Transaction Form For STP & SWP

O STP Instalment amount



Distributor/RIA Co	Distributor/RIA Code Sub-Distributor			r ARN Sub-Distributor Code				Time Stamp Branch Code
130842						E21582	6	
ial Commission will be pai	d by the investor directly to	the distributor, bas	sed on assessment	of various factors i	ncluding the servi	ce rendered by the Dis	stributor.	
ansaction Charges: SEBI (Mut	ual Fund) Regulations allow d	eduction of transactio	n charges of Rs. 100/-	from your investmen	t for payment to you	r distributor if your distri	butor has opted	I to receive transaction charges for
vestments sourced by him. The o transaction charges would be	transaction charges deductible levied if you are not investing	e are Rs. 150/- if you are through a Distributor	e investing in Mutual Fu or your investment amo	nds for the first time. I ount is less than Rs.10	f you are making a SI 0,000/ If this is the fire	P Investment, the transacti st time, you are investing in	ion charges wou any mutual fund	ld be deducted over 3-4 instalment I, please tick here
vestor's Declaration where EUIN	is not furnished: I/We confirm that	t the EUIN box has beer	intentionally left blank b	y me/us as this is an "e	execution only" transa	ction without any interaction	or advice by the	employee/relationship manager/sale
rson of the above distributor and	a/or notwithstanding the advice o	r inappropriateness, ir a	ny, provided by the empi	oyee/relationship mana	ager/sales person of al	stributor and the distributor	nas not charged	any advisory fees on this transaction
Sole/1st Applicant		⊯ 2nd	Applicant					
1. APPLICANT INF	ORMATION					1		
lame of Sole/1st Unit H	lolder First	Name	Midd	le Name		_ast Name	Folio No	ı. <u> </u>
AN/PEKRN**	First Unit Holde	r		Second Unlit Ho	older		Third Ur	it Holder
adhaar No.	First Unit Ho	lder		Sedond	Unit Holder		T	hird Unit Holder
IN*	First Unit Holder			Second Unit Ho	ld e r		Third	nit Holder
ate of Birth* (1st Unit Hole	der) D D M M Y Y	Y Y Date of	Birth* (2nd Unit Ho	lder) DDM	MIYIYIY	Date of Birth* (3rd	Unit Holder)	D D M M Y Y Y Y
lobile No. +91-			E-m	ail ID				
YC is mandatory. Please en 14 digit KYC Identification	•	-	for all applicants.	*PEKRN required f			-	
. SYSTEMATIC WIT	HDRAWAL PLAN (S	SWP) - Please n	ote that the valu	e of the unit ba	lance in the so	urce scheme shou	ld be at leas	st Rs. 25,000
cheme Name L&T				Opti	ion (✓) ☐ Growt	n O Dividend Payou	ıt O Divider	d Reinvestment O Bonus
ividend Frequency (✓	wherever applicable)	O Daily O V	Veekly O Mo n	thly* O Qua	arterly O Ann	ual^ O Semi-Ann	ual^	
ithdrawal preference	_		OR			n (Available for GRC	DWTH plan o	only)
Vithdrawal frequency (✓) ○ Monthly*	O Quarterly	○ Semi-Ann	ual O Ar	inual			
Vithdrawal date (✓) ○	1at () Eth () 40th* () 1	Eth (20th (20	th O 20th Witha	reveal period F	rom MIMIYI	VIVIVI TO MI	MIYIYI	OR O Till balance
		5ti	our Cour with	irawai periou Fi	OIII	10	IVI	OR O IIII balance
Available in select sci	·) <u>Diamondo</u>						05.000
cheme Name L&T_	NSFER PLAN (STP) - Please note	mat the value of		_	_	_	_
					_	_	ut O Divide	nd Reinvestment O Bonus
ividend Frequency (✓	wherever applicable)	Daily O Wee	ekly O Monthly	* O Quarterl	y O Annual^	O Semi-Annual [^]		
Scheme L&T				Onti	on (🗸) 🔾 Growi	th O Dividend Pavo	ut O Divide	nd Deinvestment Ronu
o scheme Lan				Ори	on (v) O Glow	in O Dividend Payo	ut O Divide	nd Reinvestment O Bonus
ividend Frequency (✓	wherever applicable)	Daily O Wee	ekly O Monthly	* O Quarterl	y O Annual^	○ Semi-Annual [^]		
ransfer preference (✓)	Amount (₹)	∩P □ Can	ital Appreciation (Av	railable for CPOWT	TH plan only) From	MIMIYIYIY	To MIMIY	OR O Till balance
• • • • • • • • • • • • • • • • • • • •	, ,	ON Oup	nai Appreciation (A	allable for GROVI	11 plan only) i form		10	ON O TIII balanc
ransfer frequency	Oaily		0 -		0	0 - :		
Please (✓) anyone)	O Weekly	O Mon*	O Tue	O Wed	O Thu	○ Fri		
	○ Fortnightly	O 1st	○ 15th*					
	O Monthly*	○ 1st	○ 5th	○ 10th*	○ 15th	○ 20th	○ 25th	○ 28th
	O Quarterly	○ 1st	○ 5th	○ 10th*	○ 15th	O 20th	○ 25th	○ 28th
Default option if not so	elected ^Avai	lable in select s	chemes only					
DECLARATION &	SIGNATURES (To be	signed as per M	ode of Holding)					
								ave neither received nor be
								ne AMFI registered distribute commissions to me/us (in to
mmission or any other), p	ayable to him for different	schemes of mutu	al funds from amor	igst which the sch	eme is being rec	ommended to me/us.		
plicable for AADHAAR	SUBMISSION : I/We here AMS serviced Mutual Fur	by give you my/ou	r consent to validat	e Aadhaar with Ul	DAI and for upda	ting/linking my Aadha	ar number ba	ised on the PAN given in all i
ocanio mamamoa min o	and corridor mateur run		. Tolatou aud alliga					, pai pood.
	/First Unit Holder)		≤ (Se	cond Unit Holder		,	🗹 (Third U	nit Holder)
ACKNOW! FDGE	/IENT SLIP (To be fill	ed in by the Apr	licant)					I PT Financial Sami
lio No.	Received from			ne of the Sole/F				L&T Financial Service Mutual Fo
heme/Plan/Option								For Office Use Only
		_			o o			Acknowledgement
SWP Instalment amo	unt	Erogues	cy(√) ○ Monthly	() () Liartorli				Acknowledgement

Frequency(✓) ○ Daily ○ Weekly ○ Fortnightly ○ Monthly ○ Quarterly