



SERIAL NO. CAF COMMON APPLICATION FORM

A. Name of the Authorised centre :		FOR OFFICE USE ONLY	
AGENT / BROKER	SUB-BROKER CODE (if any)		
ARN No.	ARN-0032		
NAME			
TEL. NO.			

(PLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM)

(FILL IN ALL THE PARTICULARS IN CAPITAL LETTERS. DO NOT SPLIT THE WORD, USE NEXT LINE)

B. Name of Sole / First Applicant		Date of Birth (Compulsory for ULIS & Minor)							
<input style="width: 90%;" type="text"/>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">DD</td> <td style="width: 20px;">MM</td> <td style="width: 20px;">YY</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		DD	MM	YY			
DD	MM	YY							
C. Name of Parent or Guardian in case Sole/First Applicant is a Minor									
<input style="width: 90%;" type="text"/>									
D. Address in full of Sole / First Applicant / Parent or Guardian of Minor (Strike off whichever is not applicable)									
<input style="width: 95%;" type="text"/>									
<input style="width: 95%;" type="text"/>									
		CITY							
PIN	STATE	TEL. NO.							
MOBILE. NO.	EMAIL-ID								
E. Name of Second Applicant									
<input style="width: 90%;" type="text"/>									
F. Name of Third Applicant									
<input style="width: 90%;" type="text"/>									
G. PAN/GIR No. (1st Applicant) <small>(See Instruction No. 8)</small>		Circle/Ward/District							
<input style="width: 80%;" type="text"/>		<input style="width: 100%;" type="text"/>							
PAN/GIR No. (2nd Applicant)		Circle/Ward/District							
<input style="width: 80%;" type="text"/>		<input style="width: 100%;" type="text"/>							
PAN/GIR No. (3rd Applicant)		Circle/Ward/District							
<input style="width: 80%;" type="text"/>		<input style="width: 100%;" type="text"/>							
			H. MODE OF HOLDING						
			<input type="checkbox"/> 1 Single						
			<input type="checkbox"/> 2 Joint						
			<input type="checkbox"/> 3 First Holder or Survivor(s)						
			<input type="checkbox"/> 4 Any one or Survivor(s)						
			I. Occupation of Sole / First Applicant / Parent or Guardian of minor						
			<input type="checkbox"/> 1 Professional						
			<input type="checkbox"/> 2 Service						
			<input type="checkbox"/> 3 Business						
			<input type="checkbox"/> 4 Agriculture						
			<input type="checkbox"/> 5 Housewife						
			<input type="checkbox"/> 6 Retired						
			<input type="checkbox"/> 7 Student						
			<input type="checkbox"/> 8 Others						
			MAPIN NO.						
			<input style="width: 100%;" type="text"/>						

J. Status of Sole / First Applicant (Please tick whichever is applicable)

<input type="checkbox"/> 1 Resident Individual	<input type="checkbox"/> 2 Karta of HUF	<input type="checkbox"/> 3 Minor through Guardian	<input type="checkbox"/> 4 Company	<input type="checkbox"/> 5 Body Corporate	<input type="checkbox"/> 6 Trust	<input type="checkbox"/> 7 Society
<input type="checkbox"/> 8 Association of Persons / Body of Individuals	<input type="checkbox"/> 9 Bank & FIs	<input type="checkbox"/> 10 NRI-Repatriable	<input type="checkbox"/> 11 NRI-Non-Repatriable	<input type="checkbox"/> 12 Others		

K. BANK ACCOUNT DETAILS : (Please note that as per SEBI Regulations, It is mandatory for investors to provide their bank account details)

Name of the Bank _____ Name of the Branch _____

Account No. _____ Bank City _____ Pin Code _____

Type of A/c. Current Saving NRO NRE FCNR NRSR OT HERS

9 Digit Code No. of the bank appearing in MICR Bank for ECS PAYMENT

RTGS : IFSC CODE

L. PAYMENT OF DIVIDEND / REDEMPTION (Please refer instruction no.20)

M. TO BE FILLED IN IF APPLICATION IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION (Refer Instruction No. 5 & 6)

Name of Authorised Signatory / Attestor	Designation / Occupation	Signature
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

N. INVESTMENT DETAILS	Scheme Name	Plan	Option
		For G-Sec Fund	Growth <input type="checkbox"/>
		Regular <input type="checkbox"/> PF <input type="checkbox"/>	Div. Payout <input type="checkbox"/>
		For Index Fund	Div. Reinvestment <input type="checkbox"/>
		Sensex <input type="checkbox"/> Nifty <input type="checkbox"/>	Div. Payout Mode for MIPs
		Sensex Advantage <input type="checkbox"/>	Monthly <input type="checkbox"/>
	For Floater MIP	Qtrly <input type="checkbox"/>	
	Plan A <input type="checkbox"/> Plan B <input type="checkbox"/>	Yearly <input type="checkbox"/>	

