

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.

KEY PARTNER / ARN HOLDER INFORMATION

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

Application No.

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No.
ARN - 92245					E092536	

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

"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 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

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
--	---	--

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

In case the purchase/ subscription amount is ₹ 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.

01. EXISTING UNIT HOLDER INFORMATION (If you have existing folio, with PAN & KYC validation please fill in section 1 and proceed to section 14.)

Folio No. The details in our records under the folio number mentioned alongside will apply for this application

02. 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
PAN <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC No. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mandatory)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC No. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mandatory)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Applicant's Name	FIRST	MIDDLE	LAST	KYC
PAN <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC No. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mandatory)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	KYC
PAN <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC No. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mandatory)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship with minor Please (✓) Father Mother Court Appointed Legal Guardian

03. 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"/> FI	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> FPI	<input type="checkbox"/> QFI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Others	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> LLP	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector

04. 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"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (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"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (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"/> Retired	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Other (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 OR Net Worth
	Net worth (Mandatory for Non-Individual ₹ as on <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)

For Individual	For Non-Individual Investors (Companies, Trust, Partnership etc.)	Yes	No
<input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/Promoters/ Karta/Trustee/Whole time Directors) please mention)	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)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I am Related to Politically Exposed Person	Foreign Exchange / Money Changer Services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not Applicable	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/>	<input type="checkbox"/>
	Money Lending / Pawning	<input type="checkbox"/>	<input type="checkbox"/>
	None of the above	<input type="checkbox"/>	<input type="checkbox"/>

05. GENDER [Please tick (✓)]
 Male
 Female
 Transgender
06. MODE OF HOLDING [Please tick (✓)]
 Joint
 Single
 Anyone or Survivor (Default option is Joint)
07. MAILING ADDRESS OF FIRST / SOLE APPLICANT (MANDATORY) (Refer Instruction 11)

Landmark	City	State	Pincode	Country
----------	------	-------	---------	---------

08. GO GREEN INITIATIVE (Mandatory) [Please tick (✓) the mode for receiving the copy of Annual Report/Abridged Summary] (Refer instruction 19)

As part of Go-Green initiative, investors are encouraged to register/update their email ID and Mobile Number with us to support paper-less communication. Default communication mode is E-mail only, if you wish to receive following document(s) via physical mode : [please tick (✓)]

 Account Statement
 Annual Report
09. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)
Email Id (EMAIL Id to be written in BLOCK letters)
Tel No.: (Resi) (STD Code) **(Off) (STD Code)** **Mobile No.**

<input type="checkbox"/> I declare that Email address and Mobile number provided in this form belongs to Self (or) Family Member, and approve for usage of these contact details for any communication with LIC MF. Please note all kinds of investor communication will be sent through email only instead of physical, for investors who provide their email address.	<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian
---	---

10. Overseas address (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

Landmark	City	State	PO Box No.	Country
----------	------	-------	------------	---------

11. DEMAT ACCOUNT DETAILS (Optional - refer instruction 13)

	NSDL	CSDL
DP Name		
DP ID		
Beneficiary Account No		

12. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA details form
 Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? Yes No
 Please tick as applicable and if yes, provide the below mentioned information (mandatory).

Sole/First Applicant/Guardian	2nd Applicant	3rd Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth.....	Country of Birth.....	Country of Birth.....
County of Citizenship/Nationality.....	County of Citizenship/Nationality.....	County of Citizenship/Nationality.....
Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you e US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide Tax Payer Id.....	Please provide Tax Payer Id.....	Please provide Tax Payer Id.....
Country of Tax Residency* Taxpayer Identification No. (other than India)	Country of Tax Residency* Taxpayer Identification No. (other than India)	Country of Tax Residency* Taxpayer Identification No. (other than India)
1	1	1
2	2	2
3	3	3

* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder should fill form to provide the above details mandatorily.

13. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it's mandatory for investors to provide bank account details

Account No.	Name of the Bank
Type of A/c <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others.....	Branch
Bank City	IFSC code**
	MICR No.

Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)

14. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 2, 3 & 10) (If this section is left blank, only folio will be created)

Separate cheque/demand draft must be issued for each Investment, drawn in favour of respective scheme name.
Please write appropriate scheme name as well as the Plan / Option / Sub Option.

*Cheque/DD Favouring Scheme Name/Cash (refer Instruction 2 & 3)	Plan/Option	Amount Invested (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS) TSL No. (in case of CASH)	Bank and Branch and Account Number (for Cheque/DD)	For Cash
LIC MF REGULAR PLAN	<input type="checkbox"/> Growth				Deposited in Bank
	<input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option				Branch Code
	<input type="checkbox"/> Reinvestment of income Distribution cum capital withdrawal option				

*All purchases are subject to reliazation of fund (Refer to Instruction No. 10) Account Type (Please tick (✓)), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund.

Type of A/c SB Current NRE NRO FCNR Others Please specify

15. LEGAL ENTITY IDENTIFIER DETAILS

LEI No: Validity Period of LEI: D D M M Y Y Y Y

Legal Entity Identifier is mandatory for all non-individuals and it should be quoted in any financial transactions of Rs.50 Crores and above routed through RTGS/NEFT w.e.f 1st April 2021.

