## **Transaction Form for Financial Transactions**



Please refer to the Gener	al Instructions for assistance.	If you are not investing th	rough a Distributor. write D	IRECT in the Distrib	utor Code.	Time Stamp
Distributor Code	Sub-Distributor ARN	EUIN	Branch Code		Manager's Name	
ARN: 64917		E-029678			T.	
ARN-	Sub-Distributor Code			Mobile +91-		
				E-mail		
nitial Commission will b	e paid by the investor directly	to the distributor based (	on accomment of various f	actors including the	sorving randored by t	ho Diotributor
Tilliai Commission wiii b	Transaction Charges	to the distributor, based t	on assessment of various i	-	ration where EUIN is no	
ls. 100/- from your inves	Regulations allow deduction tment for payment to your distri	ibutor if your distributor ha	s opted only" transactio	n without any intera	ction or advice by the	by me/us as this is an "executi employee/relationship manag
deductible are Rs. 150/- in the state of the decision and the state of the decision are stated as the	arges for investments sourced if you are investing in Mutual F the transaction charges would ould be levied if you are not inve than Rs.10,000/-	unds for the first time. If be deducted over 3-4 insta	you are if any, provided distributor has n	by the employee/rel	and/or notwithstanding ationship manager/sale cory fees on this transac	the advice of inappropriatenes s person of distributor and t tion.
f this is the first time,	you are investing in any mu	tual fund, please tick he	re    Sole/1st	Applicant A	≤ 2nd Applicant	
Name of Sole/1st Unit I		è	/liddle Name	Last Name	e Folio I	No
	First Unit Holder	cknowledgement letters	Second Unit Holder		I hira yn	it Holder
	ase enclose a copy of KTC a	_	тог ан аррисанть.			
Mobile No. +91-		E-mail ID				
2. ADDITIONAL I	PURCHASE (Please ensure	that the cheque complie	s to CTS 2010 standards)			
Scheme Name L&T			Option (✓)	Growth*	Dividend Reinvestment	Dividend Payout
Dividend Frequency (	wherever applicable) Dail				inual^	D I O'I
Amount (in ₹):	Drawn on:	Bank Name	Bank Br	anch		Bank City
nvestment Mode C	neque/DD/Pay Order Instrum	nent No.	Instrument D	ate. D   D   M   I	MIYIYIY	One Time Mandate
E	lectronic Transfer UTR N	0.				
ayment made by (✓)	First Unit Holder	Guard	an in case of minor.	Others	Please	Specify
Demat Account De	tails (Please enclose copy o	of the Client Master as p	rovided by your deposite	ory)		
epository(√)	NSDL or C	DSL Depository P	articipant (DP) Name			
Depository Participant (I	OP) ID		Beneficiary A	ccount Number		
3. SWITCH	5. 7.13					
Scheme Name L&T			Option (✓)	Growth Bonus	^ Dividend Reinve	stment Dividend Payou
Dividend Frequency (	wherever applicable) Dail	v  Weeklv  Mon	thly* Quarterly		i-Annual^	
	wherever applicable) Ball	y vecky inon				Dividend Devent
To Scheme L&T			Option (✓)	Growth* Div	vidend Reinvestment	Dividend Payout
	wherever applicable) Dail	y Weekly Mon	. ,	Annual <sup>^</sup> Sem	i-Annual^	
Please tick any one (	, , , ,		OR No. of units			OR All Units
4. REDEMPTION						
Scheme Name L&T			Option (✓)	Growth Bonus		stment Dividend Payou
Dividend Frequency (	wherever applicable) Dail	y Weekly Mon	thly* Quarterly	Annual <sup>^</sup> Semi	-Annual^	
Please tick any one (✓	,		OR No. of units			OR All Units
	ank account has been chan		ated to us, the proceeds	1 1		-
-	bank account for electronic aultiple bank mandate and if you		/c other than the default b	•	nclose an original cand n the bank A/c No. beld	
Name of the Bank/ Bran				Accour		
*Default option if not s	elected ^Available in sele					
	N & SIGNATURES (To be s	•	0,			
nduced by any rebate or g on my/our assessment of	rstood the respective Scheme In jifts, directly or indirectly in makin various factors including the serv different schemes of mutual funds	ng this transaction. I/We und rice rendered by the distribu	erstand that the upfront comr tor. Also, the AMFI registered	nission will be paid di distributor has disclo	irectly by me/us to the Al	MFI registered distributors base
≰ (So	le/First Unit Holder)	×	(Second Unit Holder)		<b>∠</b> (Third	Unit Holder)
					~ (11110	
ACKNOWLEDGE	EMENT SLIP (To be filled in	n by the Applicant)				( L&T Mutual Fun
Folio No.	Received from —		Name of the Sole/First U	nit Holder		D Lou ivididal Fur
Scheme/Plan/Option						For Office Use Only