	ACKNOWLEDGEMENT SLIP COMMON APPLICATION FORM	SERIAL NO. CAF
(TO BE FILLED IN BY THE APPLICANT)		
Received an application for purchase of units of LICMF _____ (Scheme Name with option)		
from Mr./Ms./M/s. _____ alongwith (Name of the Investor)		
Cheque/Draft No. _____ Dated _____ Drawn on _____		
for Rs. _____ excluding		
Bank charges (in cases of Draft) of Rs. _____ Date _____		
		Signature, Stamp & Date

O. PAYMENT DETAILS	Cheque DD No. <input type="text"/>	Amt. of Investment (i) <input type="text"/>	PIF NO. _____ LODG. DATE _____ LODG. BANK _____
	Date <input type="text"/>	DD Charges if any (ii) <input type="text"/>	
	Bank <input type="text"/>	Net Amount Paid (i-ii) <input type="text"/>	
	Branch <input type="text"/>		
	Type of A/c. <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR <input type="checkbox"/> OTHERS		

P. SWITCH IN	Switch-out scheme Name: _____	Folio No. _____
	Option: Growth/Dividend	Units _____

Q. NOMINATION FORM	
Nominee's Full Name (Mr./Ms.) <input type="text"/>	
Nominee's Address <input type="text"/>	
<input type="text"/>	
<input type="text"/>	
PIN <input type="text"/>	TEL. NO. <input type="text"/>
EMAIL-ID <input type="text"/>	
Name of Parent/Guardian (in case Nominee is a Minor) _____	
Date of Birth of Nominee (if Minor) _____	
Address of Parent/Guardian _____	
<input type="text"/>	
<input type="text"/>	
PIN <input type="text"/>	TEL. NO. <input type="text"/>
EMAIL-ID <input type="text"/>	

R. ADDITIONAL INFORMATION FOR LICMF ULIS ONLY

<p>(i) REGULAR PREMIUM</p> <p>TERM : 1) 10 Years <input type="checkbox"/> 2) 15 Years <input type="checkbox"/></p> <p>TARGET AMOUNT : In Figures <input type="text"/></p> <p>In Words : <input type="text"/></p> <p>MODE OF CONTRIBUTION : Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Monthly* <input type="checkbox"/></p> <p>CONTRIBUTION AMOUNT : In Figures <input type="text"/></p> <p>In Words : <input type="text"/></p>	<p>(ii) SINGLE PREMIUM</p> <p>TERM : 1) 5 Years <input type="checkbox"/></p> <p>2) 10 Years <input type="checkbox"/></p> <p>AMOUNT : In Figures : <input type="text"/></p> <p>AMOUNT : In Words : <input type="text"/></p>
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HEALTH QUESTIONNAIRE

Do you have a regular income ?.....[Yes / No] Are you at present in sound health ?.....[Yes / No]

Have you ever suffered from any of the following ?.....[Yes / No]

Hypertension Insanity Diabetes Paralysis Tuberculosis Cancer

Do you have any Physical deformity or handicap ? [Yes / No] If Yes Please give the following details

1. Date of occurrence 2. Extent of deformity 3. Present condition

Are you already a member of LICMF ULIS ? [Yes / No] If Yes Please give the total of Target amounts under both option for such earlier memberships in force :

Declaration by 1st Applicant :

Having read and understood the provisions of LICMF ULIS scheme I agree to abide by the same and hereby apply for the membership of the scheme as a citizen of India. I declare that the Total Target amounts of all my memberships under both option of the LICMF ULIS scheme including the one now being applied for do not exceed Rs. 5 lakhs

I also herby declare that I am in good health and free from disease, that I have not had any serious illness or major operation for the last 5 years and that no proposal of Insurance to my life to the Life Insurance Corporation of India has ever been adversely treated.

I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular, and the said statements and this declaration shall be the basis of my admission to the LICMF ULIS scheme of LIC Mutual Fund.

* In case of monthly mode due date is 15th of every month and 12 PDCs have to be given in the beginning of each year.

Date : _____ Place : _____ Signature of first applicant

DECLARATION			
To, LIC Mutual Fund			
Dear Sirs,			
Having read and understood the Offer Document and conditions of LIC Mutual Fund - Common Application Form . I/We hereby apply for its units and agree to abide by the terms and conditions of the Scheme and any amendments thereof. "I/We have understood the detail of the scheme and I/We have not received or being included by any rebate or gifts, direct or indirectly, in making this investments". "I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly for subscribing to the scheme"			
(Non Resident Indians only) I/We confirm that I am / We are Non-residents of Indian Nationality / origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External / FCNR account.			
I undertake to comply with SEBI (Central Database of Market Participants) Regulations 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI.			
Date : _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place : _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE OF APPLICANTS	First Applicant/Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	Second Applicant/ Power of Attorney Holder	Third Applicant/ Power of Attorney

