SIP/Micro SIP Transaction Form (For Auto-debit and ECS)



				Time Stamp
Distributor/Broker Code	Sub-Broker ARN	Relationship Manager's		Branch Code
ARN- (ARN stamp here)	Sub Broker Code	Name Mobile		
	Sub-Broker Code	EUIN		
	ce by the employee/relationship manager/sa stributor and the distributor has not charged	iles person of the above distributor or no		eft blank by me/us as this is an "execution-onl propriateness, if any, provided by the employe
g	, (===,			
X (Sole/First Applic		X (Second Applicant)		X (Third Applicant)
	r directly to the distributor, based on the servi			
PERSONAL DETAILS (see n	ote 1)			
First Unit Holder F i r s t n	a m e M i	d d l e n a m e		m e Folio No.
Email ID*			lobile	1 0110 140.
			Third Unit Holder	
1744	copy of KYC acknowledgement letters f	Second Unit Holder	Tillia offit Holder	
	nandatorily receive only E-statements of		communication in lieu of physi	cal copy.
INVESTMENT DETAILS (see	e note 2)			
New SIP Registration	SIP renewal	Change in Bank Details (for an exis	sting SIP)	
Scheme	4.D		Plan	
Option (✓) ☐ Growth^ ☐ Dividen First Instalment Details:	d Payout Dividend Reinvestment		Dividend Frequency	
Mode of Payment (Please ✓) ☐ Ch	neque Demand Draft Pay	Order Instrument No.		Date D D M M Y Y Y
Drawn on	Bank			nch
NRI Investor, please specify account Reason for your SIP (Please ✓)	t type (Please ✓)	O FCNR Others	Please specify	
Children's Education	Children's Marriage	House Car	Retirement	
YOUR SIGNATURE/S (To be	signed by all joint holders) (see note 3)			
Investment Management Limited, or		ers or representatives responsible.	I/We will also inform L&T Inv	al Fund, their Investment Manager - L& estment Management Limited about a
X (Sole/First Unit H		X (Second Unit Holder)		X (Third Unit Holder)
AUTO-DEBIT AUTHORISAT	ΓΙΟΝ (see note 4)			
	utual Fund and their authorised serv	ice providers to debit my account v	via ECS/Direct Debit/Standin	g Instructions.
Name of Bank Branch		City		
Bank Account Number		,	pe (Please ✓) ☐ Savings ☐ (Current Cash Credit NRE NR
Scheme		·	tion	
SIP Auto-debit Date (Please ✓) 1st Frequency (Please ✓) Monthly^	t 5th 10th 15th 25th Quarterly SIP Auto-debit Per	All five dates SIF iod Till I instruct discontinuation	Instalment Amount Rs	To
MICR Code			option if not selected.	10
I/We hereby declare that the inform	nation provided by me/us is accurate its authorised service providers resp	. If the transaction is delayed or no	· ot carried through courtesy in	complete or incorrect information, I/N o my/our account.
Name of Sole/1st Bank Ac	. ,	ame of 2nd Bank Account Holder	Name	of 3rd Bank Account Holder
X X Signature of Sole/1st Ban	k Account Holder XX Si	ignature of 2nd Bank Account Hold	der XXSignat	ure of 3rd Bank Account Holder
	of operation of Bank Account is 'Joi			D M M Y Y Y Y
Attestation by the Banker Signate			Signature and Stamp of the Auth	
	nt is through a Demand Draft/Pay Ordount holder(s) and the details of bank ac		Ban	
FOR OFFICE USE				
Recorded on D D M M Y Y	Recorded by		Credit A/c. No.	
	above ECS/Auto-debit instructions or	our records.		
Stamp of Bank Branch Ma	nager	Signature		Name