Additional Purchase			Choque/DD/Deciment lines	trumont No		. 5. 5.1105 555 51119
Amount (in Rs)  Switch Request	Drawn On		Cheque/DD/Payment Inst	uument No		
Please tick any one (✓)		OR No. of u	units	OR All	Units	Acknowledgement
Redemption Reques		OD DN: 1	ınits	OD	Unito	Stamp & Date
Please tick any one (✓)	Amount	OR No. of u	units	OR All	UnitS	1

## **Transaction Form For STP & SWP**



Distributor Code			-				
	Sub-Distributor ARN	EUIN	Bran	ch Code	Relationship	Manager's N	lame
ARN-	Sub-Distributor Code				Mobile +91-		
					E-mail		
nitial Commission will b	pe paid by the investor directly to Transaction Charges	the distributor, based	on assessmer	nt of various fac	_		dered by the Distributor. EUIN is not furnished
	Regulations allow deduction street for payment to your distributions						y left blank by me/us as this is an "executi ce by the employee/relationship manag
deductible are Rs. 150/- making a SIP Investment,	harges for investments sourced bif you are investing in Mutual Fur, the transaction charges would be yould be levied if you are not invest a than Rs.10,000/-	nds for the first time. If e deducted over 3-4 inst	f you are if a talments. dis		the employee/r	elationship ma	hstanding the advice of inappropriatene nager/sales person of distributor and t is transaction.
If this is the first time,	you are investing in any mutu	al fund, please tick h	ere		plicant		cant
1. APPLICANT IN	NFORMATION						
Name of Sole/1st Unit F	Holder First Name	N	<u> Vliddle Name</u>		Last Nar		Folio No.
PAN F	irst Unit  Holder		Second Unit I	Holder			Third Unit Holder
KYC is mandatory. Ple	ease enclose a copy of KYC ac	knowledgement lette	ers for all appl	licants.			
Mobile No. +91-		E-mail ID					
2. SYSTEMATIC	WITHDRAWAL PLAN (SW	P) - Please note that	the value of t	he unit balance	in the source	scheme sho	uld be at least Rs. 25,000
Scheme Name L&T			C	Option (✓) 🔲 🤆	Frowth Div	idend Reinvest	ment Dividend Payout
Dividend Frequency (	√wherever applicable) ☐ Dai	ily Weekly	Monthly*	Quarterly	Annual <sup>^</sup>	Semi-Annual	٨
Withdrawal preference	e (✔)	OR Capital Appre	ciation (Availat	ole for <b>GROWTH</b>	plan only)		
Withdrawal frequency	v (✓) ☐ <b>Monthly*</b> ☐ Qua	arterly Semi	-Annual	Annual			
Withdrawal date (✓)	☐ 1st ☐ 5th ☐ <b>10th*</b>	☐ 15th ☐ 25th <b>Wit</b> f	hdrawal perio	d From MM	YIYIYIY	To MIMIN	✓   Y   Y   Y   OR ☐ Till balance
. ,	TRANSFER PLAN (STP) -						
Scheme Name L&T	TRANSI ER FLAN (STF)	riease note that the			rowth Bon		nd Reinvestment Dividend Payou
Dividend Frequency (	√wherever applicable) ☐ Daily	Weekly Mor	nthly* Q	uarterly 🗌 An	nual^ 🗌 Sen	ni-Annual^	
To Scheme L&T			(	Option (✓) ☐ G	irowth* Div	idend Reinvest	ment Dividend Payout
Dividend Frequency (	√wherever applicable) ☐ Daily	v ☐ Weekly ☐ <b>Mo</b> n	nthly* Q	uarterly 🗌 An	nual^	i-Annual^	
Transfer preference (✓	′)	Capital Appreciation (	Available for <b>GR</b>	OWTH plan only	From M M M Y	Y   Y   Y   To	M M Y Y Y Y OR Till balance
• ` `	, _ , , ,						UK IIII Dalance
Transfer frequency (✓	) Daily Weekly (✓	´)	Tue W	ed Thu			OIT III balance
Transfer frequency (✓			Tue W		Fri	Fortnightly(	OIT III balance
	Monthly* Quarterly	(✓)	5th10		Fri		OIT III balance
*Default option if not s	Monthly* Quarterly selected ^Available in	(✓) ☐ 1st ☐	5th		Fri		OIT III balance
I/We have read and und nor been induced by an registered distributors b	Monthly* Quarterly of Selected *Available in N & SIGNATURES (To be signerated by rebate or gifts, directly or indipassed on my/our assessment of	n select schemes only gned as per Mode of Hi Information Document, rectly in making this tra	5th 10  y  olding)  Statement of A  ansaction. I/We ling the service	Oth* 15th  Additional Informe understand the rendered by the	Fri 25th  attion and Key at the upfront ce distributor. A	Fortnightly(✓	OIT III balance
*Default option if not s  4. DECLARATIO  I/We have read and und nor been induced by an registered distributors b commissions to me/us (	Monthly* Quarterly of Selected *Available in N & SIGNATURES (To be signerated by rebate or gifts, directly or indipassed on my/our assessment of	(<') 1st	5th 10  y  olding)  Statement of A  ansaction. I/We ling the service	Oth* 15th	Fri 25th  attion and Key at the upfront ce distributor. A	Information Me ommission will so, the AMFI st which the so	emorandum. I/We have neither receiv Il be paid directly by me/us to the AM registered distributor has disclosed t
