



Application No.

LIC MUTUAL FUND

No

Yes

KEY PARTNER / ARN HOLDER INFORMATION

Not Applicable

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

Employee Unique Sub-broker Sub-broker ARN* / RIA Code / PMRN ARN / RIA / PM Name RM Code Time Stamp No Identification Number (EUIN Code **ARN Code** ARN-146262 E 253637

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. 3) Declaration for execution-only darksaction (only where EUN box is let tolarly (refer instruction-mot.)

"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)
#By mentioning RIA code (Registered InvestmentAdviser), 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. 8 First/Sole Applicant/Guardian Second Applicant Third Applicant TRANSACTION CHARGES FOR APPLICANTS THROUGH ARN HOLDER ONLY [Refer Instruction 4] confirm that I am a First time investor across Mutual Funds I confirm that I am an existing investor in Mutual Funds (₹ 150 deductible as Transaction Charge and payable to the Distributor) (₹ 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. 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 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.) 02. KYC First Applicant's Name/Minor Name Date of Birth PAN CKYC No. Second Applicant's Name KYC Date of Birth PΔN CKYC No. Third Applicant's Name KYC Date of Birth PAN CKYC No. NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-individual Investors) KYC Date of Birth PAN CKYC No. Relationship with minor Please (1) Father Mother **Court Appointed Legal Guardian** 03. TAX STATUS (Please tick V) FIIs NRI-NRO Club/Society PIO **Body Corporate** Resident Individual HUF Minor Government Body Bank FI NRI-NRE FPI Company QFI Sole Proprietor Others Partnership Firm LLP 04. KYC Details (Mandatory) Occupation Please tick (< Private Sector Public Sector Government Service Business Professional Retired Housewife FIRST APPLICANT/ GUARDIAN (in case of minor) (please specify) Student Forex Dealer Agriculturist Other Private Sector Public Sector Government Service Business Professional Retired Housewife SECOND APPLICANT Student Forex Dealer Agriculturist Other (please specify) Private Sector Public Sector Government Service Business Professional Retired Housewife THIRD APPLICANT Student Forex Dealer Agriculturist Other (please specify) GROSS ANNUAL INCOME [Please tick ()] Below 1 Lac 1-5 Lacs > 5-10 Lacs > 10-25 Lacs > 25 Lacs-1 Crore >1 Crore OR Net Worth FIRST APPLICANT/ GUARDIAN (in case of minor) Net worth (Mandatory for Non-Individual ₹ as on SECOND APPLICANT > 5-10 Lacs > 10-25 Lacs >1 Crore OR Net Worth (Not older than 1 year) Below 1 Lac 1-5 Lacs > 25 Lacs-1 Crore THIRD APPLICANT > 10-25 Lacs >1 Crore OR Net Worth Below 1 Lac 1-5 Lacs > 5-10 Lacs > 25 Lacs-1 Crore For Individual For Non-Individual Investors (Companies, Trust, Partnership etc.) I am Politically Exposed Person (Also applicable for authorized signatories/Promoters Is the company a Listed Company or Subsidiary of Listed Company or Controlled by Yes No a Listed Company (If No please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration) Karta/Trustee/Whole time Directors) please mention) Foreign Exchange / Money Changer Services Yes No Gaming / Gambling / Lottery / Casino Services Yes No I am Related to Politically Exposed Person Money Lending / Pawning Yes No