16. NOMINATION DETAILS (Refer Instruction No. 15)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR I/WE DO NOT WISH TO NOMINATE

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee / Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3			100%	

17. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

Name of the POA holder

PAN of the POA holder Attached KYC Letter (Mandatory) Notarized copy of POA

18. DECLARATION & SIGNATURE/S

a) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the scheme & I/We have nor received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC. I/We hereby authorised the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) for NRIs: I/We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that I /we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary. I/We confirm that details provided by me/us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. d) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/ MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. e) The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me /us.

I/We hereby accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form (refer instruction no 20).

FOR INVESTMENT BY CASH : I have not invested in LIC Mutual Fund more than ₹ 50,000/- in cash including the current investment during the current financial year.

Date :	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Place :	SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



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. Date Bank
Branch Drawn on For ₹
Bank Charges (in cases of Draft) of ₹ Date

ISC Signature, Stamp & Date

Please Note: All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
KFin Technologies Private Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District
Nanakramguda |Serilingampally Mandal | Hyderabad - 500032 .
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: licmf.customer@kfintech.com
Website: www.kfintech.com

SIP REGISTRATION CUM MANDATE FORM (NACH/DIRECT DEBIT/PDC)



New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Existing Investors mention your folio number in point no 1.

Application should be submitted atleast 30 days before the 1st debit

ARN* / RIA Code / PMRN	ARN / RIA / PM Name	Sub-broker Code	Sub-broker ARN Code	RM Code	Employee Unique Identification Number (EUIIN)	Time Stamp No.
ARN - 92245					E092536	

#By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser the details of my/our transactions in the scheme(s) of LIC Mutual Fund.
By mentioning PMRN code (Portfolio Manager's Registration Number), I/we authorize you to share with the SEBI-Registered Portfolio Manager the details of my/our transactions in the scheme(s) of LIC Mutual Fund.
Declaration for "execution-only" transaction (only where EUIIN box is left blank). * 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 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.

<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
---	--	---

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is ₹ 10,000/- or more and if your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

01. INVESTOR NAME AND DETAILS

Folio No. Existing unit holders: Please mention your Folio Number. New applicants: Please/mention Common Application No.

First Applicant's Name/Minor Name FIRST MIDDLE LAST KYC

02. SIP DETAILS (Please ✓ any one) For multiple Schemes please use the "Multiple SIP Common Application Form".

<input type="checkbox"/> SIP with first Cheque	<input type="checkbox"/> SIP without Cheque	<input type="checkbox"/> SIP through Post Dated Cheque			
Scheme Name / Plan / Option	SIP Installment Amount (₹)	SIP Date (Please ✓ one)	Frequency (Please ✓ one)	Enrollment Period (Please ✓ one)	LIC MF STEP - UP Facility (Optional)
LIC MF REGULAR PLAN <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of income Distribution cum capital withdrawal option		<input type="checkbox"/> DD (Any date from 1 st to 28 th of a given month, Default date is 10th) <input type="checkbox"/> 15 th LIC MF ULIS	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	Start Date: From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y End Date: <input type="checkbox"/> Perpetual (Default) or (Specify Date) <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Amount: ₹ <input type="text"/> (Multiples of ₹ 1 thereafter)* Please refer Instruction No. ix (d) Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) Upto Date: <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (Mention End Date) (Default is SIP End Date)

Please tick (✓), Default Option is Growth. Only Growth Option is Available under LIC MF Children Gift Fund.

UMRN If you are an existing SIP investor and wish enroll another SIP with the same bank. Please mention the UMRN No. (Please check the maximum amount given earlier)

03. SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque Drawn on Bank and Branch

Account type Cheque No. should be in continuous series From To

04. LEGAL ENTITY IDENTIFIER DETAILS

LEI No: Validity Period of LEI: DD MM YY YY

Legal Entity Identifier is mandatory for all non-individuals and it should be quoted in any financial transactions of Rs.50 Crores and above routed through RTGS/NEFT w.e.f 1st April 2021.

05. DECLARATION & SIGNATURE/S

I/we hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Mutual Fund. I/we are aware that LIC Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/we will also inform LIC Mutual Fund/RTA about any changes in my/our bank account. I/we confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/we have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Mutual Fund. I/we hereby authorize the bank to honour such payments for which I/we have signed and endorsed the Mandate Form. I/we hereby accord my/our consent to LIC MF for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form (refer instruction no IX).

Date : <input type="text"/>	<input checked="" type="checkbox"/> SIGN HERE First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> SIGN HERE Second Applicant	<input checked="" type="checkbox"/> SIGN HERE Third Applicant
-----------------------------	---	--	---

ACKNOWLEDGMENT SLIP

Application No.

(TO BE FILLED IN BY THE INVESTOR)



SIP through Auto Debit (NACH / PDC)

Folio No./Application No. Received from: Mr./ Ms. /M/s

Date DD MM YY YY SIP Mandate Form NACH/PDC/Auto Debit Form