*Default option if not s  4. DECLARATIO  I/We have read and und nor been induced by an registered distributors b commissions to me/us (	Monthly* Quarterly of Selected Available in N & SIGNATURES (To be signerated the respective Scheme In yrebate or gifts, directly or individuals of the properties of the prope	(<') 1st	olding) Statement of Annaction. I/We ling the service fferent scheme	Oth* 15th	Fri 25th  attion and Key at the upfront ce distributor. A	Information Me ommission will so, the AMFI st which the so	emorandum. I/We have neither receiv II be paid directly by me/us to the AN registered distributor has disclosed to theme is being recommended to me/
*Default option if not s  4. DECLARATIO  I/We have read and und nor been induced by an registered distributors b commissions to me/us (	Monthly* Quarterly of Selected Available in N & SIGNATURES (To be signerated the respective Scheme In yrebate or gifts, directly or individuals of the properties of the prope	n select schemes only gned as per Mode of He Information Document, rectly in making this tra various factors includ ), payable to him for dif	olding) Statement of Annaction. I/We ling the service fferent scheme	Oth* 15th	Fri 25th  attion and Key at the upfront ce distributor. A	Information Me ommission will so, the AMFI st which the so	emorandum. I/We have neither receiv II be paid directly by me/us to the AN registered distributor has disclosed to theme is being recommended to me/
*Default option if not s  4. DECLARATIO  I/We have read and und nor been induced by an registered distributors b commissions to me/us (	Monthly* Quarterly of selected *Available in N & SIGNATURES (To be signature of the selection of the respective Scheme of the selection of the	n select schemes only gned as per Mode of He Information Document, rectly in making this tra various factors includ ), payable to him for dif	olding) Statement of Annaction. I/We ling the service fferent scheme	Oth* 15th	25th 25th attion and Key at the upfront of the distributor. A dis from amongs	Information Me ommission will so, the AMFI st which the so	emorandum. I/We have neither receiv II be paid directly by me/us to the AN registered distributor has disclosed to theme is being recommended to me/
*Default option if not s  4. DECLARATIO  I/We have read and und nor been induced by an registered distributors b commissions to me/us (   ACKNOWLEDGE	Monthly* Quarterly of Selected Available in N & SIGNATURES (To be signerated by rebate or gifts, directly or indivased on my/our assessment of (in trail commission or any other) ole/First Unit Holder)  EMENT SLIP (To be filled in least of the selection of the s	n select schemes only gned as per Mode of He Information Document, rectly in making this tra various factors includ ), payable to him for dif	olding) Statement of Annaction. I/We ling the service fferent scheme	Additional Informe a understand the rendered by the s of mutual function to the Holder)	25th 25th attion and Key at the upfront of the distributor. A dis from amongs	Information Me ommission will so, the AMFI st which the so	emorandum. I/We have neither receiv II be paid directly by me/us to the AN registered distributor has disclosed to theme is being recommended to me/
*Default option if not s  4. DECLARATIO  I/We have read and und nor been induced by an registered distributors b commissions to me/us (   ACKNOWLEDGE  Folio No.	Monthly* Quarterly of Selected Available in N & SIGNATURES (To be signerated by rebate or gifts, directly or indivased on my/our assessment of (in trail commission or any other) ole/First Unit Holder)  EMENT SLIP (To be filled in least of the selection of the s	n select schemes only gned as per Mode of He Information Document, rectly in making this tra various factors includ ), payable to him for dif	olding) Statement of Annaction. I/We ling the service fferent scheme	Additional Informe understand the rendered by the sof mutual fundational theorem.	25th 25th attion and Key at the upfront of the distributor. A dis from amongs	Information Me ommission will so, the AMFI st which the so	emorandum. I/We have neither receiv II be paid directly by me/us to the AN registered distributor has disclosed to theme is being recommended to me/