

**LIC MUTUAL FUND**

Industrial Assurance Bldg., 4<sup>th</sup> Floor, Opp. Churchgate Station, Mumbai- 400 020  
 Phone : 022 - 22812038, Fax : 022 - 22040039/ 22880633, Website : [www.licmutual.com](http://www.licmutual.com).  
 (Please use separate Enrolment Form for each Scheme. A Photocopy of this form is valid)

**Systematic Investment Plan through Cheque  Normal SIP  Micro SIP**

<b>Name of the Authorised Centre:</b>		<b>FOR OFFICE USE ONLY</b>	
<b>AGENT/BROKER</b>	<b>SUB-BROKER CODE</b> (IF any)	<b>RM CODE</b>	
ARN No.	<b>Prudent CAS Ltd</b> 9992	<b>BHAVESH MODH</b> 27030	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
NAME			
Tel. No.			

New Investors\*  Existing Investor (Please tick as applicable)

I/We hereby apply to the LIC MUTUAL FUND TRUSTEE CO. PVT. LTD. for a Systematic Investment Plan (SIP) through postdated cheque payment under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the scheme(S) mentioned overleaf as on the date of this investment.

**Name of Sole /First Account Holder** \_\_\_\_\_

**Folio/ Account Number (For existing investor)** \_\_\_\_\_

(\* New investors are required to complete and submit a Common Application Form also)

**Name of Second Holder** \_\_\_\_\_

SIP Details: Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

For **MICRO SIP** Cases (Refer Instruction No.26 overleaf)

DOB <sup>1<sup>st</sup></sup> Holder \_\_\_\_\_ <sup>2<sup>nd</sup></sup> Holder \_\_\_\_\_  
 Supporting Document <sup>1<sup>st</sup></sup> Holder \_\_\_\_\_ <sup>2<sup>nd</sup></sup> Holder \_\_\_\_\_  
 Reference Number(if any) <sup>1<sup>st</sup></sup> Holder \_\_\_\_\_ <sup>2<sup>nd</sup></sup> Holder \_\_\_\_\_

Frequency  Monthly  Quarterly (Please tick as applicable)

Amount of each SIP Cheque \_\_\_\_\_ (minimum SIP Amount per Cheque should be Rs. 100/-/ 500/- conditions apply\* See Inst. No. 23)

SIP Date  1<sup>st</sup>  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup> Account Type :  Saving  Current

Cheque No.(s)	Dated 1/7/10/15 of every month/quarter	Amount (Rs.)	Cheque No. (s)	Dated 1/7/10/15 of every month/quarter	Amount (Rs.)
1.....	...../...../.....	.....	7.....	...../...../.....	.....
2.....	...../...../.....	.....	8.....	...../...../.....	.....
3.....	...../...../.....	.....	9.....	...../...../.....	.....
4.....	...../...../.....	.....	10.....	...../...../.....	.....
5.....	...../...../.....	.....	11.....	...../...../.....	.....
6.....	...../...../.....	.....	12.....	...../...../.....	.....

\*Total Cheque \_\_\_\_\_ Total Amount Rs. \_\_\_\_\_

Enrolment Period FROM \_\_\_\_\_ (mm/yy) TO \_\_\_\_\_ (mm/yy)

Drawn Bank

Branch

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the offer documents of the scheme wherein Systematic Investment Plan is opted and also the instructions on the SIP given overleaf. I/We have neither received nor been induced by any rebate or gift, directly, in making the investment. I/We hereby authorise the fund to act as per the details above.

I undertake to comply with SEBI (Central Database of Market Participants) Regulation 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI.

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 declare that I/We don't have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs.50,000/- in a year. (Applicable for Micro SIP)

Sole/First  Second  Third   
 SIGNATURE Applicant \_\_\_\_\_ Applicant \_\_\_\_\_ Applicant \_\_\_\_\_

(All applicants shall sign if the mode of holding is joint)

\*Kindly refer terms & conditions no.23 given overleaf

**SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM (Read Instructions Overleaf)**

**Name of Sole/First Applicant** (Leave space between first/middle/last name) \_\_\_\_\_ **Salutation**  Mr.  Mrs.

STP Date  1<sup>st</sup>  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup> Folio/Account Number \_\_\_\_\_  
 (for existing investor)

Application Number \_\_\_\_\_  
 Enrolment From : \_\_\_\_\_ To \_\_\_\_\_

**Transfer From :**

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_  
 Amount \_\_\_\_\_ OR Capital Appreciation \_\_\_\_\_

**Frequency :**  WEEKLY  MONTHLY  QUARTERLY  HALF YEARLY

**Transfer To:**

Folio/Account Number \_\_\_\_\_ Scheme Name \_\_\_\_\_  
 (for existing investor) \_\_\_\_\_ Plan \_\_\_\_\_

Sole/first  Second  Third   
 SIGNATURE Applicant \_\_\_\_\_ Applicant \_\_\_\_\_ Applicant \_\_\_\_\_