Corporate Office	Area Offices	Registrars
<p>LIC Mutual Fund</p> <p>4th Floor, Industrial Assurance Building, Opp. Churchgate Station, Churchgate, Mumbai – 400 020 • Phone: 22842521 / 22851661/63 • Fax: 22040039, 22880633</p> <p>• e-mail: jbsamc@bom3.vsnl.net.in www.licmutual.com</p>	<p>• AHMEDABAD : 9375090006 • BANGALORE : 9845172957/9342527219 / 9342502327 • CHENNAI : 9382315850, 9381155540 • ERNAKULAM : 9895036554 / 9349738881 • HYDERABAD : 9392471583 / 9390060072</p> <p>• INDORE : 9303283574 • KANPUR : 9415060134/9336209092/9336209091</p> <p>• KOLKATA : 9339002578 / 9332114747 / 9339002574 • MUMBAI : 9321024748/9324543832 / 9323181203/9323180802 • NASHIK : 9326666788</p> <p>• NEW DELHI : 9312335655 / 9313288981 / 9350455141 / 9350455095</p>	<p>M/s. Karvy Computershare Pvt. Ltd.</p> <p>Unit : LIC Mutual Fund</p> <p>Karvy Plaza, House No. 8-2-596, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034.</p> <p>Tel. : 23312454/ 23320751/ 52 Fax : 23311968</p>

All Future communications in connection with this application should be addressed to the authorised centre where the application alongwith the subscription was submitted, quoting full name of the Sole / First applicant and the Application Serial Number.



LIC MUTUAL FUND

Industrial Assurance Bldg., 4th Floor, Opp. Churchgate Station, Mumbai - 400 020.
 Phone : 2284 2521/22851661/63, Fax : 2204 0039/2288 0633, Website : www.licmutual.com.
 (Please use separate Enrolment Form for each scheme. A photocopy of this form is valid)

Systematic Investment Plan through Cheque

New Investor* 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 Investors)

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

SIP Details

Scheme

Plan Option

Frequency Monthly Quarterly (please tick as applicable)

Amount of each SIP cheque _____ (minimum SIP Amount per cheque should be Rs. 500/-, conditions apply*)

SIP Date 1st 7th 10th 15th

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 on Bank

Branch

DECLARATION AND SIGNATURES

I/We have read and understood the contents of the offer document 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 or indirectly, in making the investment.
 I/We hereby authorise the fund to act as per the details above.

SIGNATURES Sole / First Applicant Second Applicant Third 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. Ms.

Application Number

Folio/Account Number (for existing investor)

Transfer From :

Scheme Name

Plan

Amount

OR Capital Appreciation

Frequency : WEEKLY MONTHLY QUARTERLY HALF YEARLY

Transfer To :

Scheme Name

Folio/Account Number (for existing investor)

Plan

SIGNATURES Sole / First Applicant Second Applicant Third Applicant



LIC MUTUAL FUND

Industrial Assurance Bldg., 4th Floor, Opp. Churchgate Station, Mumbai - 400 020.
Phone : 2284 2521/22851661/63, Fax : 2204 0039/2288 0633, Website : www.licmutual.com

(Please use separate Enrolment Form for each scheme. A photocopy of this form is valid)

Systematic Investment Plan through ECS (Auto Debit)

New Investor* 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 ECS Direct Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the SIP through ECS mentioned overleaf as on the date of this investment.

Name of Sole / First Account holder

Folio/Account Number (For existing Investors)

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

SIP Details

Scheme

Plan

Option

Frequency Monthly Quarterly (please tick as applicable) Date (Presently only 15th is available)

SIP Amount Rs.(per installment)

SIP Period From To (For minimum period and SIP amount, please refer point No. 17 overleaf.)
d d m m y y y y d d m m y y y y

I/We authorise LIC Mutual Fund Trustee Co Pvt. Ltd. or their authorised service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) for collection of SIP Payments and confirm that the funds invested belongs to me/us. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

Bank Name

Branch Name

Address

City

Account Number

9 Digit MICR Code

Mandatory Enclosures :

- Cancelled cheque or photocopy of cheque, duly signed by the Applicant/s
 First SIP via cheque

Cheque No. Date Amount (Rs)

Account Type Saving Current CC/OD (please tick as applicable)

I/We 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 information, I/We will not hold LIC Mutual Fund Trustee Co. Pvt. Ltd. responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read & understood the contents of the offer document of the scheme wherein Systematic Investment Plan is obtained.

Signature

1st/Sole Applicant/Guardian*

2nd Applicant

3rd Applicant

Minor Name

Minor's DOB

Banker's Attestation

Certified that the signature of account holder and the details of Bank account are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

** Bank attestation mandatory if copy of cheque is not enclosed or for payable at par cheques.

Authorisation of the Bank Account Holder

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in LIC Mutual Fund Trustee Co. Pvt. Ltd. shall be made from my/our below mentioned Bank Account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed.

Signature

1st/Sole Applicant/Guardian*

2nd Applicant

3rd Applicant

Bank Account Number

Acknowledgement Slip for SIP through ECS (To be filled in by Investor)

Investor's Name

Folio/Account Number

Scheme

SIP Amount (Rs.)

Frequency : Monthly Quarterly (please tick as applicable)

LIC Mutual Fund Trustee Co. Pvt. Ltd /
Authorised Centre
Signature & Stamp