None of the above

05. GENDER [PI	lease tick	k (✓)]																	
Male	F	Female		Transge	nder														
06. MODE OF H	OLDING	[Please t	ick (√)]																
Joint		Single			Anyone	or Survi	ivor (Defau	It option is	Joint	:)									
07. MAILING AD	DRESS	OF FIRST	r / SOLE	APPLICAI	NT (MAN	IDATOR	Y) (Refer I	nstructior	11)										
Landmark		City			State				Pi	ncode					ountr	v			
08. GO GREEN	INITIATIV		atory) [P	lease tick		mode fo	r receivin	g the copy			ort/A	bridge	d Sur				struction	on 19)	
As part of Go-Gre		,		,	_	•	•							supp	ort pa	per-le	ess con	munica	ation.
Default communication Account S			-	-	o receive	followin	ig docume	nt(s) via ph	ysica	ıl mode : [p	lease	tick (√))]						
09. CONTACT D			Annual F	<u> </u>	T (Mobil	o No. an	d Email Id	L Bofor Inc	etruc	tion No. 11	1)								
Email Id	LIAILS	OF SOLL	/FIRST A	FFLICAN	i (iwobii	e No. an	iu Emaii it	i. Kelei ili	struc	tion No. 1	',			(FN	h IIAN	to be	written	in BLOC	CK letters)
Tel No.: (Resi) (STD Code)					(Off) (STD Code)						(EMAIL Id to be written in BLOCK letters) Mobile No.								
- (Root) (O						(0)						⊗							
I declare that					-							-	/	,					
kinds of inv	estor co		-				-					o provide							
their email a	address.													SIGN HERE First/Sole Applicant/Guardian					an
10. Overseas ad	ddress (O	verseas a	ddress is r	mandatory f	for NRI / F	II applica	ınts in addit	ion to maili	ng ad	dress in Ind	ia)								
		City			State				РΟΙ	Box No.					Coun	ntry			
11. DEMAT ACC	OUNT D	ETAILS (Optional -	refer instru	ction 13)														
					NSDI	-								С	SDL				
DP Name																			
DP ID																			
Beneficiary Accou	unt No																		
12. FATCA Detai	il (For Inc	dividuals	& HUF (Mandatory	y) Non Ir	ndividua	ıl investor	s should r	nand	atorily fill	sepa	rate FA	TCA	detai	ls forn	n			
Do you have any n Please tick as appl	ion-Indian licable an	n Country d if yes, p	(ies) of B provide the	irth / Citize e below me	enship / N entioned	lationalit informat	ty and Tax tion Imand	Residency atory).	?	Yes	No								
Sole/First Appl	icant/Gu	ardian	Yes	No		2nd A	Applicant	Yes		No		3rd Ap	plica	nt	Yes		No or POA	Yes	s No
Country of Birth					Country	of Birth	1					Countr	y of B	irth					
County of Citizensh	hip/Natior	nality			County of Citizenship/Nationality							County	of Ci	tizen	ship/Na	ationa	lity		
Are you e US Spec	•		Yes	No	,		specified P		Yes No			Are you e US Specified Person? Yes						No	
			162	INO			<u> </u>			es NO)II:	res	NO
Please provide Tax	k Payer id	1			Please	provide	Tax Payer	10				Please	provi	de 18	ax Pay	er ia			
Country of Tax Residency (other than India)		Taxpaye	r Identifica	ation No.		y of Tax han Indi	Residency a)	Taxpayer Identification No.				Country of Tax Residency* (other than India)					Taxpayer Identification No.		
1					1						1								
2					2						2								
3					3							3							
* Please indicate all countri	ries in which y	ou are a resid	dent for tax p	urpose and ass	sociated Tax	Payer Inder	ntification numb	er. In case of a	ssociati	ion with POA, th	ne POA	holder sho	ould fill fo	orm to	provide th	ne above	details ma	indatorily.	
13. BANK ACCO	DUNT DE	TAILS OF	F THE FI	RST APPL	ICANT (refer inst	ruction 8) A	s per SEBI I	Regul	ations it's m	andat	ory for i	investo	ors to	provid	e bank	c accoun	t details	
Account No.									Na	ame of the	Bank	ζ							
Type of A/c	SB	Current	NR	E NF	20	FCNR	Othe	rs							Branc	ch			
Bank City				IFS	C code**								MICF	R 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. INVE	STMENT DETAILS	[Please tick (✓)] (F	Refer Instructio	n No. 2, 3 &	: 10) (If this section is	s left blank, only foli	o will be created)			
