

APPLICATION FORM FOR L&T MIP – WEALTH BUILDER FUND



Please read instructions before filling the Form

Application No.:

DISTRIBUTOR INFORMATION

(Only empanelled Distributors/Brokers will be permitted to distribute Units)

Distributor/Broker ARN ARN-	Sub-Broker Code
---------------------------------------	-----------------

New Fund Offer Opens on : September 27, 2011
New Fund Offer Closes on : October 11, 2011

FOR OFFICE USE ONLY

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.

1 EXISTING UNITHOLDER INFORMATION

Folio No.	Name of Sole/First UnitHolder
-----------	-------------------------------

2 APPLICANT'S PERSONAL DETAILS (Please fill in block letters. Use one box for one alphabet leaving one box blank between two words)

First/Sole Applicant Gender (Please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

Guardian/change in Guardian (please refer instruction B) (applicable if Sole/First applicant is a Minor) Contact Person (in case of Non-individual Investors only) (Please ✓) Mother Father Court appointed Legal Guardian Gender (Please ✓) Male Female

Name Mr. Ms. M/s.

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Guardian's PAN* Enclosed copy of (Please ✓) PAN Proof Guardian's KYC Compliance Proof*

Document of Minor submitted (please ✓) Birth Certificate School Leaving Certificate HSC Marksheet Passport Others _____ (please specify) Letter of Authority (LOA) (Mandatory in case of Court Appointed Legal Guardian)

Nationality Country of Residence

Address for Correspondence [P.O. Box Address is not sufficient]

City	State	Pin Code
------	-------	----------

Contact Details

Phone O Extn. Fax
Phone R Mobile#

I/We wish to receive updates via SMS on my mobile (Please ✓)

e-mail#

*Investors providing e-mail ID would mandatorily receive only E-statement of accounts in lieu of physical statement of accounts.

The AMC shall send confirmation specifying the number of units allotted to the investor by way of email and/or SMS to the investor's registered email address and/or mobile number (if provided by the investor) as soon as possible but not later than five working days from the date of closure of the NFO.

Overseas Address (Mandatory in case of NRI / FIIL applicant in addition to mailing address)

State	Country	City	Zip Code
-------	---------	------	----------

Status (Please ✓) Individual Partnership Company Society / Club HUF NRI / FIIL Trust Minor Body Corporate Others _____

Occupation of Sole / First Applicant (Please ✓) Private Sector Service Public Sector / Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (Please specify) _____

Second Applicant (N.A. if the first Applicant is a minor) Gender (Please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

Third Applicant (N.A. if the first Applicant is a minor) Gender (Please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

Mode of Holding (Please ✓) Single OR Joint OR Anyone OR Survivor

PoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder) Gender (Please ✓) Male Female

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please ✓) PAN Proof KYC Compliance Proof*

* PAN and KYC Proof is mandatory for all Applicants, irrespective of the amount of investment. Please attach a copy of PAN Card and KYC. (Please refer instructions C & D)

3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (Please refer instruction E)

A/c. No. Account Type (Please ✓) Current Savings NRE FCNR NRO

Bank Name

Branch Address

City

MICR Code (9- digit number next to your Cheque No.) IFS Code

Account to Account transfer facility for redemptions available (Please ✓ any one) Please enclose copy of your cheque leaf.

HDFC Bank ICICI Bank Kotak Mahindra Bank Axis Bank

RTGS/NEFT (IFS Code is Mandatory)

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr./Ms./M/s

an application for Units of Scheme L&T MIP – Wealth Builder Fund

Option (Please ✓) Growth** Monthly Dividend Quarterly Dividend **Dividend Facility** (Please ✓) Reinvestment** Payout

Lump Sum investment alongwith Cheque / DD No. Dated

Drawn on (Bank) Amount (Rs.)

Please Note : All purchases are subject to realisation of cheques / demand drafts. **Default option/facility.

Signature, Stamp & Date

Application No.:

Investors are requested to note that post dated cheque will not be accepted towards SIP during the NFO period of the Scheme

Please read instructions before filling the Form

DISTRIBUTOR INFORMATION

(Only empanelled Distributors/Brokers will be permitted to distribute Units)

Distributor/Broker ARN ARN-	Sub-Broker Code
----------------------------------------------	-----------------

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.

New Fund Offer Opens on : September 27, 2011

New Fund Offer Closes on : October 11, 2011

FOR OFFICE USE ONLY

1 EXISTING UNITHOLDER INFORMATION

Folio No.	Name of Sole/First UnitHolder
-----------	-------------------------------

2 APPLICANT'S PERSONAL DETAILS (Please fill in block letters. Use one box for one alphabet leaving one box blank between two words)

First/Sole Applicant Gender (Please Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

)

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please PAN Proof KYC Compliance Proof*

Guardian/change in Guardian (please refer instruction B) (applicable if Sole/First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only) (Please Mother Father Court appointed Legal Guardian Gender (Please Male Female)

Name Mr. Ms. M/s.

