

# Transaction Form



Please refer to the general instructions 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	Relationship Manager's Name		EUIIN E039709
ARN- 16709	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. Investor's declaration where EUIIN is not furnished.  
I/We hereby confirm that the EUIIN 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 the 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.

(Sole/First Applicant/Guardian)  (Second Applicant)  (Third 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.

## 2. CONTACT DETAILS OF SOLE/1ST UNIT HOLDER

Mobile No. +91- \_\_\_\_\_ E-mail ID \_\_\_\_\_

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

Scheme Name: L&T  
 Option (✓)  Growth\*  Dividend Reinvestment  Dividend Payout  Dividend Frequency (✓)  Monthly  Quarterly  
 Investment Mode  Cheque/DD/Pay order No. \_\_\_\_\_  RTGS/NEFT/Online Transfer/Fund Transfer  
 Amount (in ₹): \_\_\_\_\_ Drawn on: \_\_\_\_\_ Cheque/DD/Payment Instrument No. \_\_\_\_\_  
 Payment made by (✓)  First/Second/Third Unit Holder  Guardian  Others

## 4. SWITCH

Scheme Name: L&T  
 Option (✓)  Growth  Dividend Reinvestment  Dividend Payout  Dividend Frequency (✓)  Monthly  Quarterly  
 To Scheme: L&T  
 Option (✓)  Growth\*  Dividend Reinvestment  Dividend Payout  Dividend Frequency (✓)  Monthly\*  Quarterly  
 Please tick any one (✓)  Amount (₹) \_\_\_\_\_ OR  No. of units \_\_\_\_\_ OR  All Units

## 5. REDEMPTION

From Scheme: L&T  
 Option (✓)  Growth  Dividend Reinvestment  Dividend Payout  Dividend Frequency (✓)  Monthly  Quarterly  
 Please tick any one (✓)  Amount (₹) \_\_\_\_\_ OR  No. of units \_\_\_\_\_ OR  All Units

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 Code of the registered bank account for electronic payment \_\_\_\_\_ (Please enclose an original cancelled cheque leaf)  
 If you have multiple bank accounts registered with us and wish to receive the proceeds in a registered bank account other than your default account please provide the below details. Please note that the proceeds will not be paid out to an unregistered bank account.

Name of the bank \_\_\_\_\_ Account No. \_\_\_\_\_

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

From Scheme: L&T  
 Option (✓)  Growth  Dividend Reinvestment  Dividend Payout  Dividend Frequency (✓)  Monthly  Quarterly  
 Withdrawal preference (✓)  Amount (₹) \_\_\_\_\_ OR  Capital Appreciation (Available for GROWTH plan only)  Withdrawal frequency (✓)  Monthly\*  Quarterly  
 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

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

From Scheme: L&T  
 Option (✓)  Growth  Dividend Reinvestment  Dividend Payout  Dividend Frequency (✓)  Monthly  Quarterly  
 To Scheme: L&T  
 Option (✓)  Growth\*  Dividend Reinvestment  Dividend Payout  Dividend Frequency (✓)  Monthly\*  Quarterly  
 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 (✓)  Monthly\*  Weekly (✓)  Mon\*  Tue  Wed  Thu  Fri  Fortnightly(✓)  1st  15th\*  Quarterly (✓)  1st  5th  10th\*  15th  25th  
 \*Default option if not selected

## 8. DECLARATION & SIGNATURES

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

Date [D|D|M|Y|Y|Y|Y]

X (Sole/First Unit Holder)  X (Second Unit Holder)  X (Third Unit Holder)

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN - 16709 E039709



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  
 SWP Instalment amount \_\_\_\_\_ Frequency(✓)  Monthly  Quarterly  
 STP Instalment amount \_\_\_\_\_ Frequency(✓)  Monthly  Quarterly  Weekly  Fortnightly

For Office Use Only  
 Acknowledgement Stamp & Date