in case of any change in information			
	KYC Verified by CVL MF	Submit the following along with the investment: KYC Modification form along with the required supporting documents. Section 5 completely filled			
With effect from June 25, 2015	KYC Registered-New KYC	Section 5 with all sections mandatorily filled			
	KYC Under Process/ KYC submitted*	Section 5 with all sections mandatorily filled			

*The Under process status should not be older than 15 days.