

Transaction Form for Financial Transactions



Please refer to the General Instructions for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name	
ARN: 64917 ARN-		E-029678		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.

<p>Transaction Charges</p> <p>SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-</p>	<p>Investor's Declaration where EUIN is not furnished</p> <p>I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.</p>
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If this is the first time, you are investing in any mutual fund, please tick here

Sole/1st Applicant 2nd Applicant 3rd 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.

Mobile No. +91- _____ E-mail ID _____

2. ADDITIONAL PURCHASE (Please ensure that the cheque complies to CTS 2010 standards)

Scheme Name **L&T** Option (✓) Growth* Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

Amount (in ₹): _____ Drawn on: _____ Bank Name _____ Bank Branch _____ Bank City _____

Investment Mode Cheque/DD/Pay Order Instrument No. _____ Instrument Date. D | D | M | M | Y | Y | Y | Y One Time Mandate

Electronic Transfer UTR No. _____

Payment made by (✓) First Unit Holder Guardian in case of minor. Others _____ Please Specify _____

Demat Account Details (Please enclose copy of the Client Master as provided by your depository)

Depository (✓) NSDL or CDSL Depository Participant (DP) Name _____

Depository Participant (DP) ID _____ Beneficiary Account Number _____

3. SWITCH

Scheme Name **L&T** Option (✓) Growth Bonus^ Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

To Scheme **L&T** Option (✓) Growth* Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

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

4. REDEMPTION

Scheme Name **L&T** Option (✓) Growth Bonus^ Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

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

Please not that 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 of the registered bank account for electronic payment _____ (Please enclose an original cancelled cheque leaf)

If you have registered multiple bank mandate and if you want credit in a bank A/c other than the default bank please mention the bank A/c No. below.

Name of the Bank/ Branch _____ Account No. _____

*Default option if not selected ^Available in select schemes only

5. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

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

(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



For Office Use Only

Acknowledgement Stamp & Date

Transaction Form For STP & SWP



Please refer to the General Instructions for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name	
ARN-	Sub-Distributor Code			Mobile +91-	
				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.

Transaction Charges	Investor's Declaration where EUIN is not furnished
SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-	I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.
If this is the first time, you are investing in any mutual fund, please tick here <input type="checkbox"/>	<input checked="" type="checkbox"/> Sole/1st Applicant <input checked="" type="checkbox"/> 2nd Applicant <input checked="" type="checkbox"/> 3rd 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.

Mobile No. +91- E-mail ID

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

Scheme Name L&T Option (✓) Growth Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

Withdrawal preference (✓) Amount (₹) OR Capital Appreciation (Available for GROWTH plan only)

Withdrawal frequency (✓) Monthly* Quarterly Semi-Annual Annual

Withdrawal date (✓) 1st 5th 10th* 15th 25th Withdrawal period From M M Y Y Y Y To M M Y Y Y Y OR Till balance

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

Scheme Name L&T Option (✓) Growth Bonus^ Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

To Scheme L&T Option (✓) Growth* Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

Transfer preference (✓) Amount (₹) OR Capital Appreciation (Available for GROWTH plan only) From M M Y Y Y Y To M M Y Y Y Y OR Till balance

Transfer frequency (✓) Daily Weekly (✓) Mon* Tue Wed Thu Fri Fortnightly(✓) 1st 15th* Monthly* Quarterly (✓) 1st 5th 10th* 15th 25th

*Default option if not selected ^Available in select schemes only

4. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

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

(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

SWP Instalment amount Frequency(✓) Monthly Quarterly

STP Instalment amount Frequency(✓) Monthly Quarterly Weekly Fortnightly

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Acknowledgement Stamp & Date