## **Transaction Form**



Please refer to the general in	nstructions for assistance and com	ctions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink				Time Stamp
Distributor Code	Sub-Distributor ARN	Branch Code	Code Relationship Manager's Name			EUIN
	Sub-Distributor Code		Mobile +91-			
	Sub-Distributor Code		E-mail			
Initial Commission will b	e naid by the investor directly t	o the distributor based	On assessment	of various factors inc	luding the service rendered by	the Distributor
Investor's declaration will I/We herby confirm that relationship manager/sa	here EUIN is not furnished. the EUIN box has been inten	tionally left blank by m utor or notwithstanding	e/us as this is an the advice of the	n "execution only" tra e in appropriateness,	ansaction without any interaction if any, provided by the employ	on or advice by the employee
X (Sole/Fir	st Applicant/Guardian)		K (Second Appli	icant)	X (Third	l Applicant)
1. APPLICANT IN	IFORMATION					1
KYC is mandatory. Plea	older First Name Unit Holder       se enclose a copy of KYC ack TAILS OF SOLE/1ST UNIT	nowledgement letters	Middle Name cond Unlit Holde for all applicants	r	_ast Name Folio	
Mobile No. +91-		E-mail ID				
	PURCHASE (Please ensure		ies to CTS 2010 s	standards)		
Scheme Name	L&T			,		
Option (✓) Investment Mode	□ Growth* □ Bonus^ □ Dividend Reinvestment □ Dividend Payout Dividend Frequency (✓) □ Monthly □ Quarterly   Iode □ Cheque/DD/Pay order No □ RTGS/NEFT/Online Transfer/Fund Transfer □ RTGS/NEFT/Online Transfer					
Devenuent mode has ( /)	Amount (in ₹):	Drawn or		Cheq	ue/DD/Payment Instrument No.	
Payment made by (✓) 4. SWITCH	First/Second/Third Unit		Guardian		Others	
4. SWITCH Scheme Name	L&T					
Option $(\checkmark)$ To Scheme	Growth Bonus	Dividend Reinvestme	ent Dividend	d Payout	Dividend Frequency ( $\checkmark$ )	Monthly Quarterly
Option $(\checkmark)$	Growth* Bonus^	Dividend Reinvestm	ent Dividen	d Payout	Dividend Frequency (✓)	Monthly* Quarterly
Please tick any one (✓) 5. REDEMPTION	Amount (₹)		OR 🗌 No. of u	units	OR All	Units
From Scheme	L&T					
Option $(\checkmark)$ Please tick any one $(\checkmark)$	Growth Bonus Amount (₹)	Dividend Reinvestm n intimated to us, the	OR 🗌 No. of u		Dividend Frequency (✓) □ OR □ All Uni nk account registered with u	ts
If you have multiple ban	tered bank account for elect k accounts registered with us a the proceeds will not be paid of	and wish to receive the		gistered bank accour	(Please enclose an origin to ther than your default account	al cancelled cheque leaf) nt please provide the below
Name of the bank				Account No.		
6. SYSTEMATIC	WITHDRAWAL PLAN (SW	/P) - Please note that	the value of the	e unit balance in the	e source scheme should be a	t least Rs. 25,000
From Scheme Option (✓) Withdrawal preference	e (✓) Amount (₹)		eciation (Available	e for <b>GROWTH</b> plan o	Dividend Frequency (✓)	
Withdrawal date (1)	1st 5th 10th*	15th 25th Wit	hdrawal period	From M M Y Y	<u>То</u> ММҮҮҮҮ	Y OR Till balance
7. SYSTEMATIC	TRANSFER PLAN (STP)	Please note that the	value of the uni	it balance in the sou	Irce scheme should be at lea	st Rs. 25,000
From Scheme Option $(\checkmark)$	L&T Growth Bonus	Dividend Reinvestme	ent Dividend	d Payout	Dividend Frequency ( </td <td>Monthly Quarterly</td>	Monthly Quarterly
To Scheme Option $(\checkmark)$	L&T Bonus^	Dividend Reinvestm	ent Dividen	d Payout	Dividend Frequency (✓)	Monthly* Quarterly
Transfer preference (✓ Transfer frequency (✓) *Default option if not set	) Amount (₹) Ol Monthly* Weekly (✓	R Capital Appreciation	on (Available for <b>GF</b>	ROWTH plan only) Fron		Y   Y   Y   Y OR Till balance
8. DECLARATIO	N & SIGNATURES					
directly or indirectly in making	this transaction. I/We understand the stributor. Also, the AMFI registered dis	at the upfront commission w	ill be paid directly by	me/us to the AMFI regist	randum. I/We have neither received no ered distributors based on my/our ass y other), payable to him for different so Date	essment of various factors including
X (Sole	e/First Unit Holder)	Х	(Second Unit H			Unit Holder)
ACKNOWLEDGE	MENT SLIP (To be filled in	by the Applicant)				L&T Mutual Fund
Folio No.	Received from		Name of the S	Sole/First Unit Holder		$\checkmark$
Scheme/Plan/Option Additional Purchase						
Amount (in Rs)	Drawn On		Cheque/DD/F	Payment Instrument No	0	For Office Use Only
Please tick any one (✓)	Amount	OR No. of	f units	0	DR All Units	
<b>Redemption Reques</b> Please tick any one $(\checkmark)$	t Amount	OR No. of	f units	(	DR All Units	
SWP STP	Instalment amount	Frequ	iency(✓)  Mon iency(✓)  Mon	thly Quarterly	Weekly Fortnightly	Acknowledgement Stamp & Date