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Guardian's PAN* Enclosed copy of (Please PAN Proof Guardian's KYC Compliance Proof*

Document of Minor submitted (please Birth Certificate School Leaving Certificate HSC Marksheet Passport Others _____ (please specify) Letter of Authority (LOA) (Mandatory in case of Court Appointed Legal Guardian)

Nationality Country of Residence

Address for Correspondence [P.O. Box Address is not sufficient]

City	State	Pin Code
------	-------	----------

Contact Details

Phone O Extn. Fax

Phone R Mobile

I/We wish to receive updates via SMS on my mobile (Please

e-mail*

*Investors providing e-mail ID would mandatorily receive only E-statement of accounts in lieu of physical statement of accounts.

Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address)

State	Country	City	Zip Code
-------	---------	------	----------

Status (Please Individual Partnership Company Society / Club HUF NRI / FII Trust Minor Body Corporate Others

Occupation of Sole / First Applicant (Please Private Sector Service Public Sector / Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (Please specify)

Second Applicant (N.A. if the first Applicant is a minor) Gender (Please Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

)

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please PAN Proof KYC Compliance Proof*

Third Applicant (N.A. if the first Applicant is a minor) Gender (Please Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

)

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please PAN Proof KYC Compliance Proof*

Mode of Holding (Please Single OR Joint OR Anyone OR Survivor

PoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder) Gender (Please Male Female)

Name Mr. Ms. M/s.

PAN* Enclosed copy of (Please PAN Proof KYC Compliance Proof*

* PAN and KYC Proof is mandatory for all Applicants, irrespective of the amount of investment. Please attach a copy of PAN Card and KYC. (Please refer instructions C & D)

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr./Ms./M/s

an application for SIP enrolment of the Scheme

L&T MIP – Wealth Builder Fund

Option (Please Growth** Monthly Dividend Quarterly Dividend

Dividend Facility (Please Reinvestment** Payout (** Default Option Facility)

Cheque No. Dated

Drawn on (Bank) Amount (Rs.)

SIP / Micro SIP Auto Debit Facility Amount per instalment (Rs.) Total Amount (Rs.)

Please note all purchases are subject to realisation of cheques / demand drafts

Signature, Stamp & Date

SIP/MICRO SIP (AUTO DEBIT FORM) (Registration cum Mandate Form)



First SIP/MICRO SIP cheque and subsequent through ECS (Debit) Clearing / Direct Debit. Investors/ Unitholders availing Auto Debit Facility are also requested to fill up the " SIP/MICRO SIP Application Form for L&T MIP – Wealth Builder Fund"

DEBIT MANDATE [Electronic Clearing Service (Debit Clearing)]

The Manager Bank Name		Name	Copy to the user Company
Bank Address		Address	
City	Pin code		
Telephone No.		Tel. No.	

I, hereby authorise you to debit my account for making payment to L&T Mutual Fund through ECS (Debit) clearing / Direct Debit as per the details given as under.

A) Name of Bank Account Holder Mr. Ms. M/s. _____
(As in Bank Records)

B) 9-Digit MICR Code of the Bank and Branch _____ **C) Account Type** (Please ✓) Current Savings Cash Credit
(Appearing on MICR Cheque issued by the bank.)

D) Ledger No. / Ledger Folio No. _____

E) A/c. No. _____

Name of the Scheme	Date of effect 5/15/25/30 (28th for the month of February)	Periodicity (Monthly)	Amount of Instalment (Rs.)	Number of Instalments
L&T MIP – Wealth Builder Fund	DD / MM / YY			

DECLARATION AND SIGNATURE(S)

<p>I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the Scheme.</p> <p>_____</p> <p>Date Signature of Customer (As in Bank Records)</p>	<p>Certified that the particulars furnished above are correct as per our records. (Bank's Stamp)</p> <p>_____</p> <p>Date Signature of the Authorised Official from the Bank</p>
<p>Note:- Mandate to be obtained in 3 copies, Original for Bank, One for User Company and other for Customer)</p>	

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr./Ms./M/s _____

an application for SIP enrolment of the Scheme

Option (Please ✓) Growth* Monthly Dividend Quarterly Dividend

Dividend Facility (Please ✓) Reinvestment* Payout

(* Default Option / Facility)

Total Cheque Cheque No. _____ Dated _____

Drawn on (Bank) _____ Amount (Rs.) _____

SIP/Micro SIP Auto Debit Facility Amount per instalment (Rs.) _____ Total Amount (Rs.) _____

Signature, Stamp & Date