	cheque/demand draf te appropriate scher					ective scheme nam	ne.			
	DD Favouring Schem h (refer Instruction 2		Amount Invested (₹)	(in case	/DD No./UTR No. e of NEFT/RTGS) (in case of CASH)		n and Account Number heque/DD)	per For Cash		
LIC MF								Deposited in Bank		
								Branch Code		
*All purcha	ises are subject to re	eliazation of fund (R	efer to Instruc	tion No. 10	0) Account Type (P	lease tick (ü))				
•		<u> </u>			, , ,					
ype of A/		Current	NRE	NRO	FCNR	Others		Please specify		
	INATION DETAILS			V DETAIL O	s or	1/04/	E DO NOT WISH TO N	IOMINATE		
PLEA	PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS									
	No	ominee Name and A	Address		Guardian Name	(in case of Minor	Allocation %	Nominee / Guardian Signatur		
Nominee '	1									
Nominee 2										
Nominee 3	ominee 3									
							100%			
16. POA	(Power of Attorney	y) REGISTRATION	DETAILS (Ref	er Instructi	on overleaf)					
Name of the	he POA holder									
PAN of the	e POA holder					Attached	KYC Letter (Man	datory) Notarized copy of PO		
17. DEC	LARATION & SIGN	ATURE/S								
not involve laundering nor receive us, In the Scheme, ir Law. b) for from funds the commi Scheme is COR/18/07 disclosed to	& is not designed for Laws, Anti Corruptic de nor have been indu- event "Know Your Cu In favour of the applic NRIs: I /We confirm in my/our Non-Resic sons (in the form of the being recommende 7-08 dt. June 26, 200	or the purpose of the on Laws or any other uced by any rebate o ustomer" process is annual at the applicable that I am/we are Nodent External / Non-Fof trail commission of the other than 1 commission of the other than	contravention applicable law or gifts, directly not completed a NAV prevailing on Resident Ordinor any other me have read & attory requiremn of trail comm	of any Act is enacted or indirectly by me / us gon the da Indian Natiary. I/We code) paya understooent of PAN	, Rules, Regulatior by the Govt. of Indi y in making this inverted to the satisfaction of the SEBI Circulary. If we confirm that	is, Notifications or I a from time to time. estment. I /We conf of the AMC. I /We had tion & undertaking at I /we have remit provided by me/us a different competing ar no. MRD/DoP/C I/we are holding vi	Directions of the provis I /We have understood imm that the funds inves ereby authorised the AN such other action with sted funds from abroad are true & correct. c) The y Schemes of various N ir 05/2007 dt. April 27 alid PAN card / have ag	through legitimate sources only & doe lons of the Income Tax Act, Anti Mone the details of the scheme & I /We have ted in the Scheme, legally belong to me /IC, to redeem the funds invested in the such funds that may be required by the through approved banking channels on ARN holder has disclosed to me/us a futual Funds from amongst which the , 2007 & SEBI Circular No. 35/ MEM opplied for PAN. e) The ARN holder has Scheme of various Mutual Fund from		
FOR INVE	STMENT BY CASH	: I have not invested	in LIC Mutual F	und more	than₹50,000/- in c	ash including the co	urrent investment durin	g the current financial year.		
Date :					8		\otimes			
Place : SIGN HERE First/Sole Applicant/Guardian					SIGN HERE		SIGN HERE			
				Second Applicant		Third Applicant				
S	plication No.	on for purchase of	units of LIC I				THE INVESTOR)	ISC Signature, Stamp & Date		
fron	n Mr/Mrs/M/s.	•					alongwi			
Che Bra	eque/Draft No./Payı	ment Instrument N								
Ban	ık Charges (in case						D D M M Y Y Y	Y		
	e Note: All nurchases	are subject to realisa	tion of Chegue	/ Demand D)raft / Payment Instru	ıment				

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

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