

# COMMON APPLICATION FORM



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.

**Application No.**

KEY PARTNER / ARN HOLDER INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN Code column.) (Refer Instruction 2 & 3)

ARN / RIA Code	Sub-broker Code	Sub-broker ARN Code	Employee Unique Identification Number (EUIN)	Time Stamp No
<b>24863</b>			<b>E043887</b>	<i>For office use only</i>

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. 3)

"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." (please tick (✓)) and sign)

SIGN HERE First/ Sole Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4]

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds.	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds.
(Rs. 150 deductible as Transaction Charge and payable to the Distributor)	(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

**1. 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. <input type="text"/>	The details in our records under the folio number mentioned alongside will apply for this application
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**2. 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/Minor Name	FIRST	MIDDLE	LAST	KYC: <input type="checkbox"/>
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC: <input type="checkbox"/>
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC: <input type="checkbox"/>

First Applicant PAN : <input type="text"/>	Second Applicant PAN : <input type="text"/>	Third Applicant PAN : <input type="text"/>
CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>	CKYC No.: <input type="text"/>
DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory)	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory)	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory)

**NAME OF GUARDIAN** (in case of First / Sole Applicant is a Minor) / **NAME OF CONTACT PERSON – DESIGNATION** (in case of non-individual Investors)

FIRST	MIDDLE	LAST
PAN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KYC <input type="checkbox"/> CKYC No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian		
DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mandatory) Relationship with minor Please (✓)		

**3. TAX STATUS** (Please tick ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIs	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Bank
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> FPI	<input type="checkbox"/> Others	<input type="checkbox"/> Company	<input type="checkbox"/> LLP

**4. 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"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others .....(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"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others .....(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"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others .....(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 Net worth (Mandatory for Non-Individual Rs. _____ as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 OR Net Worth _____ (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 OR Net Worth _____ (Not older than 1 year)

<b>For Individual</b>	<b>For Non-Individual Investors (Companies, Trust, Partnership etc.)</b>	
<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	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) Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**5. MODE OF HOLDING** [Please tick (✓)]  Joint  Single  Anyone or Survivor (Default option is Joint)

**6. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY)** (Refer Instruction 11)

Landmark	City	State	Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country
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**7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)**

Email Id (Please Specify)	Mobile No.
Tel no (Resi) (STD Code)	(Off) (STD Code)



(TO BE FILLED IN BY THE INVESTOR)

## ACKNOWLEDGEMENT SLIP

**APP. No**

Received an application for purchase of units of LIC MF _____ (Scheme Name with option) from Mr/Mrs/M/s. _____ (Name of the investor) _____ alongwith Cheque/Draft No./Payment Instrument No. _____ Dated _____ Bank _____ Branch _____ Drawn on _____ For ₹ _____ Bank Charges (in cases of Draft) of ₹ _____ Date _____ Please Note : All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.	Time Stamp No.          ISC Signature, Stamp & Date
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