

TRANSACTION SLIP



DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN* / RIA Code / PMRN	Sub Broker Name & Code	EUIN	Register Serial No.	Date of Receipt	Time of Receipt

*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 distributors. In case purchase / subscription amount is Rs. 10,000 or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase / subscription and payable to the distributor. Units will issued against the balance amount invested.

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. #By mentioning RIA code (Registered Investment Adviser), I/we authorize you to share the investment Adviser 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGN HERE First/Sole Applicant/Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant

01. INVESTOR DETAILS (Mandatory)

Folio No.		PAN		CKYC No.	
First Applicant's Name	FIRST	MIDDLE	LAST	KYC	

02. DEMAT ACCOUNT DETAILS

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. In case Unit holders do not provide their Demat Account Details, an account statement shall be sent to them. Such investors will not be able to trade on the stock exchange. (ref Inst. - 14)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)	CENTRAL DEPOSITORY SERVICE (INDIA) LTD. (CSDL)
Depository Participant Name:	Depository Participant Name:
DPID No. I N	Beneficiary A/c No.
Beneficiary A/c No.	Plan/Option:

03. NATURE OF TRANSACTION (Please ✓ & fill up relevant details)

<input type="checkbox"/> Purchase: I/We would like to purchase units of the above mentioned scheme	
Amount (in Fig.):	(in words):
Cheque/DD No / OTM UMRN.	Drawn on bank & branch:
Account No.	Date DD MM YY YY
Bank A/c type (please ✓)	Savings Current NRO NRE
Mode of payment (please ✓)	Cheque DD Fund Trnsfer RTGS/NEFT

INVESTMENT THROUGH REGISTERED ONE TIME MANDATE (OTM)

UMRN	
Switch: I/We would like to switch all units	or of Partial units or of Rs. (amount in fig):
(amount in words):	
from above mentioned scheme to scheme	Plan
Option (please ✓)	Growth Dividend Payout Dividend Re-Invest
Redemption: I/We would like to redeem all units	or of Partial units or of Rs. (amount in fig):
(amount in words):	

from above mentioned scheme/fund, redemption proceeds to be credited to the following bank A/c. registered under this folio.

Bank/Branch	Account No.
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5. LEGAL ENTITY IDENTIFIER DETAILS

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

6. DECLARATION & SIGNATURE

I/We have read and understood the contents of the Statements of Additional Information (SAI), Scheme information Document (SID), Key Information Memorandum (KIM) and addendum. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to time. Amount invested in the Scheme is derived through legitimate source.

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	Folio No.	(TO BE FILLED IN BY THE INVESTOR)	LIC MUTUAL FUND
	From Mr/Mrs/M/s.	(Name of the investor)	ISC Signature, Stamp & Date
	Scheme LIC MF	Plan Option	
	Transaction (Please ✓)	<input type="checkbox"/> Purchase <input type="checkbox"/> Switch <input type="checkbox"/> Redemption	
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: KFint 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	